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Non-emergency patient transport services eligibility criteria: Consultation response

31 May 2022

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Summary

1. NHS England and NHS Improvement ran a public consultation between 2 August 2021 and 25 November 2021 on the updated 'Non-emergency patient transport services eligibility criteria' to be adopted for all patient transport throughout England and received 156 responses.

2. During October and November 2021, we also consulted on the updated eligibility criteria through four fully subscribed public engagement events. Participants included members of the public, patients, NEPTS providers, NHS trusts, commissioners and local authorities. Further feedback was also received through a public online survey and emails direct to the national NEPTS team.

3. Feedback to the public consultation was very positive: over 70% of respondents either agreed or strongly agreed with the proposed criteria on cognitive or sensory impairments, mobility need, shared decision-making, safeguarding concerns, wider support, and escorts and carers.

4. There was also wide agreement over the universal commitment to transport support for patients travelling to and from in-centre haemodialysis: 72% of respondents agreed with this.

5. The constructive feedback can be grouped into the following themes:

    - need for further clarity and detail in the guidance
    - the fairness and equity of the universal commitment to transport support for patients attending in-centre haemodialysis appointments but not for other patient groups
    - potential for the criteria to create health inequalities
    - need for clinical judgement to be part of the eligibility criteria assessment to ensure the eligibility decision is appropriate.

6. The most common theme, by a considerable margin, was the request for more detailed category definitions as without these there was concern the criteria could be variably interpreted locally. We have updated the eligibility criteria in response

to this feedback. The commissioning, contracting and core standards guidance will provide more detail on interpreting the eligibility criteria.

7. While most respondents agreed with the universal commitment to haemodialysis patients, many highlighted that this specific commitment brings inequity of access for all other patient groups; for example, cancer patients undergoing radiotherapy and chemotherapy. Many respondents also felt that haemodialysis patients should be assessed on medical and social need, as for all other patients.

8. We have retained the universal commitment to transport support for patients travelling to and from in-centre haemodialysis in the updated criteria because of the number of appointments these patients need to attend over a long period. All other patients, irrespective of their medical conditions or diagnoses and including those requiring frequent appointments, will be assessed based on their transport needs.

9. Throughout 2022, our NEPTS implementation team will be providing further detail on the universal commitment through case studies and best practice guidance. We will also clarify the transport requirements for oncology patients in further discussions with our Cancer Programme team.

10. Concerns were also raised about the potential for the proposed eligibility criteria to widen health inequalities for patients:

    - who live in rural areas where public transport services are not available or not as regular as in urban areas, potentially increasing the cost of travel
    - whose first language is not English; they may struggle to navigate both the eligibility criteria assessment and the alternative advice on transport options
    - on lower incomes who do not meet the threshold for either NEPTS or the Healthcare Travel Costs Scheme (HTCS) and may find the cost of transport unaffordable.

11. These factors could make it more difficult for patients to access appropriate transport to attend their appointments. While the criterion in ‘Section 3 (F): wider mobility or medical needs’ already allows local discretion in providing transport for these patients, further best practice guidance will be shared with the wider system. In addition, work is ongoing to redesign HTCS to improve its efficiency and accessibility to eligible patients.

12. Respondents considered more clinical judgement should be factored into eligibility decisions for accessing NEPTS. Local systems will be able to tailor the criteria to determine their own processes and escalation procedures. Further best practice around decision protocols will be made available to the system throughout 2022.

13. NEPTS eligibility criteria have been updated to reflect the changes outlined in this consultation response document and should be read alongside the commissioning, contracting and core standards guidance which will be published shortly.

14. The final eligibility criteria are published alongside this consultation response and are to be used in new contracts from April 2022 and existing services by April 2023.

Introduction

Purpose

1. This document summarises the feedback NHS England and NHS Improvement received in response to the public consultation on the proposed non-emergency patient transport services (NEPTS) eligibility criteria and, after considering this, details how we have revised the criteria.

2. It also summarises the discussions and feedback we gathered during the four engagement events on specific details of the eligibility criteria for NEPTS document.

3. The eligibility criteria for NEPTS build on the Department of Health and Social Care's (DHSC's) high-level guidance in 2007.

Context

4. The current eligibility criteria for NEPTS are those set out in the high-level guidance of the "Eligibility Criteria for Patient Transport Services (PTS)" which was published by DHSC in 2007.

5. In 2019, NHS England's Chief Executive called for a national review into NEPTS following an extensive nationwide conversation Healthwatch undertook into improving these services. Age UK, Kidney Care UK and other patient groups had also reached the conclusion that accessing transport to hospital appointments can be a major challenge for many patients today.

6. In August 2021, NHS England and NHS Improvement published their review into NEPTS and proposed a new national framework for NEPTS, with the aim of ensuring that services are consistently responsive, fair and sustainable.

7. This review concluded that eligibility for NEPTS is inconsistently applied across England, with each clinical commissioning group (CCG) typically developing its own interpretation of government guidelines.

8. The draft updated national eligibility criteria were developed to:

(a) Clarify core eligibility criteria for those with a medical need, cognitive or sensory impairment, significant mobility need or safeguarding need, and for the transport of carers and escorts.

(b) Provide more consistency and certainty for patients receiving haemodialysis treatment through a universal commitment to transport support for all journeys to and from in-centre haemodialysis. That will involve access to either specialist transport, non-specialist transport or simple and rapid reimbursement.

(c) Reinforce the expectation that people will otherwise be responsible for their own transport, while allowing discretion where treatment or discharge may otherwise be significantly delayed or missed.

9. Between August 2021 and 25 November 2021, the updated eligibility criteria for NEPTS, to be adopted for all patient transport throughout England, were subject to public consultation. We received 156 responses.

10. During October and November 2021, we sought feedback on the updated eligibility criteria at four engagement events, all of which were fully subscribed to. Participants included members of the public, patients, NEPTS providers, trusts, commissioners and local authorities.

11. We also received further feedback through a public online survey and emails direct to the national NEPTS team.

12. We would like to thank everyone who responded to the public consultation, attended the engagement events and provided feedback.

Outcome

13. After considering the consultation feedback, we have revised the proposed eligibility criteria as outlined in each section below.

14. The final eligibility criteria are published alongside this consultation response and are to be used in new contracts from April 2022 and existing services by April 2023.

15. We will engage further with stakeholders throughout 2022 to explore some of the feedback in more detail. Supporting information on some of the feedback to and

queries raised in the public consultation will be provided through the commissioning, contracting and core standards guidance.

16. We will develop case studies and best practice guidance on implementing the new eligibility criteria through the NEPTS Pathfinder areas and share these with the wider system.

Consultation feedback and response

Approach

1. This section sets out the common themes emerging through our consultation, a public online survey and engagement events, for each section of the draft eligibility criteria, alongside our considered response.

2. It will be for Integrated Care Systems (ICSs) to determine the suitable mode of specialist or non-specialist transport and support required to meet the needs of those who qualify under the new criteria, and for local NHS services to determine which individuals or organisations are authorised to assess the eligibility of patients under each criterion. They may also introduce more specific local guidance on the assessment process and on how to determine eligibility within this national framework.

Qualifying criteria

Medical need: Section 3 (A)

3. The consultation response to the question: **Do you agree with our proposed criteria on qualifying medical needs?**

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not answered	Don't know
33.33%	35.26%	10.26%	8.97%	10.90%	0.64%	0.64%

4. Themes in the feedback were:

   - Further clarity is required on what is meant by:
     - ‘unable to self-administer oxygen’
     - ‘specialised equipment’
     - ‘closely monitored’
     - ‘transferred to another hospital’
     - ‘medical condition’
     - ‘undergone major surgery’
     - ‘disability that would compromise their dignity or cause public concern on public transport’
     - ‘skill set requirements for levels of patient transfer’
     - ‘suitable transport’
     - ‘referred by a doctor, dentist or ophthalmic for non-primary care’
     - whether nursing home staff are expected to travel with patients on PTS.
   - Requested additional patient groups:
     - patients undergoing cancer treatments (e.g. radiotherapy and chemotherapy)
     - end-of-life patients
     - mental health patients
     - patients requiring a journey home (e.g. eye appointments)
     - patients at risk of falls.
   - Overall agreement with the universal commitment to haemodialysis patients.
   - More clinical input for eligibility decisions.
   - Concerns over equity of access:
     - from specifying nursing home and hospice residents
     - from not considering availability of public transport in rural areas in comparison to urban areas.

5. The most common theme, by a considerable margin, was the request for clearer definitions of medical need. Respondents were concerned that without sufficient detail the criterion could be variably interpreted locally. For example:

   - a list of what constitutes ‘specialised equipment’ is needed to ensure providers are aware of what they are expected to provide

- the expectation of ‘closely monitored’ needs to be clarified so that the skill sets available within NEPTS can be managed
- the term ‘medical condition’ needs to be defined to ensure it is applied consistently. It could be argued that anyone seeking/undergoing treatment has a medical condition
- ‘undergone surgery’ is a very broad term and from this it is unclear how long a patient would be eligible. This needs to be rectified.

6. There were multiple requests for additional patient groups to be included, mainly for cancer patients due to the frequency of journeys they need to make and their low immunity post treatment. Also, the addition of patients receiving end-of-life care was emphasised as they can often fall into the gap between non-emergency and emergency patient transport.

7. Multiple respondents agreed with the universal commitment to haemodialysis patients and highlighted the frequency of journeys and the long-term treatment requirements as the reasons for this.

8. Multiple respondents pushed for more clinical judgement in the eligibility decisions and/or for call handlers to have a broader understanding of people with medical conditions and disabilities so that appropriate adjustments can be made when assessing eligibility.

9. The equity of access was questioned regarding residing in a nursing home/hospice and the urban/rural divide.

    - Respondents raised whether it is fair to single out nursing homes/hospices in the criterion; this could be interpreted to mean all residents are automatically eligible for NEPTS. As this is not the case, it must be made clear that their medical need will be assessed (just like everyone else’s) or the mention of nursing homes/hospices should be removed entirely.
    - Patients who live in rural areas with limited or no access to public transport should be considered for NEPTS: difficulties with access can have time and cost implications in comparison to urban areas. People from all parts of England should have equity of access to NHS services.

Our response: criterion changes following the consultation

10. The NEPTS Pathfinder areas will further define the terms used in ‘Section 3 (A): medical need’ through best practice guidance and case studies throughout 2022.

11. We have retained the universal commitment to transport support for patients travelling to and from in-centre haemodialysis due to the long-term and repeat appointments these patients require. The transport needs of all other patients, irrespective of their medical conditions or diagnoses and including those requiring frequent appointments, will be assessed.

12. We will seek clarification of the transport requirements for oncology patients through discussions in 2022 with our Cancer Programme team.

13. The commissioning, contracting and core standards guidance sets out the training requirements of NEPTS staff.

14. The criterion ‘reside in a nursing home or hospice without access to suitable transport to healthcare treatment’ has been removed. The specific reference to nursing home/hospice residents caused concern regarding equity of access. Eligible patients within this category will still be included under the usual eligibility criteria.

15. The criterion ‘Section 3 (F): wider mobility or medical needs’ already allows a local area to use discretion in providing NEPTS for patients who have a long distance to travel to their appointment, face high transport costs or no suitable public transport options.

16. The eligibility criteria for NEPTS should be read alongside the HTCS guidance which includes further information regarding patients on lower incomes. Work is ongoing to improve the HTCS process and accessibility.

Cognitive or sensory impairment: Section 3 (B)

17. The consultation response to the question: **Do you agree with our proposed criteria on qualifying cognitive or sensory impairment?**

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not answered	Don't know
40.38%	41.03%	4.49%	6.41%	6.41%	0.64%	0.64%

18. Themes in the feedback were:

- Further clarity is required on what is meant by:
  - patients who require escort but then could be deemed ineligible
  - escort requirements, including for translation purposes
  - 'impairment' – either in language from confused state of mind/learning or communication difficulties, or hearing or visual impairments
  - inclusion of mental health and learning disability patients
  - confusion and mental illness as a temporary impact for many people who are ill – who makes the judgement?
  - 'pose a risk to themselves'
  - who is responsible when the person arrives at an appointment?
  - 'unable to use'
  - use of Certificate of Vision Impairment (CVI) for blind and partially sighted patients
  - 'dignity or public concern'
  - working examples required
  - length of journey
  - border considerations
  - what is required of NEPTS staff?
  - prison transport
  - acquired brain injury patient's eligibility.
- Missing from requirements:
  - mental health
  - blind and visually impaired
  - frailty

  - need for PTS when journeys are long/from rural areas with no/little local transport
  - speech and language difficulties, cognitive communication difficulties and significant dysphasia
  - neurofatigue/acquired brain injury
  - anxiety.
- Risks:
  - to crews if impairment not correctly recorded
  - to patients at destination arrival
  - person assessing being qualified to do so
  - NEPTS not clinically trained
  - support from a driver if no other crew member available.
- Dementia patients:
  - their use of escorts (including possible double crew allowance) while still being eligible for NEPTS
  - definition of who is eligible.
- Mental health provision, also consideration of sectioned/secure transport, including for those who are being considered for assessment or being assessed under the Mental Health Act.
- Assumptions about eligible patients not having other means of transport, including mental health patients and dementia patients.

19. The most common theme, by a considerable margin, was the request for clearer definitions. Respondents were concerned that without sufficient detail, the criterion would be variably interpreted locally. For example:

    - ‘pose a risk to themselves’
    - requirements of NEPTS staff
    - ‘without suitable escort needed’
    - escorts.

20. Respondents considered many more patients with specific conditions should be considered eligible.

21. Many respondents raised concerns around risk to patients, particularly those with dementia, and providers. Patients with dementia require more support than can be given by a driver only but what the additional support would be and who would provide this are not clear.

22. Respondents raised the need to clarify which patients with a cognitive or sensory impairment and also a mental health condition are eligible and how they can safely use NEPTS if secure transport is not considered necessary.

23. Respondents recognised that NEPTS should only be available to those patients who do not have alternative provision and that this should be reiterated throughout the criteria.

Our response: criterion changes following the consultation

24. The NEPTS Pathfinder areas will further define the terms used in 'Section 3 (B): cognitive or sensory impairment' through best practice guidance and case studies throughout 2022.

25. The criteria allow all patients irrespective of their medical conditions or diagnoses to be assessed based on their transport needs. Local areas should define their specific processes for ascertaining a patient's transport needs.

26. We will update the commissioning, contracting and core standards guidance to reflect the feedback on the requirements of NEPTS staff.

27. Although secure transport was out of scope for the NEPTS review, we will develop best practice guidance around how patients with mental health conditions can be considered to utilise NEPTS appropriately where possible.

Significant mobility need: Section 3 (C)

28. The consultation response to the question: **Do you agree with our proposed criteria on qualifying significant mobility need?**

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not answered	Don't know
40.38%	33.33%	10.90%	7.69%	5.77%	0.64%	1.28%

29. Themes in the feedback were:

- Further clarity is required on what is meant by:
  - ‘self-mobilise’
  - ‘immunocompromised’
  - ‘clinically determined’
  - ‘a significant mobility need which cannot be met though public or private transport’
  - users who do not have access to an appropriate alternative source of transport
  - ‘need a stretcher or sling/hoist for their journey’.
- Requested additional patient groups:
  - patients at risk of falls
  - patients with chronic obstructive pulmonary disease (COPD) on and not on oxygen
  - patients with visual or hearing impairment
  - mental health patients
  - rehabilitation patients
  - long distance patients
  - amputees
  - patients with cognitive impairment
  - patients attending frequently
  - patients with combined impairment (e.g. mild cognitive impairment and low-level mobility impairment).
- More clinical input/independent assessment required to make eligibility decisions.
- Fewer assessments required for patients with long-term conditions.
- Concerns over equity of access:
  - from specifying wheelchair users
  - from not including consideration of availability of public transport in rural areas in comparison to urban areas.

30. The most common theme, by a considerable margin, was the request for clearer definitions of mobility needs. Respondents were concerned that without sufficient detail the criterion would be variably interpreted locally. For example:

- Concern was expressed that the ‘unable to stand or walk more than a few steps’ definition of ‘self-mobilise’ is very restrictive. The call handler needs to ask more questions about everyday mobility (e.g. climbing stairs and getting into/out of a vehicle). It should not be assumed that because the patient can walk more than a few steps, they can use public transport and walk from the transport stop to the hospital.
- The expectation of ‘clinically determined’ needs to be clarified, e.g. it should be specified in the patient’s notes and signed and dated by a clinician.
- ‘Immunocompromised’ is too broad a category and needs to be further defined. Not all immunocompromised patients are at risk if they travel on public transport. Should only patients who are being treated be eligible, and not those attending for follow-up appointments?
- The phrase ‘users who do not have access to an appropriate alternative source of transport’ is ambiguous as providers will not know what transport the patient has access to.
- ‘Sling/hoist’ should not be given as an example as this equipment cannot be used by NEPTS staff.

31. There were multiple requests for the inclusion of additional patient groups, e.g. patients at risk of falls because they are unsteady on their feet or lack confidence outside their home, and patients frequently attending appointments because while they may be able to make one journey a week, they may not be able to attend on multiple occasions.

32. Independent assessments were requested to obtain an objective understanding of a patient’s mobility. Asking the patient, carer or relative to give the correct information is a risk because if they underestimate the mobility need the person may not be eligible for NEPTS when they should be, or if they overestimate it, they could be eligible when their mobility does not merit this.

33. Questions were asked about whether patients who have a long-term mobility need should be reassessed for every appointment. This potentially wastes time and could increase stress and anxiety in the patient.

34. Concerns were also raised about equity of access:

- In almost equal measure, respondents felt that wheelchair users should and should not be automatically eligible. Many said transport should only be provided if the patient requires the assistance of trained PTS staff, highlighting many taxi firms can transport wheelchair users and that including all wheelchair users would not be financially viable. However, others said wheelchair-accessible taxis are not widely available and are extremely expensive, risking people choosing not to attend their appointment.
- Patients who live in rural areas with limited or no access to public transport should be considered for NEPTS: difficulties with access can have time and cost implications in comparison to urban areas. People from all parts of England should have equity of access to NHS services.

Our response: criterion changes following the consultation

35. The NEPTS Pathfinder areas will further define the terms used in 'Section 3 (C): significant mobility need' through best practice guidance and case studies throughout 2022.

36. 'Sling/hoist' has been removed as an example as this equipment should not be used by NEPTS staff.

37. The reference to immunocompromised patients has been moved to 'Section 3 (A): medical need' where it is more applicable.

38. We have retained the universal commitment to transport support for patients travelling to and from in-centre haemodialysis due to the long-term and repeat appointments these patients require. The transport needs of all other patients, irrespective of their medical conditions or diagnoses and including those requiring frequent appointments, will be assessed.

39. Local areas should define their specific processes for ascertaining a patient's transport needs. With the correct measures in place, we would not expect any need for independent assessments. The criterion allows local areas to determine their own escalation procedures.

40. The commissioning, contracting and core standards guidance will look to include reassessment times for patients with a long-term mobility need.

41. The criterion has been updated to clarify the eligibility of wheelchair users. Wheelchair users are only eligible if they require the assistance of patient transport staff to undertake the journey, they do not have friends or relatives who can assist them, and they do not have access to an appropriate alternative source of transport (including a specially adapted vehicle).

42. The criterion ‘Section 3 (F): wider mobility or medical needs’ already allows a local area to use discretion in providing NEPTS for patients who have a long distance to travel to their appointment, face high transport costs or no suitable public transport options.

43. The eligibility criteria for NEPTS should be read alongside the HTCS guidance which includes further information regarding patients on lower incomes. Work is ongoing to improve the HTCS process and accessibility.

Ability to self-mobilise

44. The consultation asked: **Do you have any views on the best way to define someone’s ability to self-mobilise, including whether and how to take into account the use of equipment and assistance**?

45. Themes in the feedback were:

- It should be assumed that the patient cannot self-mobilise if they:
  - require a walking aid
  - need to be transferred to/from a wheelchair
  - require assistance to stand
  - find it difficult to walk more than a few steps
  - require support to get into and out of transport
  - have cognitive impairment (anxiety/panic attacks)
  - are housebound
  - are at risk of falls
  - qualify for other mobility allowances (e.g. assessed by the Department for Work and Pensions (DWP) as having higher mobility needs).
- It should be assumed that the patient can self-mobilise if they can:
  - walk unaided for a certain length of time (e.g. 10 minutes)

  - independently (without support) use equipment (e.g. if in a wheelchair, they can transfer themselves into and out of cars)
  - mobilise in other life situations (e.g. shopping, going out socially, attending in-person GP appointments)
  - travel in comfort and with dignity, and not exacerbate their physical or mental health in the process.
- Self-mobilisation cannot be determined in this way because:
  - mobility can vary daily
  - there is no fair way to obtain the information required
  - there are too many factors to consider (e.g. public transport options and step-free access)
  - mobilising at home is very different to mobilising on a journey/in a hospital environment or after treatment
  - the patient needs to decide
  - it should be determined by a GP, clinically qualified individual, or an objective assessor.

46. The most common theme was the suggestion to specify the factors that indicate the patient cannot self-mobilise (e.g. the patient needing assistance to get into/out of a vehicle or their being at risk of falls).

47. Some respondents felt it would be better to find out whether a patient can self-mobilise from asking them what they can do (e.g. can they walk unaided for 10 minutes or can they independently get into/out of a vehicle with or without use of their own equipment?).

48. Some respondents thought a good way to do this is to ask patients questions about other life situations (e.g. do they go to a GP appointment in person?). However, others said this example question did not give a fair comparison because GP practices are often located much closer to a person than a hospital, so the same length of travel, and therefore mobility, is not required.

49. Another group of respondents felt self-mobilisation cannot be determined from asking a series of questions or checking against a list of eligibility criteria. They raised that:

- Mobility can vary day to day or even at different points throughout the day. Also mobilising in the home is very different to mobilising on a journey or for extended periods of time. This makes it very difficult for the patient to answer the questions accurately.
- There is no fair way to obtain the information required and patients can feel the questions are trying to catch them out and make them ineligible. Also, there are too many factors to consider for each patient and without looking into everyone's public transport options (e.g. direct bus routes and step-free access), a fair assessment cannot be made.

50. Some respondents said that the patient needs to decide what is best for them but acknowledged that this opens the possibility of abuse. Others highlighted that this puts too much pressure on an unwell patient, carer or relative, so a GP, clinically qualified individual or an objective assessor should determine need.

Our response: criterion changes following the consultation

51. The NEPTS Pathfinder areas will further clarify how to determine whether a patient is able to self-mobilise, through best practice guidance and case studies throughout 2022.

In-centre haemodialysis: Section 3 (D)

52. The consultation response to the question: **Do you agree that all patients receiving in-centre haemodialysis patients should qualify for transport support or either specialist transport, non-specialist transport or rapid reimbursement?**

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not answered	Don't know
46.15%	25.64%	14.10%	3.85%	4.49%	1.92%	3.85%

53. Themes in the feedback were:

- widespread agreement with the universal commitment to haemodialysis patients
- further clarity is required on what is meant by the 'universal commitment to transport support for all journeys to and from in-centre haemodialysis' and any exclusions

- whether other vital appointments for haemodialysis/renal patients should be included in the universal commitment
- the use of HCTS/Personal Health Budget should be encouraged for haemodialysis patients
- concerns that the specific and automatic eligibility of haemodialysis patients could create:
  - potential issues with affordability
  - inequity of access (e.g. there is no universal commitment for cancer patients undergoing radiotherapy and chemotherapy).

54. There was some confusion about which journeys fall under the universal commitment to haemodialysis patients. The criterion states 'all journeys to and from in-centre haemodialysis' but respondents asked for clarification on whether this includes other appointments related to the treatment renal patients receive (e.g. surgery or investigations). If other renal-related appointments are not included, the term 'universal' is misleading.

55. Some respondents requested that any other appointments vital to the treatment of renal patients are included in the universal commitment, while others said the commitment should remain for journeys to and from in-centre haemodialysis only; otherwise, the cost implications would be too high.

56. Many respondents encouraged the use of HTCS for renal patients with no mobility issues, to reduce the burden on and cost for NEPTS.

57. Many respondents agreed with the 'universal commitment for haemodialysis' because of the regularity with which these patients need to attend their in-centre haemodialysis appointments, the time this takes and the toll of haemodialysis on them, making it difficult for them to negotiate public transport after treatment. That patients should have input to the type of transport in which they are conveyed (either provided by NEPTS or independently and for which they can be reimbursed) was strongly supported.

58. The number expressing concern about the automatic eligibility of haemodialysis patients was almost equal to that agreeing with the universal commitment. Many highlighted that specifying this cohort of patients brings inequity of access for other patients who also need support with transport, e.g. cancer patients undergoing radiotherapy and chemotherapy. Many felt that rather than having automatic

eligibility, the medical and social needs of haemodialysis patients should be assessed, as for all other patients.

Response and criterion changes following the consultation

59. The NEPTS Pathfinder areas will further define the terms used in 'Section 3 (D): in-centre haemodialysis' through best practice guidance and case studies throughout 2022.

60. The eligibility criteria for NEPTS should be read alongside the HTCS guidance which includes further information regarding patients on lower incomes. Work is ongoing to improve the HTCS process and accessibility.

61. The universal commitment to transport support for patients travelling to and from in-centre haemodialysis remains in the criteria due to the long-term and repeat appointments these patients require. All other patients, including those who require frequent appointments, will be assessed under the usual eligibility criteria.

62. We will clarify the transport requirements for oncology patients in further discussions with our Cancer Programme team.

Shared decision-making model

63. The consultation response to the question: **Do you agree with a shared decision-making model between dialysis patients and the NHS to select the appropriate mode of transport?**

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not answered	Don't know
36.54%	35.90%	14.10%	2.56%	6.41%	1.92%	2.56%

64. Themes in the feedback were:

- overall agreement with the shared decision-making model
- further clarity required on what is meant by:
  - a shared decision-making model
  - an 'appropriate' mode of transport
- apprehension over patients pushing for more support than they require

- concerns over the inequity of access introduced by including a shared decision-making process for haemodialysis patients only.

65. The most common theme was the overall agreement with the suggestion of a shared decision-making model, as long as the outcome reflects what is best for both parties. Many respondents felt patients should have the opportunity to be involved in choosing mode of transport; this should ensure their comfort while being transported is factored in and give them the best outcome possible.

66. Clarity is required regarding who would be involved in the shared decision-making process. Some respondents stated that this approach will only work if a qualified medical professional is involved, and others requested patient, relative and carer participation where required.

67. The word ‘appropriate’ in relation to the mode of transport raised concern because it is subjective.

68. Concern was also raised about giving patients too much choice, as in most cases patient will choose single occupancy, door-to-door services even when they do not require this level of support or sole use of a vehicle.

69. Some respondents questioned why the shared decision-making model is only available to haemodialysis patients and no other patient groups (e.g. cancer patients undergoing treatment). Some felt this is unfair and would result in inequity of access.

Our response: criterion changes following the consultation

70. The NEPTS Pathfinder areas will further define what is meant by a ‘shared decision-making process’ through best practice guidance and case studies throughout 2022.

71. The eligibility criteria for NEPTS should be read alongside the commissioning, contracting and core standards guidance, which gives the training requirements of NEPTS staff. Guidance on managing patients who demand a level of support greater than they require will be provided through case studies.

72. We will clarify the transport requirements for oncology patients in further discussions with our Cancer Programme team.

Safeguarding concern: Section 3 (E)

73. The consultation response to the question: **Do you agree with our proposed criteria on qualifying safeguarding concern?**

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not answered	Don't know
35.26%	36.54%	14.10%	4.49%	3.21%	2.56%	3.85%

74. Themes in the feedback were:

- clarification of:
  - which patients will be included
  - a suitably trained driver
  - safeguarding concerns
  - professionals who count as 'relevant'
- crew being suitably trained, including taxi drivers.

75. Respondents agreed that patients for whom there is a safeguarding concern should qualify but the most common theme in their responses, by a considerable margin, was that clarification is required: which patients qualify for NEPTS due to a safeguarding concern and how is a safeguarding concern defined? They asked for further clarity on who qualifies as a 'suitably trained driver', the term 'vulnerable' and the definition of a 'relevant professional'.

76. Respondents also asked for more information on the training the NEPTS crew, including those who are taxi drivers, require for transporting a patient with a safeguarding concern.

Our response: criterion changes following the consultation

77. Further details will be included within best practice guidance to define who qualifies as a 'relevant professional'.

78. The eligibility criteria for NEPTS should be read alongside the commissioning, contracting and core standards guidance, which gives the training requirements of NEPTS staff, both those working for specialist and non-specialist providers.

79. The NEPTS implementation team will provide case studies and best practice guidance giving examples of patients deemed eligible within this category. Local decisions for eligibility about patients who fall into this category will be required because of their unique circumstances.

Wider mobility or medical needs: Section 3 (F)

80. Through the engagement events and direct contact with our NEPTS team, we received feedback to the questions:

- **Should patients in this category be offered PTS at the discretion of an authorised eligibility assessor?**
- **Do you agree that it is for local areas to decide the level of discretion given to different authorised assessors, reflecting local pathway management and transport service management arrangements, rather than seeking to set this nationally?**

81. Themes in the feedback were:

- local assessment required
- call takers do not have the clinical understanding or training to assess patient's eligibility and need consistent training to do so
- clarification needed on who the qualified assessor is and where this function sits.

82. Respondents confirmed that local assessment was required but many were concerned that call takers may not have the knowledge and expertise to clinically assess a patient's requirements but agreed that there should be local discretion.

83. Further detail was requested around the responsibilities of the qualified assessor and where the function would sit in the process.

Our response: criterion changes following the consultation

84. We have not changed the criterion but will provide further information in the commissioning, contracting and core standards guidance, along with case studies and best practice guidance for the eligibility criteria throughout 2022. However, as the level of discretion authorised eligibility assessors can apply will remain a local

decision, local areas need to agree any guidelines these eligibility assessors operate to.

85. The consultation response to the question: **Are there any other options which should be exhausted prior to the provision of PTS?**

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not answered	Don't know
30.77%	33.97 %	15.38%	8.97%	7.05%	1.92%	1.92%

86. Themes in the feedback were:

- NHS trusts to explore virtual assessments/appointments that avoid unnecessary journeys
- problems with parking make it difficult for people to make their own way to hospital
- dial a ride
- minibus service between sites for patients and staff.

87. Respondents believed that further effort should be made to reduce the use of NEPTS for journeys that fall outside NEPTS responsibilities. For example, by:

- reducing the number of patients who need to attend appointments in person and exploring the provision of virtual appointments
- reimbursing the journey costs to avoid people's use of NEPTS on the grounds of cost
- looking at parking issues to avoid these being a barrier to people using their own vehicle to travel to hospital
- exploring dial-a-ride assistance and a minibus service between hospital sites.

Our response: criterion changes following the consultation

88. We have not changed the criterion. This allows local areas to reimburse patients for travel costs where necessary. Local areas will be able to tailor the criterion, including by introducing some of the suggestions above to reduce the need for NEPTS. The NEPTS implementation team will provide further case studies and

best practice guidance throughout 2022. The eligibility criteria for NEPTS should also be read alongside the car parking guidance.

Escorts and carers: Section 4

89. The response to the consultation question: **Do you agree with our proposals on escorts and carers?**

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not answered	Don't know
40.38%	35.90 %	12.82%	3.21%	3.85%	1.28%	2.56%

90. Themes in the feedback were:

- Extending the offer of escorts for patients:
  - with mental health conditions
  - with dementia
  - at end of life
  - receiving life-changing results/news
  - with translation needs
  - with personal care needs
  - with hearing or vision impairments
  - who require 24-hour live in care
  - with learning disabilities
  - who use an assistance dog
  - who are breastfeeding and need to bring their child with them
  - who are under 16 years of age
  - 0–25-year-olds with a cancer diagnosis
  - with safeguarding concerns
  - who need a carer present during the appointment; that person can then accompany the patient travelling to hospital on a NEPTS vehicle
  - on their final journey to place of death.
- Further clarification on:
  - 'need'

  - standard definition of someone who needs a carer
  - escorts who have childcare responsibilities for other children
  - an escort's responsibilities beyond those of the NEPTS crew; distinguish the responsibilities of the escort and second crew member where required
  - child requiring appointment but parent unable to attend without NEPTS
  - an escort's age – where a parent requires an appointment but has no access to childcare or a child is the patient's carer
  - how is 'no alternative care available at that time' ascertained?
  - the escort cannot receive support from the NEPTS crew
  - needing 'escort or carer's particular skills and/or support'; this is currently open to interpretation.
- Escorts with their own needs.
- Carers travelling separately:
  - not always appropriate
  - one way only with patient
  - support only required at appointment
- ineligibility for NEPTS due to having an escort.

91. The most common theme, by a considerable margin, was the need to identify those cohorts of patients who can be provided with an escort, including those listed above. Doing so will make the process for booking escorts easier and focused on patient need.

92. Respondents commented the criterion allows too much discretion in or interpretation for deciding which patients are eligible for an escort; further examples should be given to ensure consistency of approach.

93. Clarification of the different roles of an escort and the NEPTS crew was requested.

94. Respondents requested that escorts who have their own needs and requirements be considered in the criterion. Clarification is also needed where escorts are required for the appointment but not for the journey, or only for the return journey: should they accompany the patient while being transported, even if not required for this, or not? Respondents raised that it may not be appropriate for the escort to travel separately due to their own needs.

95. Further guidance was requested on how a patient's access to an escort impacts their eligibility for NEPTS.

Our response: criterion changes following the consultation

96. We have revised the criterion to address some of the feedback and clarify some of the points raised and will provide further clarity through case studies and best practice guidance throughout 2022, supported by the Pathfinder areas.

Wider support: Section 6

97. The consultation response to the question: **Do you agree that transport co-ordination mechanisms or wider healthcare systems should be obliged to provide signposting to the Healthcare Travel Costs Scheme and information on wider transport options?**

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not answered	Don't know
53.21%	25.00 %	9.62%	2.56%	5.13%	1.92%	2.56%

98. Themes in the feedback were:

- Concerns over:
  - availability and knowledge of community transport offers, including those run by volunteers
  - whether it is appropriate to recommend a taxi company
  - not being too prescriptive in describing what is available as this will differ between areas
  - the governance processes for signposting to other organisations
  - additional ask and costs on providers at booking
  - patients with limited communication, cognition or who are anxious or fatigued will struggle to deal with information and deciding between alternatives
  - that signposting should be desirable rather than an obligation due to the time constraints on the call centres.
- Appropriate for signposting to be encouraged.
- The HTCS is difficult and laborious for patients to navigate, particularly for those who do not have access to the internet or are not IT literate.

- Signposting information should be provided in all accessible formats and widely promoted prior to the NEPTS eligibility assessment.

99. Respondents raised some concerns that without clarity on what should be offered, what is offered will vary between areas. Concerns were also expressed around the governance processes that would need to be adopted for signposting to other companies such as private taxi companies.

100. Some respondents queried how all options could be signposted and how organisations are signposted to, will be selected.

101. Concern was also expressed around the additional ask on the booking teams within NEPTS if they need to provide a signposting service: this would take resource and time away from their current roles and add to provider costs.

102. Many respondents agreed it was appropriate and necessary to signpost patients to alternative services to ensure NEPTS capacity is protected and can meet demand. They also felt signposting patients to alternative solutions to getting to their appointments would improve their access to healthcare and was important for patient experience and patient service.

103. Respondents raised the difficulty patients have navigating and understanding the current HTCS process, particularly those who do not have access to the internet or are not IT literate.

104. Patient information should be provided in all accessible formats, and this should clearly outline and promote the processes.

Our response: criteria changes following the consultation

105. We have retained the request through the eligibility criteria that patients who are ineligible for NEPTS are signposted to alternative available resources. We expect to include further information on signposting through commissioning, contracting and core standards best practice, as well as any required governance processes for signposting patients.

106. The commissioning, contracting and core standards best practice guidance will address the need to include information in accessible formats.

107. Furthermore, we are looking to improve accessibility to and the reimbursement timescales in the HTCS. Patients should be signposted to the HTCS through the eligibility assessment process.

General questions

108. The consultation asked: **Beyond what you have already outlined in your earlier responses, are there any elements of the proposed criteria that might:**

- **have an adverse impact on groups with protected characteristics as defined by the Equality Act 2010?**
- **widen health inequalities?**

109. No responses were given owing to some confusion between the wording of the questions in the consultation document and the Citizen Space survey.

110. Themes from the engagement events and other feedback to the national team via email were:

- rurality is not considered in the criteria or under the Equality Act
- information needs to be provided in languages other than in English and for patients who do not speak or understand English well interpreters need to be available on transport
- lower income patients/poverty
- the universal offer for renal patients creates a two-tier eligibility process.

111. The commonest concern was that the criteria do not equitably consider patients living in rural locations. In particular, should such a patient not be considered eligible for NEPTS, public transport may not be available in their area and, even if it is, the distances they may need to travel could make public transport a costly option for them. There is a risk that these patients become isolated and do not attend appointments.

112. Many respondents were concerned that for patients whose first language is not English, the eligibility criteria could restrict their access to NEPTS; these patients may struggle to navigate both the eligibility criteria assessment and the alternative transport advice. There was a push for the criteria to consider further how NEPTS providers could use translation services or other accessible information

techniques. Respondents also felt translation support should continue through to the day of transport.

113. Many respondents said the eligibility criteria could adversely affect those patients on lower incomes. Patients who may not be eligible for NEPTS and/or HTCS but cannot afford to pay for transport to their appointment – or to pay for this ahead of being reimbursed through the HTCS – may not be able to attend.

114. Respondents felt that the universal commitment to transport for all journeys to and from in-centre haemodialysis centres is unfair: it creates inequity in the provision of transport services and a two-tier approach to transport eligibility.

Our response: criteria changes following the consultation

115. The criterion ‘Section 3 (F): wider mobility or medical needs’ already allows a local area to use discretion in providing NEPTS for patients who have a long distance to travel to their appointment, face high transport costs or no suitable public transport options. We have included further guidance on the use of HTCS for those on lower incomes and work is ongoing to improve the HTCS process and accessibility. ‘Section 6: wider support’ further covers patients who may be at risk of non-attendance. Providers can apply their own discretion in using the wider support criteria for patients who may not be able to attend their appointment for reasons of affordability, along with the possibility of using the HTCS to provide advance payments.

116. Commissioners and providers are responsible for ensuring that the eligibility assessment is accessible to all, including by providing it in any format the patient requires. This responsibility will be further defined in the commissioning, contracting and core standards guidance, case studies and best practice guidance.

117. We have retained the universal commitment to transport support for patients travelling to and from in-centre haemodialysis due to the long-term and repeat appointments these patients require. All other patients, including those who require frequent appointments, will be assessed under the usual eligibility criteria.

Proposed timeline

118. The consultation response to the question: **Do you agree with our proposed timeline?**

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not answered	Don't know
17.95%	42.31%	21.15%	8.97%	5.13%	1.28%	3.21%

119. Themes in the feedback were:

- Timescales are inappropriate:
  - contracts are already in place or have been negotiated and are ready to start; it may not be possible to implement the eligibility criteria by the agreed timescales
  - contracts will need to be renegotiated; the implementation of the new criteria will require time and resource
  - it is a challenge to change what has been agreed for established contracts
  - some areas do not have any eligibility assessment in place and will require procurement timescales to be considered.
- Timescales are ok if giving one year until 2023 for implementation
- Concerns over the impact of COVID restrictions and prioritisation.
- Implementation timescales should be the same for new and existing contracts.

Our response

120. We have not changed the required implementation times for the new eligibility criteria.

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