

Agenda Item:

12

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	22 May 2015
Officer	Director for Adult and Community Services
Subject of Report	Eligibility Criteria for Non-Emergency Patient Transport Services in Dorset and performance update
Executive Summary	<p>Following the presentation of an update report to Dorset Health Scrutiny Committee on 10 March 2015, members requested that a further report be presented to clarify eligibility criteria for non-emergency patient transport services and the way in which these are applied in Dorset.</p> <p>The Committee further asked for performance data to be shared covering the period to the end of March 2015, if available.</p>
Impact Assessment: <i>Please refer to the protocol for writing reports.</i>	Equalities Impact Assessment: Not applicable.
	Use of Evidence: Report provided by Dorset Clinical Commissioning Group
	Budget: Not applicable.
	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as:

	<p>Current Risk: HIGH/MEDIUM/LOW (Delete as appropriate) Residual Risk HIGH/MEDIUM/LOW (Delete as appropriate)</p>
	<p>Other Implications:</p> <p>None.</p>
Recommendation	Dorset Health Scrutiny Committee members are requested to consider and comment on the contents of this report.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to protect and improve the health, wellbeing and safeguarding of Dorset's citizens.
Appendices	<p>A National guidance on non-emergency patient transport eligibility</p> <p>B NHS Dorset Clinical Commissioning Group non-emergency patient transport eligibility criteria</p> <p>C Performance tables and figures, E-Zec Medical Transport Services, April 2014 to March 2015</p> <p>D Number of abortions by month and provider, E-Zec Medical Transport Services, April 2014 to March 2015</p> <p>E Complaints, E-Zec Medical Transport Services, October 2013 to March 2015</p>
Background Papers	<p>Report by NHS Dorset Clinical Commissioning Group to Dorset Health Scrutiny Committee, 10 March 2015: http://www1.dorsetforyou.com/Council/COMMIS2013.nsf/MIN/4D39CF5FABDA01D780257DF9003ABC53?OpenDocument</p> <p>Minutes of special meeting of Dorset Health Scrutiny Committee on 24 June 2014: http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/0c9d2ffdebb3382980256dc6003d6c52/dd4761f895dea09b80257d100053f390/\$FILE/Minutes%20240614.pdf</p> <p>Report by NHS Dorset Clinical Commissioning Group to Dorset Health Scrutiny Committee, 10 September 2014: http://www1.dorsetforyou.com/COUNCIL/commis2013.nsf/88F2ABA2858A8E8780257D4700395F38/\$file/09.%20CCG%20NEPTS%20Follow-up%20Report.pdf</p>
Report Originator and Contact	<p>Name: Ann Harris, Health Partnerships Officer, Dorset County Council</p> <p>Tel: 01305 224388</p> <p>Email: a.p.harris@dorsetcc.gov.uk</p>

1. Introduction

- 1.1 Concerns around eligibility for non-emergency patient transport were raised during the Health Scrutiny meeting held on 10th March 2015, in which a paper was presented to the committee regarding improvements in the performance of the contracted service provided in Dorset by E-Zec Medical Transport Service LTD.
- 1.2 As requested, this paper seeks to clarify the eligibility criteria for non-emergency patient transport; and clarify how it is applied in the context of the service provided in Dorset.
- 1.3 The Committee further asked for performance data to be shared covering the period to the end of March 2015, if available.

2. Eligibility Criteria for Non-Emergency Patient Transport

- 2.1 In 2007 the Department of Health published updated eligibility criteria for non-emergency patient transport services (Appendix A), which replaced previous guidance that was issued in 1991. The criteria apply to all NHS and independent service providers contracted by the NHS.
- 2.2 The guidance defines non-emergency patient transport as *'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.'*
- 2.3 The guidance further states that eligible patients are those:
 - Where the medical condition of the patient is such that they require the skills or support of Patient Transport Service (PTS) staff on/after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means;
 - Where the patient's medical condition impacts their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means;
 - Recognised as a parent or guardian where children are conveyed.
- 2.4 It also states that patient transport services (PTS) could be provided to a patient's escort or carer (only one escort should travel and must be agreed in advance) where their particular skills and /or support are needed e.g. this might be appropriate for those accompanying a person with a physical or mental incapacity, vulnerable adults or to act as a translator.
- 2.5 Lastly; it states that a patient's eligibility for PTS should be determined either by a healthcare professional or by non-clinically qualified staff who are both clinically supervised and/or working within agreed local protocols or guidelines and are employed by the NHS or working under contract for the NHS.
- 2.6 The guidance is clear that those who do not meet the criteria are ineligible for PTS and this includes those who have a social need for transport. It suggests that local transport plans should address issues of access to health services to enable integrated transport provision and that local NHS commissioners and Local Authorities should work together to ensure that new and existing services are accessible for people in terms of cost, time and ease.
- 2.7 NHS Dorset CCG's eligibility criteria are attached in Appendix B. These were agreed by the PTS steering group, membership of which included all local NHS Providers.

The criteria follow the national guidance outlined above, but also state that eligible journeys are those:

- Made for non-primary care healthcare services, for which the patient has been referred by a doctor or a dentist:
 - Made for treatment paid for by the NHS, regardless of whether it is carried out by an NHS care professional or an independent one.
- 2.8 NHS Dorset CCG's eligibility criterion defines 'medical need' as *'the definite or likely requirement for the skills or support of clinically trained PTS staff and/or their equipment on/after the patient's journey.'* There are three main types of medical need outlined:
- **Mobility** – the patient will need substantial assistance/support to move from their bed/chair at pick up point to vehicle and from vehicle to destination; and/or they are unable to weight bear, transfer or self-mobilise;
 - **Protection** – where the journey by other means would be detrimental to health; where the patient needs protection to prevent harm to themselves and/or existing wound condition; where passengers or crew will need to be protected due to the patient's condition;
 - **Treatment** – where the patient needs to be monitored and/or treated on or after the journey.
- 2.9 Distance, frequency and journey duration are not automatic qualifying criteria for PTS without taking into account medical need and the requirement for clinical support during/after transport.
- 2.10 NHS Dorset CCG does not provide PTS on the basis of social needs i.e. if they do not meet the eligibility criteria outlined above. Should a patient be unable to access healthcare due to lack of public transport; no family/friends able to transport/assist; unable to afford the cost of a taxi or public transport, for example, the patient would not be eligible for PTS.
- 2.11 Where a patient is not eligible for PTS, the provider will inform them of other possible alternatives, such as the Hospital Travel Costs Scheme and voluntary car schemes that may be available.

3. Application of the Eligibility Criteria in Dorset

- 3.1 As detailed in previous reports provided to the Committee over the last 18 months, funding for the PTS service is on a cost per volume basis, whereby NHS Dorset CCG is invoiced for every PTS journey that occurs where a patient is registered with a Dorset General Practitioner (GP).
- 3.2 The initial budget set for the PTS service, based on activity from the previous service provided in part by South West Ambulance NHS Foundation Trust (SWASFT) and in part by ad hoc arrangements with various providers through the Trusts, was c£3.6m. In 2014/15 the PTS service has cost NHS Dorset CCG c£5.6m. The increased spend has resulted in NHS Dorset CCG requiring further assurance from E-Zec on a number of areas relating to the contract to ensure that the finite resources we have are used effectively and appropriately. These include:

- Assurance that the eligibility criteria are being consistently and appropriately applied in all cases to ensure equity;
- Assurance that training on the eligibility criteria is being provided to staff both within E-Zec and those within the organisations booking transport to ensure that it is applied consistently and appropriately in all cases;
- Assurance that E-Zec are doing everything they can to mitigate against an aborted journey;
- Assurance that all patients transported are registered with a Dorset GP.

3.3 NHS Dorset CCG has been explicit with E-Zec that the eligibility criteria must be applied as outlined in the national and local guidance.

4. Performance Update

4.1 Updated performance data for the period April 2014 to March 2015 can be found in Appendix C. The performance data is reported separately for the Call Centre (table 1) and Transport elements (table 2) of the service.

4.2 As previously reported, performance continues to improve. However there are areas in relation to the Transport Key Performance Indicators (KPIs) where the service is not yet meeting thresholds, including:

- Service users to arrive at ultimate destination by appointment time – achieving 86% against target of 95%;
- Service users to be collected up to 45 minutes after their identified ready time – achieving 83% against target of 90%;
- Service users to be collected up to 60 minutes after their identified ready time – achieving 87% against target of 95%;
- Identification of service users transported who do not meet the medical eligibility criteria as a % of the total number of service users transported (this relates to patients who made their own way + patients who can travel in a Taxi only) – achieving 2% against 0% threshold.

4.3 NHS Dorset CCG are in the process of auditing the performance data provided by E-Zec to ensure that it is robust and that the reported figures accurately reflect achievement against the KPIs.

4.4 Aborted journeys continue to be a challenge. Over the period April 2014-March 2015 there were 13,217 aborted journeys across the four main providers; Royal Bournemouth and Christchurch Hospital, Poole Hospital, Dorset County Hospital and Dorset Healthcare Trust. These aborts incur a significant cost to the CCG and potentially mean that those patients who really need transport are not getting it.

4.5 Figure 1, Appendix D looks at the trend in aborts by month and by provider and indicates that Royal Bournemouth and Christchurch Hospital had the highest number of aborts throughout the year and Dorset County Hospital had the lowest. However, none of the providers are showing a downward trend in aborts and numbers have remained fairly constant throughout the year.

4.6 Figure 2, Appendix D looks at the reasons for aborts and indicates that the majority of aborts are due to the 'patient not being ready' (2,712 aborts); the 'patient made their own way' (1,600 aborts); the 'patient was too ill to travel' (1,489 aborts); 'cancelled on the day' (1,069 aborts). These four areas make up 52% of all aborts.

- 4.7 We are working with E-zec and the Trusts to ensure improvements are made. In addition we are ensuring that appropriate and timely information is being given to patients and carers to help reduce the number of abortions.
- 4.8 Table 3, Appendix E outlines the number of complaints by month and indicates that overall complaints represent around 0.2% of all journeys undertaken by E-Zec. Complaints increased in February and March 2015, compared to previous months. However, this is largely due to E-Zec changing the way in which they report complaints and includes Adverse Incident Reporting forms from the acute trusts, which are not direct patient complaints.
- 4.9 The number of complaints is likely to increase for a period of time whilst E-Zec and the Trusts ensure that the eligibility criteria are applied consistently in all cases.

5. Conclusion

- 5.1 Patients are required to make their own arrangements to travel to and from an NHS appointment. NHS Dorset CCG only funds transport to those patients who have a medical need as defined in the National guidance and espoused in the Dorset eligibility criteria.
- 5.2 NHS Dorset CCG is seeking assurance that the nationally determined eligibility criteria are being applied consistently, appropriately and accurately in all cases by E-Zec.
- 5.3 NHS Dorset CCG will continue to monitor the application of the eligibility criteria through the contract monitoring process in place.
- 5.4 NHS Dorset CCG will work with E-Zec to develop appropriate information for individuals around the eligibility criteria and what to expect and will also develop training for providers to ensure that the right patients are able to access the transport service available.
- 5.5 NHS Dorset CCG will be working closely with E-Zec on reducing the number of abortions in areas where there is scope for making improvements to the system to prevent such events. In particular, the CCG will be focusing on the key areas of patients not being ready, patients making their own way and those journeys cancelled on the day.

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Eligibility Criteria for Patient Transport Services (PTS)

Eligibility Criteria for Patient Transport Services (PTS)

PTS eligibility criteria document

Prepared by
DH Ambulance Policy

DH INFORMATION READER BOX

Policy	Estates
HR / Workforce	Performance
Management	IM & T
Planning	Finance
Clinical	Partnership Working

Document Purpose	Best Practice Guidance
ROCR Ref:	Gateway Ref: 8705
Title	Eligibility Criteria for Patient Transport Services (PTS)
Author	Department of Health
Publication Date	23 Aug 2007
Target Audience	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs , Local Authority CEs, Directors of Finance, PTS provider representative organisations and groups
Circulation List	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs , Local Authority CEs, Directors of Finance, PTS provider representative organisations and groups. It will also be available on the internet for any interested parties.
Description	Following responses to a thirteen-week consultation this document provides revised eligibility criteria for non-emergency patient transport services
Cross Ref	Chapter 20 of the NHS Finance Manual
Superseded Docs	PTS Guidance 'Ambulance and other patient transport service – Operation, use and performance standards' (1991)
Action Required	To take account of the revisions in PTS eligibility
Timing	Immediate
Contact Details	Ambulance Policy 11th Floor New Kings Beam House 22 Upper Ground SE1 9BW emergencycare@dh.gsi.gov.uk www.dh.gov.uk/consultations/fs/en
For Recipient's Use	

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Document Purpose

1. 'Ambulance and other Patient Transport Services: Operation, Use and Performance Standards' [HSG 1991(29)] was published in 1991. This set out guidance for the NHS on the operation, use and performance standards for emergency and urgent ambulances. It also set out criteria for establishing which patients were eligible for non-emergency patient transport services (PTS).
2. The White Paper ('Our health, our care, our say: a new direction for community services', January 2006) made a commitment to extend eligibility for the Hospital Travel Costs Scheme (HTCS) and PTS to procedures that were traditionally provided in hospital, but are now available in a community setting. This will mean that people referred by a health care professional for treatment in a primary care setting, and who have a medical need for transport, will also receive access to PTS and HTCS.
3. This extension to PTS, as outlined in this document, is expected to come into force in 2007/08, although Primary Care Trusts (PCTs) can of course amend local eligibility criteria for PTS in line with the White Paper before that date, should they wish to do so.
4. This document therefore updates and replaces the 1991 guidance and applies to both NHS and independent service providers contracted to the NHS.

What is PTS?

5. Non-emergency patient transport services, known as PTS, 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. This can and should encompass a wide range of vehicle types and levels of care consistent with the patients' medical needs.

Who is eligible for PTS?

6. PTS should be seen as part of an integrated programme of care. 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.
7. Eligible patients should reach healthcare (treatment, outpatient appointment or diagnostic services i.e. procedures that were traditionally provided in hospital, but are now available in a hospital or community setting) in secondary and primary care settings in a reasonable time and in reasonable comfort, without detriment to their medical condition. Similarly, patients should be able to travel home in reasonable comfort without detriment to their medical condition. The distance to be travelled and frequency of travel should also be taken into account, as the medical need for PTS may be

affected by these factors. Similarly, what is a “reasonable” journey time will need to be defined locally, as circumstances may vary.

8. Eligible patients are those:
 - Where the medical condition of the patient is such that they require the skills or support of PTS staff on/after the journey and/or where it would be detrimental to the patient’s condition or recovery if they were to travel by other means.
 - Where the patient’s medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient’s condition or recovery to travel by other means.
 - Recognised as a parent or guardian where children are being conveyed.
9. PTS could also be provided to a patient’s escort or carer where their particular skills and/or support are needed e.g. this might be appropriate for those accompanying a person with a physical or mental incapacity, vulnerable adults or to act as a translator. Discretionary provision such as this would need to be agreed in advance, when transport is booked.
10. A patient’s eligibility for PTS should be determined either by a healthcare professional or by non-clinically qualified staff who are both:
 - clinically supervised and/or working within locally agreed protocols or guidelines, and
 - employed by the NHS or working under contract for the NHS

Who provides PTS?

11. For simplicity, the text of this guidance will refer to PCTs when discussing the role of the commissioner. There is an expectation that over time, where it is not already the case, PCTs should take on responsibility for PTS contracts and commissioning.
12. PCTs are responsible for commissioning ambulance services (which could include patient transport services) to such extent as the PCT considers necessary to meet all reasonable requirements of the area for which they are legally charged with providing services. It is for the PCT to decide who receives patient transport services in their area. PCTs should therefore apply the principles outlined in this document either to consider each case on its merits or to develop more detailed local criteria for PTS use. PCTs may lawfully ask other bodies to assist in the exercise of their commissioning functions. Yet where they make such arrangements, it is still the responsibility of the PCT to ensure that appropriate services are being provided at an appropriate cost and standard.
13. A range of different providers may provide PTS - for example the local NHS ambulance trust, independent sector providers, or a combination of providers.
14. PTS eligibility has not been extended to include patients who do not fit the criteria outlined above e.g. those who have a social need for transport. Local transport plans should address issues of access to health services to enable integrated transport provision and PCTs have been encouraged to engage in this process through accessibility planning guidance and the NHS Modernisation Agency’s ‘Driving Change – Good Practice Guidelines for PCTs on Commissioning Arrangements for Emergency

Ambulance Services and Non-Emergency Patient Transport Services' best practice material.

15. The White Paper ('Our health, our care, our say: a new direction for community services') made clear that PCTs and local authorities should be working together to ensure that new services are accessible by public transport. Existing facilities should also work closely with their PCTs and with accessibility planning partnerships (in those areas that produce local transport plans) to ensure that people are able to access healthcare facilities at a reasonable cost, in reasonable time, and with reasonable ease.

Who pays for PTS?

16. Eligible patients are not charged for patient transport services provided by the NHS. PCTs are ultimately responsible for the costs of PTS.
17. The cost of providing PTS is for PCTs to negotiate for their registered population, dependent on local needs and priorities. It will vary depending on the nature of services provided, distance to be travelled and is a matter for local agreement.
18. The cost of PTS remains within the scope of Payment by Results as an integral part of the relevant tariffs and will remain within tariff during 2006/07 and 2007/08. If it is agreed locally that the acute trust should not be responsible for providing PTS then locally agreed adjustments should be made to the tariff to facilitate the PCT contracting for PTS directly with providers.

Duty of care to patient

19. The provider of the transport service owes a duty of care to the patient (and any accompanying escort or carer) being transported, from the time they collect the patient to the time they hand them over. However, during patient transfer, the NHS will still owe a duty of care to a patient, regardless of whether there is an escort in attendance. The PCT will still be responsible to the patient being transported in so far as the PCT must exercise reasonable care to ensure that the arrangements it makes for provision of PTS ensure that PTS will be provided to a safe and adequate standard. See Chapter 20 of the finance guidance for more detail on quality standards.

Out of area

20. Patients are now being offered a choice, through the extended care network, over where they receive treatment when they are referred for elective care. Therefore, it is likely that the number of out of area PTS journeys will increase. The principle that

should apply is that each patient should be able to reach hospital in a reasonable time and in reasonable comfort, without detriment to their medical condition. Distance to be travelled should actively be considered when assessing whether the patient has a medical need for transport.

21. In terms of funding arrangements, the general principle should be that a patient's home PCT would be expected to bear the cost of their PTS journeys.
22. See Chapter 20 of the finance manual for more detail on charging for out of area journeys.

Private patients

23. If a private patient is treated as such by a NHS Trust, any requirement for PTS will generally be provided under the PCT service agreement. However, the NHS Trust will recover the cost from the patient rather than the patient's home PCT by reflecting the cost of the transport provided in the private patient rates it charges and, if necessary, by supplementing those charges to allow for the cost of any additional PTS activity. It will then reimburse the PCT.
24. If a private patient is treated in a private hospital, any PTS supplied by an NHS PTS provider will be charged to the private hospital, which will make its own arrangements for recovering the cost from the patient.
25. A private patient transferred as an NHS emergency case is liable for the cost of transport only if the patient, or a person acting on the patient's behalf, opts for private treatment and signs an undertaking to pay charges.

Escorts

26. PTS could also be provided to a patient's escort or carer where their particular skills and/or support are needed e.g. this might be appropriate for those accompanying a person with physical or mental incapacity, children or to act as a translator. Only one escort should travel with a patient under such circumstances. Such discretionary provision would need to be agreed in advance, when transport is booked.
27. The eligibility criteria for PTS have not been extended to include visitors.
28. Where, exceptionally, a friend or relative accompanies a patient to hospital or for treatment, return transport provision is at the discretion of the provider.

Carriage of wheelchairs

29. There is currently no regulation covering the carriage of wheelchairs: the Department for Transport (DfT), Local Government and the Regions (DTLR) document VSE 87/1 Code of Practice: "The Safety of Passengers in Wheelchairs on Buses" remains the main guidance available.

30. Some patients have wheelchairs with special seating or controls. Such patients have the right, wherever possible, to be transported in or with their wheelchair for reasons of comfort and mobility. In deciding how best to meet requests for wheelchair transport, purchasers/providers will, however, need to adhere to the requirements produced by the DfT and guidance provided by the Medical Devices Agency, which is referenced at the end of this document.

Setting standards

31. *Our Health, Our Care, Our Say* sets out the Department's intention to provide national standards for what people can expect from patient transport services, as well as exploration of options for accrediting independent sector providers of PTS, to ensure common minimum standards.

32. In the meantime, PCTs should ensure that whatever arrangements are adopted for the provision of PTS are underpinned by an effective transport management quality assurance, and health and safety system.

Social needs for transport

33. The NHS can use income generation powers to charge patients for the provision of transport for 'social', rather than 'medical' needs.

34. PCTs do not have to provide transport for social reasons however Section 7 of the Health & Medicines Act 1988 allows a charge to be levied for the provision of transport to patients with a social need. The main provisos for income generating schemes are:

- a) The scheme must be profitable as it is unacceptable for it to be subsidised from NHS funds;
- b) The profit must be used for improving the health services; and
- c) Income Generation schemes must not in any way interfere with the provision of NHS services to patients.

35. Guidance is contained in National Health Service income generation – 'Best practice: Revised guidance on income generation in the NHS', February 2006.

Help with travelling expenses and travelling arrangements for patients on low incomes – Hospital Travel Cost Scheme (HTSC)

36. The Hospital Travel Costs Scheme provides financial assistance to those patients who do not have a medical need for ambulance transport, but who require assistance in meeting the cost of travel to and from their care. Reimbursement of travel fares are provided for services that must be:

- Currently under the care of a consultant (such as a surgeon or rheumatologist, but not a GP)
- for a traditional hospital diagnostic or treatment, (i.e. non-primary medical services or non-primary dental services), regardless of where the treatment is carried out
- paid for by the NHS, regardless of whether it is carried out by an NHS care professional or an independent one

37. Benefits and allowances that entitle patients (and their dependents) to full or partial reimbursement of travel expenses under HTCS are means-tested and include Income Support, Income-based Jobseeker's Allowance, Pension Credit Guarantee Credit, Child's Tax Credit, Working tax credit with Child's Tax Credit, Working Tax Credit with a disability element, or the NHS Low Income Scheme.

38. PCTs are ultimately responsible for payment of the scheme. However, in practice and for convenience, patients claim their expenses from the NHS trust where they receive their treatment, and that trust reclaims the expenses from the responsible PCT. Guidance on the operation of the scheme is available from the Department of Health's website

39. <http://www.dh.gov.uk/assetRoot/04/12/77/39/04127739.pdf>

Complaints

40. From 1 September 2006, changes to the NHS complaints regulation came into force. The changes were designed to make the complaints procedure clearer and easier to access for those who need it. Purchasers of emergency ambulance services and PTS should ensure that local arrangements and procedures for investigating complaints conform to the requirements of that guidance. Guidance is available through the DH website:

www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/ComplaintsPolicy/NHSComplaintsProcedure/fs/en

41. Independent Complaints Advocacy Service (ICAS) provides support to people in England wishing to complain about the treatment or care they received under the NHS. ICAS delivers a free and professional support service to clients wishing to pursue a complaint about the NHS.
42. Patient Advice and Liaison Services (PALS) provide confidential advice, support and information on health-related issues to patients, their families and carers.
43. A more general complaints leaflet is available for the public, available on the DH website: www.dh.gov.uk/assetRoot/04/02/00/39/04020039.pdf

References

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www.info.doh.gov.uk/doh/finman.nsf/4db79df91d978b6c00256728004f9d6b/c13b0f39ccbfd3fa802568a9005a0c1f?OpenDocument
- Code of Practice: *The Safety of Passengers in Wheelchairs on Buses* Department for Transport (DfT), Local Government and the Regions (DTLR) document VSE 87/1
- *Guidance on the Safe Transportation of Wheelchairs (MDA DB2001(03) June 2001)*, the Medical Devices Agency.
www.mhra.gov.uk/home/idcplg?IdcService=GET_FILE&dDocName=CON007343&RevisionSelectionMethod=LatestReleased.
- *Guidance of the Safe Use of Wheelchairs and Vehicle-mounted Passenger Lifts (MDA DB2003(03) March 2003)*, the Medical Devices Agency.
www.mhra.gov.uk/home/idcplg?IdcService=GET_FILE&dDocName=CON007320&RevisionSelectionMethod=LatestReleased
- *Medical Devices Regulations 1994 (SI 1994 No 3017)*
www.opsi.gov.uk/SI/si1994/Uksi_19943017_en_1.htm

- *Manual Handling Operations Regulations 1992 (SI 1992 No 2793)*
www.opsi.gov.uk/SI/si1992/Uksi_19922793_en_1.htm
- *The Health & Medicines Act 1988, Section 7, ISBN 0105449881*
www.opsi.gov.uk/ACTS/acts1988/Ukpga_19880049_en_1.htm
- *National Health Service income generation - best practice : revised guidance on income generation in the NHS*, Department of Health, February 2006
www.dh.gov.uk/assetRoot/04/13/06/68/04130668.pdf
- *The Hospital Travel Costs Scheme Guidance*, Department of Health, May 2005
www.dh.gov.uk/assetRoot/04/12/77/39/04127739.pdf

NHS Dorset Clinical Commissioning Group

Policy for Non-Emergency Patient Transport Service (NEPTS) Eligibility Criteria

3 September 2013



Supporting people in Dorset to lead healthier lives

DOCUMENT TRAIL AND VERSION CONTROL SHEET

Heading	Policy for Non-Emergency Patient Transport Service (NEPTS) Eligibility Criteria
Project Sponsor	Cancer and End of Life Care CCP
Purpose of document	
Date of document	3 September 2013
Review Date	
Author	Sarah Turner
Approved by	
Date approved	
Effective from	
Status	Draft
Version	V2

NHS DORSET CLINICAL COMMISSIONING GROUP

POLICY FOR NON EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS) ELIGIBILITY CRITERIA

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NHS DORSET CLINICAL COMMISSIONING GROUP

POLICY FOR NON EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS) ELIGIBILITY CRITERIA

1. WHAT IS NON EMERGENCY PATIENT TRANSPORT SERVICE (NEPTS)?

- 1.1 Non-emergency Patient Transport Services (NEPTS) are provided for patients who are being transported to an NHS funded service for NHS treatment and who are deemed **medically eligible** based on the Department of Health (DH) eligibility criteria, which Dorset Clinical Commissioning Group (DCCG) has localised.
- 1.2 This service is for non-urgent, planned transportation of patients whose medical condition is such that they require the skills or support of clinically trained NEPTS staff and/or their equipment on/after their journey. Eligible patients are not charged for NEPTS transport provided by the NHS.
- 1.3 NEPTS should be seen as part of an integrated programme of care. 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.
- 1.4 Some patients may be eligible to have their transport provided for them so that they are able to access non urgent planned healthcare i.e. procedures which were traditionally provided in hospital, but are now available in a hospital or community setting, in secondary and primary care settings, in a reasonable time and in reasonable comfort, without detriment to their medical condition.
- 1.5 Patients will be able to book their transport direct with the Dorset Patient Transport Bureau (DPTB). The eligibility assessment for NEPTS will be undertaken by the DPTB in consultation with the patient using the DH eligibility criteria.
- 1.6 The forms of transport provided include a range of vehicle types and levels of care consistent with the patient's medical needs. This may be an ambulance, a car with the facilities to take a wheelchair or another type of suitably equipped vehicle.

2. WHO IS ELIGIBLE FOR NEPTS?

- 2.1 Patients are deemed eligible for NEPTS where they meet the following Department of Health (DH) criteria.

Eligible journeys are those:

- made for non-primary healthcare services, for which the patient has been referred by a doctor or dentist;
- made for treatment paid for by the NHS, regardless of whether it is carried out by an NHS care professional or an independent one.

Eligible patients are those:

- where the medical condition of the patient is such that they require the skills or support of PTS staff on/after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means;
 - where the patient's medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means;
 - recognised as a parent or guardian where children are being conveyed.
- 2.2 NEPTS could also be provided to a patient's escort or carer where their particular skills and/or support are needed e.g. this might be appropriate for those accompanying a person with a physical or mental incapacity, vulnerable adults or to act as a translator. Discretionary provision such as this would need to be agreed in advance, when transport is booked.
- 2.3 Affordability is not a qualifying factor for PTS. Only patients whose health would be adversely affected if travelling by other means are eligible. Financial assistance with transport is provided for through the Hospital Travel Costs Scheme (**Appendix 1**).

3. WHAT IS 'MEDICAL NEED'?

- 3.1 Medical need is defined as the definite or likely requirement for the skills or support of clinically trained PTS staff and/or their equipment on/after the patient's journey.
- 3.2 There are three main categories of medical need based on a patient's mobility, protection and treatment:

Mobility

- patient will need substantial assistance/support to move from their bed/chair at pick-up point to vehicle and from vehicle to destination;
- unable to weight-bear, transfer or self-mobilise.

Protection

- journey by other means would be detrimental to health;
- patient needs protection to prevent harm to themselves and/or existing wound or condition;
- passengers or vehicle crew will need to be protected due to the patient's condition.

Treatment

- patient needs to be monitored and/or treated on or after the journey.

4. PTS ELIGIBILITY AND JOURNEY DISTANCE, FREQUENCY AND DURATION

- 4.1 DH guidance (November 2007) states that patients should be able to access healthcare without detriment to their medical condition. The **distance, frequency and duration** of the journey should be taken into consideration in *conjunction with the patient's medical condition at that time* when determining their need for PTS.
- 4.2 Distance, frequency and journey duration are not qualifying criteria for PTS transport without taking the patient's medical condition and requirement for clinical support into account. Frequency, distance or time travelling will not affect a patient's eligibility for PTS unless it detrimentally impacts on the health of the patient. **(Appendix 2 – Eligibility Criteria)**

5. GUIDANCE FOR ASSESSING ELIGIBILITY

- 5.1 The guidance for booking NEPTS is the DH national eligibility criteria which Dorset CCG has localised for the needs for patients registered with a Dorset General Practitioner.
- 5.2 The criteria will be used for all patients requesting transport to and from an NHS facility, whether booked directly by the patient themselves or by a clinician.
- 5.3 The guidance for assessing eligibility is attached at **Appendix 3**.

6. HOW IS NEPTS BOOKED?

- 6.1 E-Zec Patient Transport Services will be providing NEPTS for NHS Dorset CCG from the 1 October 2013.
- 6.2 Patients are expected to make their own way to and from their NHS appointment. This can be with the assistance of friends, relative or community transport schemes. Transport may be provided for a patient only if they meet the medical eligibility criteria.
- 6.3 Patients will be able to book the transport for their appointments directly by contacting the Dorset Patient Transport Bureau whereby they will be assessed for their medical eligibility. All requests for transport will be against the medical eligibility criteria and patients will be assessed for each request as medical conditions change over time. For the majority of requests, at least 48 hours notice is required to book transport.

6.4 Patients may book transport by ringing the DPTB on 0300 777 5555. The bureau is open Monday to Friday 8am through to 6pm for patients. An additional telephone line and on line booking facility is available for clinical staff. (**Appendix 4 – Booking process**)

7. WHO FUNDS NEPTS?

7.1 Essentially it is the responsibility of NHS Dorset CCG to fund NEPTS for patients who are medically eligible for transport, registered with an NHS Dorset CCG GP and receiving NHS funded care within:

- Dorset NHS Acute Trusts;
- Dorset Community Hospitals, clinics and services;
- Independent sector providers who are contracted to provide NHS care;
- Out of county providers;
- Respite and care homes where the patient is receiving NHS funded nursing care.

NHS Dorset CCG is not responsible for funding NEPTS for:

- Transport to primary care services such as a GP surgery or dentist;
- Patients travelling for private treatment paid for by themselves;
- Transport relating to care homes or respite care or patients that are being moved within their place of residence that are arranged by social services or self-funded with no NHS funded nursing care. (Table 1 - Social Care and NHS Transport Crib Sheet)

SOCIAL CARE TRANSPORT REQUESTS TO THE NHS

8. WHAT THE NHS FUNDS

8.1 The NHS will fund patient transport services (NEPTS) where the patient is assessed as medically eligible by a healthcare professional. Medical eligibility is determined as per the local Dorset policy (reviewed August 2013).

8.2 NEPTS is defined as “Non-emergency patient transport services, known as NEPTS, are typified by the non-urgent, planned, transportation of patients with a medical need for transport to and from a premises providing NHS health care and between NHS health care providers. This can and should encompass a wide range of vehicle types and levels of care consistent with the patients’ medical needs.” (DH, 2007)

8.3 The above statement states that NEPTS funded by the NHS is for patients receiving NHS care.

- 8.4 NEPTS does not include transport to GP surgeries for primary care treatment, dentists or optometrists.
- 8.5 Patients can seek NEPTS (defined by medical eligibility) for non-primary care services provided at a GP surgery or dental premises. Non-primary care services are those services not covered by GP or GDP contract and could include community services hosted by a practice e.g. access to ultrasound scans or a community interface service for orthopaedics.
- 8.6 The NHS and Local Authority are committed to working together to ensure that patients receive transport as appropriate to the criteria in place. Where there are disputes between organisations then both organisations agree that patients / clients will not be left vulnerable and in need. If a dispute cannot be resolved in a timely manner prior to the journey, the organisation that first raised the transport issue will arrange transport whilst funding issues are resolved at a later date.

Social Needs Transport

- 8.7 CCGs do not have to provide transport for social reasons. However, the NHS can use income generation powers to charge patients for the provision of transport for 'social' rather than 'medical' needs. (DH, 2007)
- 8.8 This guidance is not relevant to transport related to social needs which are not currently funded within Dorset by the NHS.
- 8.9 Using the DH guidance above on what NEPTS provision the NHS will fund has highlighted gaps in transport funding between health and social care. In these examples the NHS is not liable to pay as the patient is not being transported to premises providing NHS healthcare.
- Transfer from residential home to residential home;
 - Transport into residential respite care from a patient's home.

9. PROPOSED CRITERIA

- 9.1 Where patients are travelling from a social care premises to NHS funded treatment and meet the medical eligibility criteria then the NHS would fund NEPTS as per the guidance quoted from DH as per section 1.
- 9.2 Where patients are travelling from a social care premises to NHS funded treatment, do not meet the medical eligibility criteria but are on low income and qualify for HTCS then the patient would be able to claim back transport costs as per the HTCS scheme.

- 9.3 The above criteria would mean that where an NHS service was being provided eg rehabilitation or re-ablement then if the NHS is providing the service patients would be eligible for transport depending on medical eligibility or qualification against the HTCS scheme.
- 9.4 Patients who pay privately for their own social care or for private healthcare treatment would need to make their own transport arrangements.
- 9.5 For those individuals who require conveyance having been detained under 1983 Mental Health Act, they would meet the eligibility criteria.

10. REFERENCES

- Eligibility Criteria for Patient Transport Services, Department of Health, August 2007 (Updated January 2008);
- Guidance on Non-Emergency Patient Transport Services: Post-Consultation Report, Department of Health, September 2007;
- Hospital Travel Cost Scheme: Guidance for NHS Organisations, Department of Health, November 2007;
- Chapter 20 Finance Manual: Finance Arrangement for Ambulance Services, Department of Health, September 2007.

SOCIAL CARE AND NHS TRANSPORT CRIB SHEET

Table 1

Based on the criteria contained within the document **Social Care Transport Requests to the NHS**, the following table sets out examples of organisational responsibility for patient transport.

Journey type		Who is responsible?	Comments
From	To		
Hospital	Residential Care	NHS	Assuming residential care as 'home' for the patient and patient meets medical eligibility.
Hospital	Intermediate care beds (part or all NHS funded)	NHS	Patient going to NHS funded treatment but NEPTS only if medical eligibility met.
Hospital	Nursing Home	NHS	Patient going to NHS funded treatment and meets medical eligibility criteria.
Hospital	Home	NHS	If patients meet medical eligibility criteria.
Residential Care	Hospital (outpatient or for treatment)	NHS	Patient going to NHS funded treatment but NEPTS only if medical eligibility met.
Residential Care	Residential Care	Local Authority	No health involvement (generally). Patient may have to pay.
Residential Care	Respite	Local Authority	No health involvement (generally). Patient may have to pay.
Residential Care	Intermediate care beds (part or all NHS funded)	NHS	Patient going to NHS funded treatment but NEPTS only if medical eligibility met.

Journey type		Who is responsible?	Comments
Residential Care	Nursing Home	NHS	Patient going to NHS funded treatment but NEPTS only if medical eligibility met.
Residential Care	Home	Local Authority	No health involvement (generally). Patient may have to pay.
Nursing Home	Residential Care	NHS	Assume residential care as 'home' for patient and patient meets medical eligibility.
Nursing Home	Intermediate care beds (part or all NHS funded)	NHS	Patient going to NHS funded treatment but NEPTS only if medical eligibility met.
Nursing Home	Nursing Home	NHS	Assuming health involvement in funding of nursing care and patient meets medical eligibility.
Nursing Home	Home	NHS	If patient has received funding for nursing care and still meets eligibility criteria.
Home	Residential Care	Local Authority	No health involvement (generally). Patient may have to pay.
Home	Respite	Local Authority	No health involvement (generally). Patient may have to pay.
Home	Intermediate care beds (part or all NHS funded)	NHS	Patient going to NHS funded treatment but NEPTS only if medical eligibility met.
Home	Nursing Home	NHS	Patient going to NHS funded treatment but NEPTS only if medical eligibility met.

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HOSPITAL TRAVEL COSTS SCHEME

This scheme is for patients who are on any of the following:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Guarantee Pension Credit

The patient also qualifies if their income is at the current level as stated in the document or less and in receipt of one of the following:

- Child Tax Credit (with or without Working Tax Credit)
- Working Tax Credit with the disability element or severe disability element

In order to claim under the HTC scheme the patient must complete an HTC(5) form which they then send to the relevant agency stated on the form (depending on which section they complete). Once this has been approved it will be sent to the relevant CCG and then authorised for payment via SBS. NHS Dorset CCG's current mileage rate is 12p per mile (May 2013).

The image displays several overlapping NHS HC5(T) forms. The central, most prominent form is the 'Claim form for a refund of travel costs to receive NHS treatment'. It is divided into several sections:

- Part 1: PATIENT'S DETAILS** - Includes fields for Suriname, Other Names, Title, Date of Birth, Address, Postcode, and Daytime Contact Telephone Number.
- Part 2: DETAILS OF TRAVEL COSTS PAID** - A table for recording travel costs, with columns for Date(s) you attended, Amount you paid for that visit, and Date(s) you were accompanied.
- Part 3: OTHER INFORMATION** - Fields for the name, address, and telephone number of the hospital or consultant.
- WHAT CAN YOU CLAIM FOR?** - A section explaining the types of costs that can be claimed, such as travel to a hospital, and conditions for eligibility.
- YOUR CLAIM CANNOT BE ACCEPTED...** - A section detailing reasons why a claim might be rejected, such as exceeding the capital limit or not being a resident of the UK.
- HOW TO CLAIM FOR SOMEBODY ELSE** - Instructions for claiming on behalf of someone else who is unable to do so.
- TIME LIMIT FOR CLAIMING** - States that the claim must be received within 3 months of the date of payment.
- MORE REFUND INFORMATION** - Provides details on how to claim for NHS prescription charges and other NHS services.

Surrounding this central form are other parts of the HC5(T) form, including:

- PATIENT'S INCOME WHEN THE TRAVEL COSTS WERE PAID** - A section for declaring income, with checkboxes for 'I have a War pension' and 'My name was on an NHS certificate'.
- ACTION AND SIGNATURE** - A section for the patient or representative to sign and date the form, and for the NHS to provide a refund.

NON EMERGENCY PATIENT TRANSPORT SERVICES (PTS) ELIGIBILITY CRITERIA

NHS funded transport includes ambulance, cars, voluntary or taxi provision for non-emergency journeys to NHS treatment facilities for planned healthcare.

ELIGIBLE	NOT ELIGIBLE
<p><i>A patient is eligible for PTS where one or more of the following applies:</i></p> <ul style="list-style-type: none"> ✓ Travelling by any other means would have a serious detrimental effect on the patient's condition or recovery. ✓ The patient has restricted mobility and is unable to self-mobilise (ie is unable to stand or walk more than a few steps), including from a pre-existing condition, where it would be detrimental to their condition or recovery to travel by any other means. ✓ The patient requires support from a qualified PTS crew during the journey and is required to lie down for at least part of the journey or they are a stretcher patient. ✓ The patient is being transferred to another NHS facility and requires medical assistance during the journey. ✓ The patient requires continuous oxygen or other medical gases or intravenous support. ✓ Patients with clearly recognised disabilities who are genuinely unable to travel by private or public transport to and from their appointments. 	<p><i>A patient is not eligible for PTS where one or more of the following applies:</i></p> <ul style="list-style-type: none"> ➤ The patient is able to travel by their own means. They do not require support from a qualified PTS ambulance crew and it would not have a serious or detrimental effect on their condition or recovery to do so. ➤ The patient has a member of family, friend or carer who could help with travel to and from the patient's appointment. ➤ The patient is registered as disabled but has their own means of transport which is suitable for transporting them back and forth to their appointment. ➤ The patient is able to, but is not willing to pay for transport and is not medically eligible ➤ The patient is unable to afford to pay for transport but is not medically eligible for PTS. In this instance, they may be eligible for support through the Hospital Travel Cost Scheme (HTCS) HC11 NHS – Help With Travel Costs Leaflet may assist patients. Eligible patients will need to complete an HC5 – Claim Form For Travel Costs.). The national HTCS advice line is 0845 850 11 66 for help and assistance.
PATIENT ESCORTS	
<p>Only professional escorts will normally be allowed to travel with patients. A family, friend, carer escort may travel only if the patient falls into one of the following categories:</p> <ul style="list-style-type: none"> • The patient is under 16 years of age; • The patient has significant communication difficulties, including learning difficulties, impaired sight or is hard of hearing; • The patient has mental health problems that prevents them travelling alone; • The patient's clinical condition is such that they require constant supervision for safety; • The patient requires a carer to assist them at their destination. • The patient lacks the mental capacity to either make/translate the booking and/or be able to travel to their destination and be mentally fit. • <i>NB: Mobility needs alone do not necessitate an escort as the patient's mobility needs will be met by ambulance transport crew or hospital staff.</i> 	

GUIDANCE FOR ASSESSING A PATIENT'S ELIGIBILITY FOR NHS PATIENT TRANSPORT SERVICE (PTS)

Is There A Medical Reason Why The Patient Is Unable To Use Public Or Private Transport?

YES

NO

Patient to be reminded at all times that PTS is only available for those with a genuine medical need.

PTS must only be provided if a medical need has been established

If patient answers YES to any questions PTS must NOT be booked

Is the patient able to walk short distances with driver assistance?

Book PTS but MUST provide reason why.

NO

Does the patient require lifting and/or carrying from a vehicle?

Book PTS. Request wheelchair if necessary. Identify stairs or obstacles to manage.

NO

Is the patient in a wheelchair and requires a single or double crew eg to assist with lifting?

Book PTS. State if there are any stairs or obstacles to overcome.

NO

Does the patient need a stretcher?

Book PTS. Request stretcher.

NO

Is the patient high dependency, going to a same level or lower care facility?

Book PTS. Request necessary clinical crew/vehicle.

NO

Does the patient have a mental health problem, illness or a learning disability/condition or mental capacity issues, which makes it difficult or impossible to travel by other means?

Book PTS.

Patient is not eligible for PTS.

Is patient fully mobile?

NO

Patient is not eligible for PTS. Patient to arrange transport accordingly.

Does the patient have a relative, carer, friend who would transport them to and from their appointment?

NO

Patient is not eligible for PTS. Patient to arrange transport accordingly.

OPA or Discharge
If the appointment time was changed could a relative, friend, assist them with transport?

NO

Patient is not eligible for PTS. Patient to arrange transport accordingly.

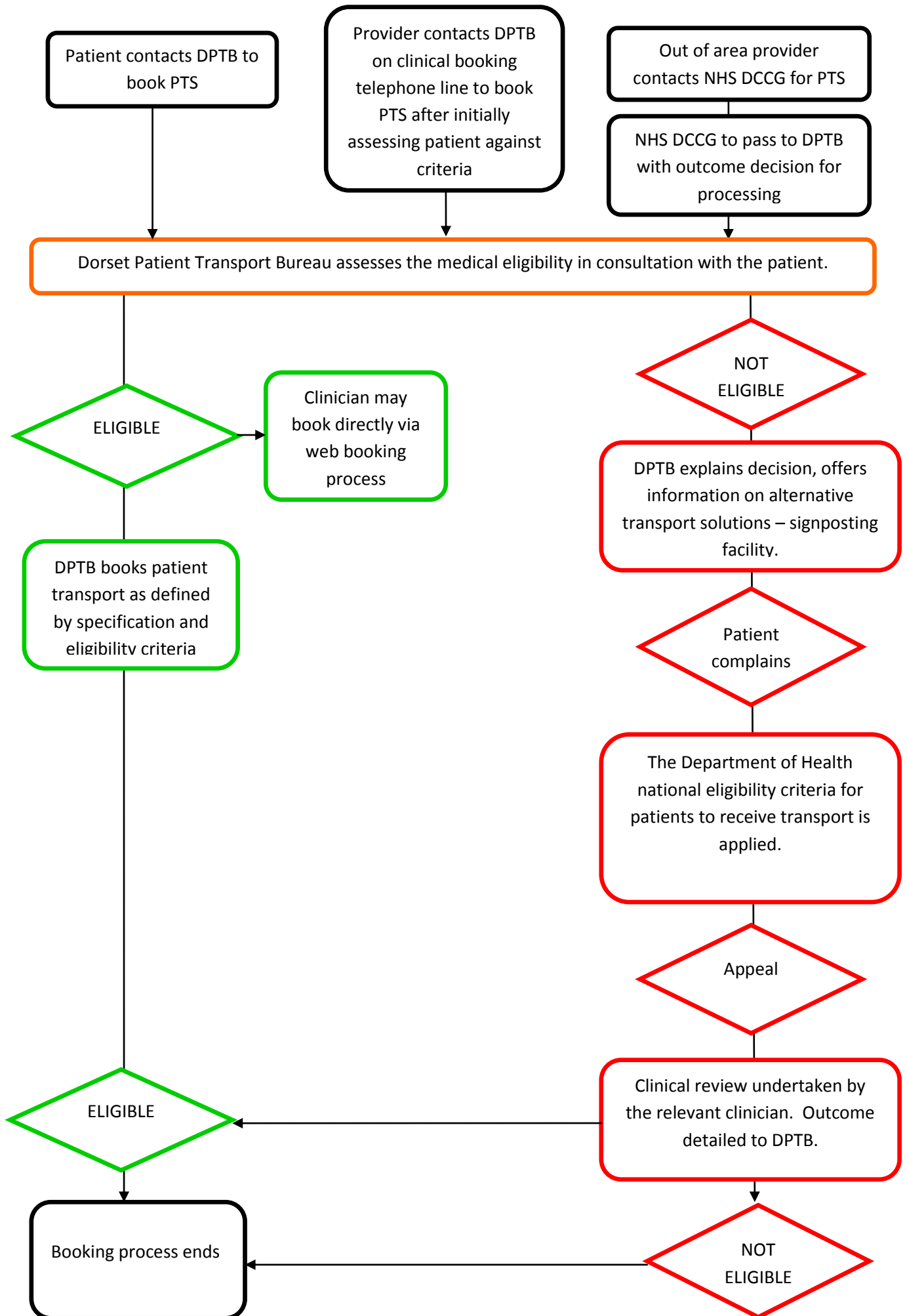
Could the patient use public transport, taxi or a voluntary car scheme?

NO

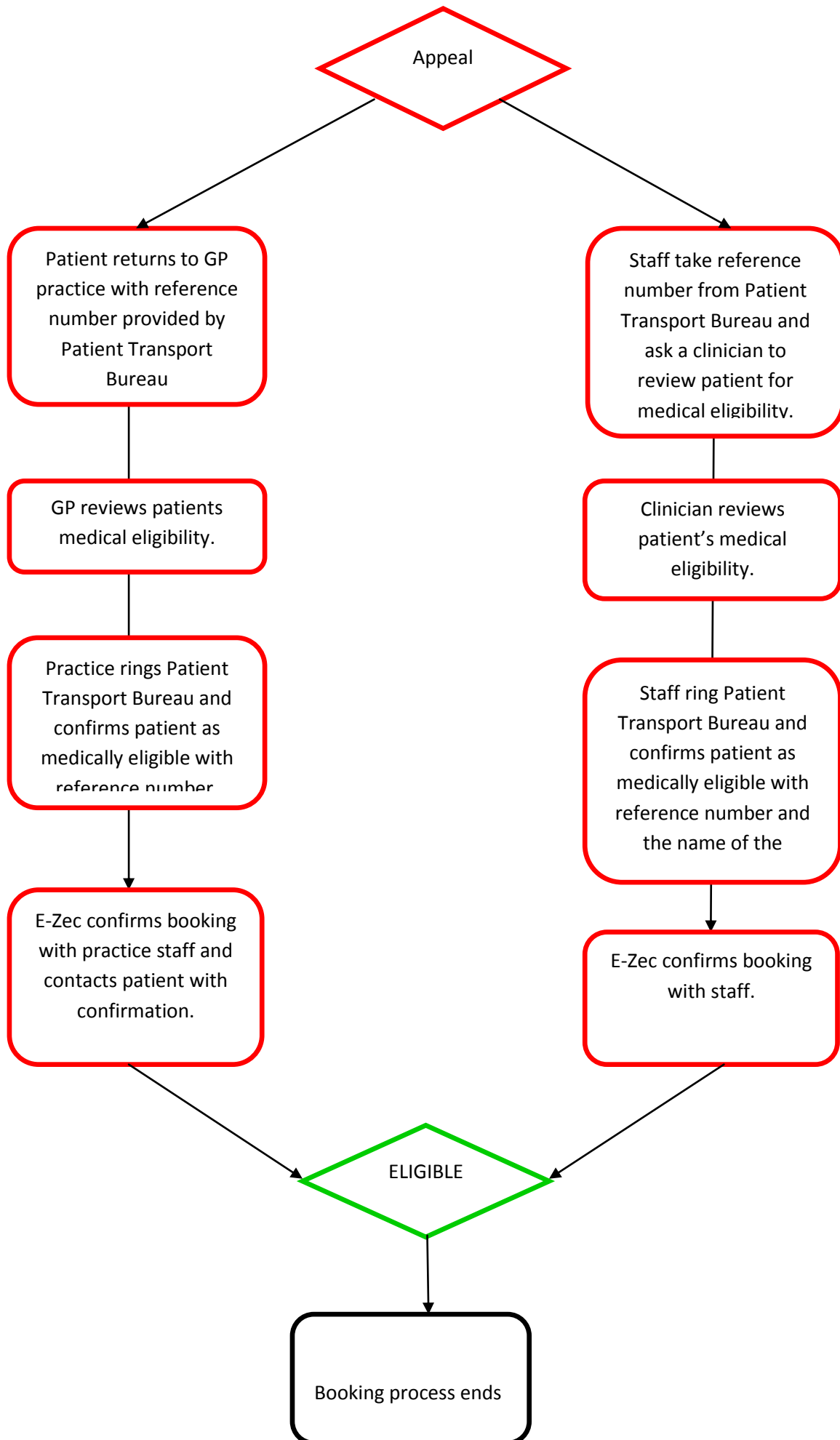
Patient is not eligible for PTS. Patient to arrange transport accordingly.

Patient states transport is too expensive.
If patient is on low income, they may be able to reclaim fees. (HTCS)

DORSET PATIENT TRANSPORT BUREAU (DPTB) – BOOKING PROCESS FOR PATIENT TRANSPORT SERVICES (PTS)



APPEALS PROCESS



Appendix C – Performance Tables and Figures

Table 1: Performance Against Call Centre KPIs, April 2014 – March 2015

Quality Requirement	Threshold	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Full booking details to be placed onto CLERIC at time of receiving the booking	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Cancelled journeys to be recorded within 15 minutes of receiving request	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
All requests will be given a unique reference number to provide full traceability	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
No booking request which has passed the eligibility screening to be declined once accepted by PTS provider	Zero Tolerance	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Calls to be answered within 30 seconds	80%	89%	89%	83%	95%	84%	82%	85%	89%	91%	84%	81%	86%
Calls to be answered effectively and efficiently achieving a 95% answer service	No more than 5% of calls abandoned	78%	76.3%	83%	93.69%	92.45%	91.78%	92.10%	95.47%	96.77%	98%	98%	98%
All same day requests to be confirmed within 60 minutes of receipt	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Service User to receive confirmation of approximate pick up time	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

NB. Red = <85%; Amber = 85-94%; Green = 95+%

Table 2: Transport Performance Against KPIs, April 2014 – March 2015

Quality Requirement	Threshold	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
Service users to arrive at ultimate destination up to 30 minutes prior to appointment time*	50%	35.44%	31.54%	47.01%	52.59%	75.19%	74.93%	76.34%	77.25%	74.42%	76%	92%	92%
Service users to arrive at ultimate destination up to 45 minutes prior to appointment time*	90%	55.11%	35.51%	60.99%	72.88%	82.23%	79.10%	79.37%	81.92%	80.87%	82%	99%	99%
Service users to arrive at ultimate destination by appointment time*	95%	68.19%	77.52%	70.85%	76.67%	83.73%	81.70%	81.35%	85.16%	83.63%	82%	83%	86%
Service users to be collected up to 45 minutes after their identified ready time*	90%	70%	75.20%	70.62%	73.30%	76.01%	80.30%	82.07%	85.07%	83.55%	81%	84%	83%
Service users to be collected up to 60 minutes after their identified ready time*	95%	77%	80.84%	76.93%	78.77%	81.29%	85.20%	86.87%	88.77%	87.98%	86%	88%	87%
Service user living up to 10 miles away from the treatment centre should not spend more than 60 minutes on the vehicle on either an outward or return journey*	90%	95%	95.26%	96.39%	95.62%	93.87%	91.72%	89.74%	91.53%	90.64%	91%	91%	91%
Service users living over 10 and under 35 miles away from the treatment centre should not spend more than 90 minutes on the vehicle on either an outward or return journey*	90%	94%	95.04%	95.43%	95.57%	93.58%	91.96%	91.05%	91.54%	91.73%	92%	92%	91%
Service users living over 35 and less than 50 miles away from the treatment centre should not spend more than 120 minutes on the vehicle on either an outward or return journey*	90%	89%	94.50%	94.44%	89.62%	93.75%	93.36%	89.78%	86.59%	90.57	88%	86%	92%
Identification of service users transported who do not meet the medical eligibility criteria as a % of the total number of service users transported. (patients who made their own way + patients who can travel in a Taxi)**	0% To be reviewed on a regular basis	n/a	n/a	n/a	7.64%	10.59%	8.99%	8.04%	5.14%	2.89%	2.16%	1.97%	2.01%
Health provider to receive at least 30 minute's notice of any change to Service User drop off time or collection time	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

*20% below threshold = Amber; > than 20% below threshold = Red

** up to 3% = Amber; over 3% = Red

Appendix D

Figure 1: Number of Aborts by Month and by Provider, March 2014-April 2015

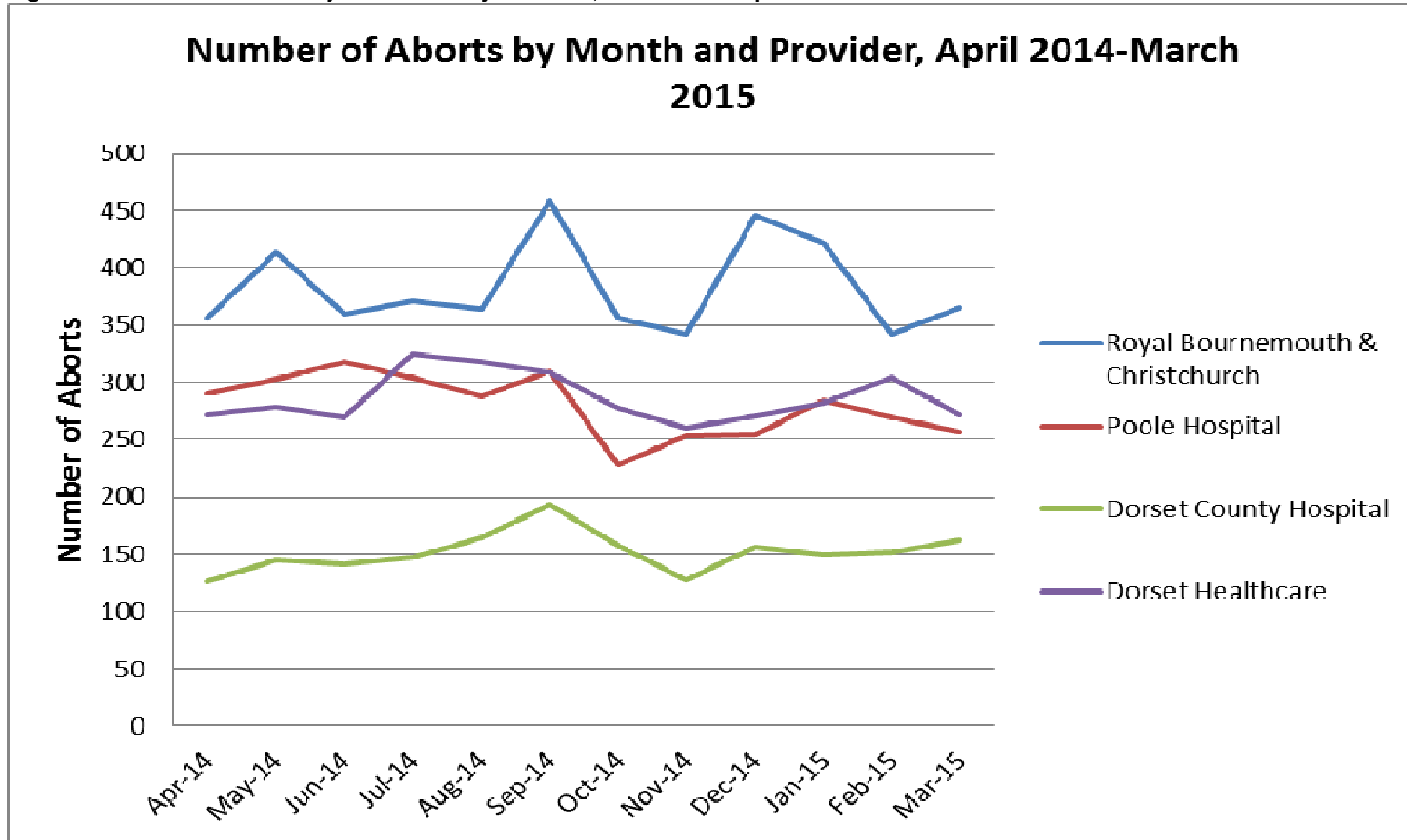
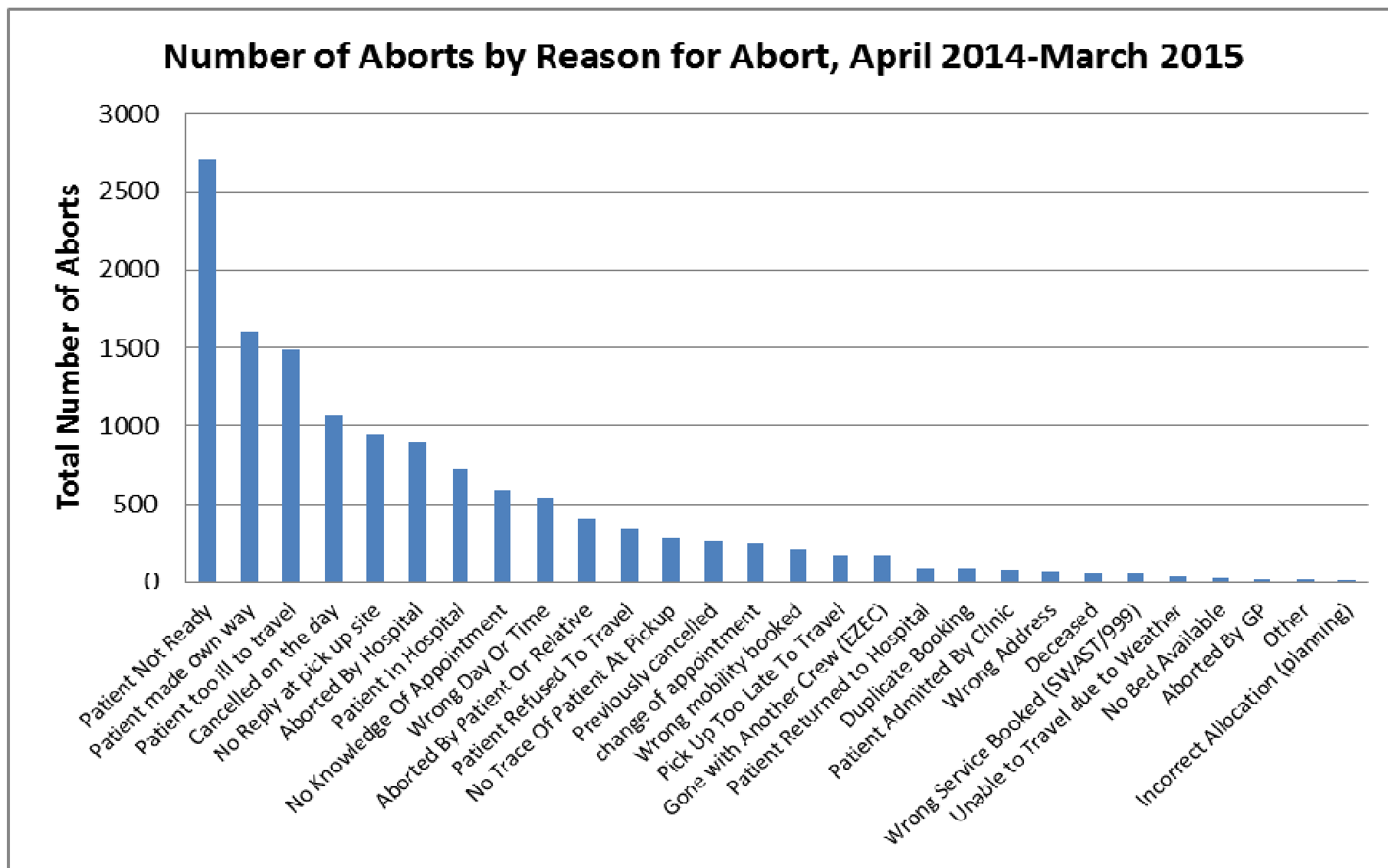


Figure 2: Number of Aborts by the Reason for Abort, All Providers, April 2014-March 2015



Appendix E

Table 3: Complaints as Reported by E-Zec, October 2013-March 2015

	Total number of complaints as reported by E-zec in Quality Report	Total number of journeys as reported by E-zec	Percentage complaints
Oct-13	115	14955	0.8%
Nov-13	70	14425	0.5%
Dec-13	72	12900	0.6%
Jan-14	48	14673	0.3%
Feb-14	48	13223	0.4%
Mar-14	67	13930	0.5%
Apr-14	16	13363	0.1%
May-14	25	13744	0.2%
Jun-14	16	14450	0.1%
Jul-14	20	15166	0.1%
Aug-14	15	13619	0.1%
Sep-14	19	14900	0.1%
Oct-14	20	15147	0.1%
Nov-14	18	14008	0.1%
Dec-14	3	13563	0.02%
Jan-15	3	14086	0.02%
Feb-15	33	13320	0.2%
Mar-15	34	13949	0.2%