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Date 03 October 2024

Notice of Meeting

Dear Member

West Yorkshire Joint Health Overview and Scrutiny Committee

The **West Yorkshire Joint Health Overview and Scrutiny Committee** will meet in the **Virtual Meeting - online** at **10.00 am** on **Friday 11 October 2024.**

The items which will be discussed are described in the agenda and there are reports attached which give more details.

Samantha Lawton

Service Director – Legal, Governance and Commissioning

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The West Yorkshire Joint Health Overview and Scrutiny Committee members are:-

Member	Representing
Councillor Jane Rylah	Kirklees Council
Councillor Elizabeth Smaje	Kirklees Council
Councillor Colin Hutchinson	Calderdale Council
Councillor Howard Blagbrough	Calderdale Council
Councillor Rizwana Jamil	Bradford Council
Councillor Alison Coates	Bradford Council
Councillor Andrew Scopes	Leeds City Council
Councillor Caroline Anderson	Leeds City Council
Councillor Betty Rhodes	Wakefield Council
Cllr Andy Nicholls	Wakefield Council
Cllr Andy Solloway	North Yorkshire Council
Cllr Andrew Lee	North Yorkshire Council

Agenda
Reports or Explanatory Notes Attached

Pages

1: Appointment of Chair and Deputy Chair

The Committee will appoint a Chair and Deputy Chair of the West Yorkshire Joint Health Overview and Scrutiny Committee.

2: Membership of the Committee

To receive apologies for absence from those Members who are unable to attend the meeting.

3: Minutes of Previous Meeting

1 - 6

To approve the minutes of the meeting held on 15 March 2024.

4: Declarations of Interest

Members will be asked to say if there are any items on the Agenda in which they have a disclosable pecuniary interest or any other interest, which may prevent them from participating in any discussion of the items or participating in any vote upon the items.

5: Public Deputations/Petitions

The Committee will receive any petitions and/or deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also submit a petition at the meeting relating to a matter on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10, members of the public must submit a deputation in writing, at least three clear working days in advance of the meeting and shall subsequently be notified if the deputation shall be heard. A maximum of four deputations shall be heard at any one meeting.

6: Non-emergency Patient Transport Services

7 - 98

The Committee will receive an update from representatives from the NHS West Yorkshire Integrated Care Board on the Non-emergency Patient Transport Services.

Contact: Laura Murphy, Democracy Officer – Kirklees Council

7: Financial Plan 2024-25

99 - 116

The Committee will receive an update from representatives from the NHS West Yorkshire Integrated Care Board on the Financial Plan 2024 -25.

Contact: Laura Murphy, Democracy Officer – Kirklees Council

8: Maternity and Neonatal System Update

117 - 122

The Committee will receive an update from representatives from the NHS West Yorkshire & Harrogate Local Maternity and Neonatal System and NHS West Yorkshire Integrated Care Board on the Maternity and Neonatal System.

Contact: Laura Murphy, Democracy Officer – Kirklees Council

9: Equality, Diversity and Inclusion Strategy

123 - 136

The Committee will receive an update from representatives from the NHS West Yorkshire Integrated Care Board on the progress towards developing the draft Equality, Diversity and Inclusion Strategy.

Contact: Laura Murphy, Democracy Officer – Kirklees Council

10: Next Steps

The Committee will consider it’s plans for future meetings and activities.

Contact: Laura Murphy, Democracy Officer – Kirklees Council

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Contact Officer: Yolande Myers or Laura Murphy

KIRKLEES COUNCIL

WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Friday 15th March 2024

Present:

Councillor Colin Hutchinson - Calderdale Council (Chair)
Councillor Beverley Addy - Kirklees Council
Councillor - Rizwana Jamil - Bradford Council
Councillor Allison Coates - Bradford Council
Councillor Andrew Lee - North Yorkshire County Council
Councillor Betty Rhodes - Wakefield Council
Councillor Kevin Swift - Wakefield Council

Apologies:

Councillor Elizabeth Smaje (Chair)
Councillor Andrew Scopes - Leeds Council
Councillor Howard Blagbrough - Calderdale Council
Councillor Andy Solloway - North Yorkshire County Council

1 Membership of the Committee

Apologies were received on behalf of Councillor Elizabeth Smaje (Chair), Councillor Andrew Solloway, Councillor Andrew Scopes and Councillor Howard Blagborough.

2 Minutes of Previous Meeting

The minutes of the meeting held on 16th January 2024 were agreed as a correct record.

3 Declarations of Interest

No interests were declared.

4 Public Deputations/Petitions

No deputations or petitions were received.

5 Health Inequalities and Prevention

Cathy Elliot, Chair of NHS West Yorkshire ICB and Deputy Chair of the Health and Care Partnership and Sarah Smith, Consultant in Public Health and Deputy Director for Population Health shared a presentation with the Committee regarding Health Inequalities and Prevention.

The committee was advised that health inequalities were the unfair differences between different population groups and one of the main areas of focus was the inequalities relating to where people lived and the level of deprivation.

Work was led by Local Authority Directors for Public Health and Public Health teams within local communities collaboratively to understand and address inequalities.

The work undertaken so far had been in relation to:

- Capacity - bringing additional resources into West Yorkshire.
- Capability - upskilling those who were not public health trained in their understanding of health inequalities.
- Intelligence – commissioning or participating in research to better understand specific population groups.

There were four areas of focus for 2024/25, which were:

- Determinants of Health.
- Risk Factors – tobacco control / smoking cessation.
- Long Term Conditions Pathways– healthy heart, kidneys and lungs.
- Equity Based System and Health Inequalities Leadership.

The Committee highlighted their concern regarding the uptake on vaping, particularly in children and the risks associated with nicotine. In response the Committee was informed that support was in place through the tobacco alliance work and public health teams to support people to not start smoking or vaping, and this also included the stop to swap initiative.

The Committee acknowledged the health inequalities for those who were most in need and likely to receive the lowest provision. The Committee was advised that public health and local data helped to identify and influence resource allocation to communities most in need. Targeted work had also been undertaken in communities with higher levels of deprivation, such as the vaccination programme and core 20+ 5, as well as collaborative work to ensure people were getting support required.

The Committee asked how the health inequalities work would support the improvement of cancer screening uptake rates. In response, the Committee was advised that the Cancer Alliance had identified a health inequalities programme that focused on reducing inequalities in screening and early diagnosis, and was undertaking work around deprivation, ethnicity, inclusivity etc. Cancer was also a key priority of the core 20+5.

In response to the Committees query regarding diabetes, the committee was advised that diabetes was linked to cardiovascular diseases and healthy heart, and that some targeted work had been commissioned around the Diabetes Digital Weight Management Programme to help address inequalities.

The Committee acknowledged that some of the key areas of focus had been long standing and expressed their interest in seeing the improvements and the outcomes. In response, the Committee was advised that by contributing and having an impact in all areas of inequality helped to improve the overall health inequalities, but more could be added to illustrate the reduction in inequalities.

The Committee was directed to the NHS West Yorkshire January Board report which provided information relating to NHS performance and progress towards outputs and outcomes against the strategic aims. The report helped to identify that the time and effort was making a difference.

The Committee was also advised that the NHS West Yorkshire Board at their meetings from Apil 2024 would consider the themes of inequality, to help them understand the highest and most prevalent inequalities and assess how services were commissioned. The Board also welcomed public involvement to help influence and shape how services were commissioned.

The Committee raised their concern regarding the measles outbreak and were advised that outbreaks were mainly in the Southeast of England and West Midlands. Numbers were high and infection spread rapidly amongst those unvaccinated with the rate of reproduction being 15. The immunisation rate needed to be at 95% for outbreaks to be prevented but figures showed 89.8% for the first dose and 84.2% for the second dose.

The public were able to access the vaccine from their GP's and there were routine contacts to help increase vaccination rates, as well as ongoing work within communities where uptake was low.

The Committee queried the work being undertaken in relation to Menopause and were advised that it was linked to the Women's Health Hub which was targeted work around menopause and sex workers health needs.

The Committee highlighted the reduction in school nurses and the importance of them promoting good overall health within educational settings. The committee was advised that the Children, Young People and Families Programme had good links with schools and the school nursing services to help influence good health.

RESOLVED: The committee noted the information and agreed that:

1) The committee would be provided with further information regarding impact and outcomes in relation to the different key area of the programme.
2) Reports be adapted to clearly identify the contributions being made to support health inequalities across the population.

6 West Yorkshire Urgent Care Service Review

Tessa Hawks and Ian Holmes for the West Yorkshire ICB shared a verbal update with the Committee with regards to West Yorkshire Urgent Care Services, and advised that:

West Yorkshire Urgent Care Services had been provided by Local Care Direct (LCD) since 2013. The service had initially started as a GP out of hours provider however the range of services had grown, and a review of services was required. The review was being led by the ICB as commissioner and included involvement from a range of stakeholders. A draft service development and improvement process document had been developed which included feedback from a task and finish group, clinical forum, insight from people's perspective and Scrutiny. Once

finalised, the implementation and delivery of services would occur over the next couple of years.

The Committee highlighted the importance of getting the review right and raised their concern in relation to workstream one, online consultations, and the digital exclusion of particular population groups such as people with English as an Additional Language, learning disability, the elderly etc.

The Committee was advised that online consultation worked for some and should be maximised where appropriate, however it was not a movement away from telephone advice or face to face consultation. The review focused on being able to provide an effective service to meet people's needs and reduce inequalities. Insight, working with Health Watch and patient engagement was key to making sure things were done right.

The Committee queried the survey figure of 2.93% and whether it was related directly to text message responses, and if so, what other communication methods were being used to capture data. In response, the Committee was informed that engagement with different population groups had been undertaken but that the 2.93% figure was based on core LCD feedback, which were survey responses alone. A summary report was available to show the different approaches taken to engage with the public and inform the development of services.

With regards to a query regarding timescale, the Committee was advised that further engagement work and insight would be prioritised. It was still unclear whether public consultation was needed, but it had been factored in as an eventually, as a result of further work and insight being undertaken.

The Committee highlighted the Safe Haven Service and asked when more insight would be provided to the Committee. The Committee was informed that scoping would take place in April, May and June 2024 and following this, information would be shared with the Committee.

RESLOVED: The Committee noted the information presented and agreed that:

1) Further discussions take place at a future meeting of the committee in relation to Urgent Care Services.
2) A summary report be shared with the committee that identifies the broader range of methods used to gather feedback, and the response totality to each.

7 Workforce Priorities

Kate Sims, Director of people, West Yorkshire ICB and Jonathan Brown, Associate Director for Workforce and Planning shared a presentation with the Committee.

The Committee noted that the People's Agenda was vast, and the priorities were determined through the ICB and with relevant partners. Workforce challenges were significant and there were some immediate pressures in term of growth, as well as retention, which was a focus locally and nationally.

The West Yorkshire Wide People Plan was a long-term, multi partner strategy that focused on each area of West Yorkshire, including the size and shape of the workforce and what needed to change to meet patient's needs.

Some local priorities were driven by national guidance and some as part of the NHS annual operating plans, annual financial plans, and annual workforce plans. There was also a locally integrated care strategy that focused on the response to what West Yorkshire needed, for example dental and oral health.

The Committee highlighted that the data provided did not give the level of detail required for the Committee to be able to understand the lack of skilled workers and deficiencies across the workforce, particularly in relation to Cancer Specialist Nurses, Midwifes, Medical Specialists, Nurses etc.

In response to the Committees concerns, it was advised that the overall workforce had grown. The annual workforce plan was due to be signed off by the ICB Board and provided more detail on each discipline, speciality, and the growth within all the health providers.

The Committee was reassured that there were plans within the cancer network to tackle the challenges, the people directorate were supporting the work around non-surgical oncologists with an international recruitment programme and were working with the trusts to develop a pathway to bring additional oncologists in.

The Committee acknowledged that post graduate growth had increased rapidly and continued to do so, there had been a 27% increase in doctors since 2018. The Committee question whether any gap analysis had been undertaken across the workforce in its entirety and how the challenges with placement capacity were being addressed.

In response, the Committee was informed that Operations Planning was undertaken to identify current resources, any gaps, and what was required within the constraints of the financial cuts. With regards to placement capacity, the Committee were reassured that this was a priority.

With regards to the Committees query regarding a longer-term plan, the Committee was informed that the long-term workforce plan had been published and was a fifteen year plan that would continue to evolve at a local, regional and national level. A range of things had fed into the plan including the annual work plans and work with regional teams regarding medical education across professions.

The Committee queried whether the increase in workforce was new people or an increase in the workforce overall. In response, the Committee were informed that Nurses within general practises had increased by 14.6% to the overall workforce, some of whom were new and some who had returned.

RESLOVED: The committee noted the information provided and agreed that:

1) More detailed information be shared with the committee in relation to workforce, providing a breakdown of vacancies across the different workforce profession areas.
2) The committee would agree on and request the specific details they require in relation to the areas of most concern.
3) The information be provided in a more user-friendly format to enable the public to better understand it.

8 Agenda Plan 2024/25

The Committee agreed that the following items be scheduled on the 2024/25 workplan:

- Workforce Priorities
- Heath Inequalities
- West Yorkshire Urgent Care

Meeting name:	Joint Health Overview and Scrutiny Committee
Agenda item no.	
Meeting date:	11th October 2024
Report title:	Patient Transport Services: the new national eligibility criteria
Report presented by:	Ian Holmes, Director of Strategy and Partnerships
Report approved by:	Ian Holmes, Director of Strategy and Partnerships
Report prepared by:	Simon Rowe, Assistant Director of Contracting (Primary care and Urgent/Emergency Care)

Purpose and Action			
Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☒ (review/consider/comment/ discuss/escalate	Information ☐

Previous considerations:

Not applicable.

Executive summary and points for discussion:

This paper briefs the Joint Health Overview and Scrutiny Committee (JHOSC) on the approach that the NHS West Yorkshire Integrated Care Board (WYICB) is taking to assess how best a change to the new national eligibility criteria for Non-Emergency Patient Transport (NEPT) services can be made.

This paper defines the 2 principal risks that the WYICB have identified with a change to the new national eligibility criteria, along with the 5 areas of work it is progressing to assess these risks and what mitigations there should be.

It is the intention of the WYICB to make recommendations to its Transformation Committee in November 2024 on how the national eligibility criteria should be implemented, with a planned implementation date of the 1st April 2025.

At the time of writing, the WYICB are still to conclude the involvement of the public (and stakeholders) in how best a change to the national eligibility criteria can be made, and are finalising the preparation of a business case to better deliver the principles of the Healthcare Travel Cost Scheme (HTCS). The findings from the public (and stakeholder) involvement, and the business case will each be part of the paper (and its recommendations) to the WYICB's Transformation Committee in November 2024.

Which purpose(s) of an Integrated Care System does this report align with?

☐ Improve healthcare outcomes for residents in their system

☒ Tackle inequalities in access, experience and outcomes

☐ Enhance productivity and value for money

☐ Support broader social and economic development

Recommendation(s)

The JHOSC is asked to:

1. Note that there are new national eligibility criteria for NEPT services to replace the current locally agreed criteria.
2. Review and provide feedback on the work that the WYICB is undertaking to understand the implications of implementing these criteria – including the assessment of risks and the development of appropriate mitigations.

Does the report provide assurance or mitigate any of the strategic threats or significant risks on the Corporate Risk Register or Board Assurance Framework? If yes, please detail which:

Not applicable

Appendices

1. Appendix A Local eligibility criteria (YAS NEPT service)
2. Appendix B Acuity types (within NEPT services)
3. Appendix C Local eligibility criteria (Lakeside NEPT service)
4. Appendix D Equality and quality impact assessments
5. Appendix E Alternatives to the national eligibility criteria

Acronyms and Abbreviations explained

1. NEPT – Non-Emergency Patient Transport services, the NHS-funded transport to ensure individuals' safety when travelling to/from their NHS secondary care.
2. HTCS – Health Travel Cost Scheme, the nationally-set approach to reimburse individuals' travel to/from their NHS secondary care, if they have a qualifying benefit/tax credit, or qualify under the national low income scheme.

What are the implications for?

Residents and Communities	**There is a risk that a change in eligibility criteria could mean that some individuals – who do not have the means for independent travel – are no longer eligible for NEPT.**
Quality and Safety	**Individuals no longer eligible for NEPT, and without the means for independent travel, could miss (or face delays) in their secondary care treatment (or discharge).**
Equality, Diversity and Inclusion	**There is a risk that the impact from a change in the eligibility criteria is disproportionately felt by some, including those in minority and under-represented communities.**
Finances and Use of Resources	**The recommendations from the 2021 national review of NEPT, including that for the national, updated criteria, were each concerned with improving the sustainability of NEPT.**
Regulation and Legal Requirements	**The WYICB has a legal duty (within its 'standing rules') to secure the needs of its patients.**

Conflicts of Interest	**Not applicable**
Data Protection	**Not applicable**
Transformation and Innovation	**The new national eligibility criteria follows a national review to improve the sustainability of NEPT services.**
Environmental and Climate Change	**There is a link between the method of transport (whether via NEPTS or independent travel) and carbon emissions, therefore any change in the eligibility criteria could impact on this.**
Future Decisions and Policy Making	**The Transformation Committee in November 2024 will receive recommendations on how best to implement the nationally defined eligibility criteria**
Citizen and Stakeholder Engagement	**This is part of the areas of work, as detailed within the paper.**

1. Introduction

This paper has been prepared to brief members of the Joint Health Overview and Scrutiny Committee on the new, nationally set eligibility criteria for Non-Emergency Patient Transport (NEPT) services, and the approach that the NHS West Yorkshire Integrated Care Board (WYICB) is taking to assess (and mitigate) any risk this could have on how individuals/communities across West Yorkshire get to/from their NHS care.

The new nationally set eligibility criteria stem from a national review of NEPT services.

2. Non-Emergency Patient Transport Services (NEPTS)

The aim of NEPTS (as per national guidance from the Department of Health and Social Care (DHSC) dating back to 2007) is to provide individual patients with NHS-funded transport to/from their secondary care treatment (including discharge from hospital) when it is medically necessary.

(Neither secure mental health transport, nor transportation to/from primary care appointments are within the scope of the arrangements for NEPT services.)

Secondary care refers to specialised medical services provided by healthcare professionals who are typically the second contact with an individual patient after a referral from a primary care provider.

To support the stated aim of NEPTS, the DHSC (2007) set out the high-level criteria to define the eligibility of individual patients for NEPT services.

- Where the medical condition of the patient is such that they require the skills or support of Patient Transport Services staff on or 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.
- Parent or guardians where children (under the age of 16) are being conveyed.

3. Commissioned services

3.1 WYICB contracted services

NEPTSs are currently commissioned by the WYICB against specific, locally determined eligibility criteria. These define the circumstances when individuals can be provided with NHS-funded transport to/from their secondary care treatment (including discharge from hospital).

The WYICB currently holds two contracts for the provision of NEPT services.

- One contract is with the Yorkshire Ambulance Service (YAS), who have specific, agreed eligibility criteria for a West Yorkshire wide service that caters for all acuity types. (North and South Yorkshire ICBs have their own separate contracts with YAS for NEPT services.)

  The eligibility criteria for the YAS NEPT service may be found in Appendix A, and the list of the differing acuity types that they cater for can be found in Appendix B. The differing acuity types range from the provision of saloon car journeys, through to the provision of ambulances that require a multi-staffed crew.

  YAS – as the principal provider of a NEPT service across West Yorkshire - directly provide some NEPT activity (through substantive crews) and operate several sub-contracts with private providers for NEPT service activity.

- One contract is with a specific independent sector provider, Lakeside, who have specific, separately agreed eligibility criteria for a Bradford District and Craven service that caters for select acuity types. This contract was originally put in-place by the NHS Bradford District and Craven Clinical Commissioning Group (CCG) and was transferred to the WYICB when the CCG ceased.

  The eligibility criteria used for the Lakeside NEPT service may be found in Appendix C.

  Lakeside provide – in terms of the catered for acuity types - saloon car journeys that are predominantly for patients attending in-centre haemodialysis.

3.2 Acute hospital trust contracted services

Across West Yorkshire there are examples whereby an acute hospital trust has entered into their own, direct contract with a provider of a NEPT service to support them in the transportation of patients to their home, following hospital discharge.

Such contracts – where the WYICB is not a named party – have not previously included eligibility criteria.

4. The national review of NEPT services

In 2021 a national review of non-emergency patient transport services was published.

B0682-fnal-report-of-the-non-emergency-patient-transport-review.pdf (england.nhs.uk)

The national review recommended – against an overarching principle that most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary – that there should be a standard, national approach that defines the eligibility criteria for NEPTS and replaces all local arrangements.

Subsequently, in 2022, a national paper was published that defined the standard eligibility criteria that Integrated Care Boards (ICBs) should follow for NEPTS.

The 2022 national paper also detailed potential other sources of support, should an individual not be eligible for NEPT. This were stated as the Healthcare Travel Costs Scheme (HTCS) and community transport alternatives, subject to local commissioning arrangements. (Each of these is picked-up separately in this paper.)

5. The WYICB's approach to the national eligibility criteria

The below flow diagram outlines the approach of the WYICB to the national eligibility criteria for NEPT services.

From a starting point of the new national eligibility criteria, the first step of the WYICB's working approach has been to define what risk there could be with moving from its locally defined criteria to those set nationally.

The subsequent structure of this paper works through the below flow diagram, with a specific section on the identified risk, one for each of the work areas, and one on the next steps.

5.1 Identified risk

The WYICB have identified that there are two potential risks with a change from the local to the national eligibility criteria for NEPT services.

Risk one

There is a risk of more individuals across West Yorkshire being ineligible for NEPT, because of the change from the local to the national eligibility criteria, resulting in more individuals missing (or facing delays) in their secondary care treatment (or discharge).

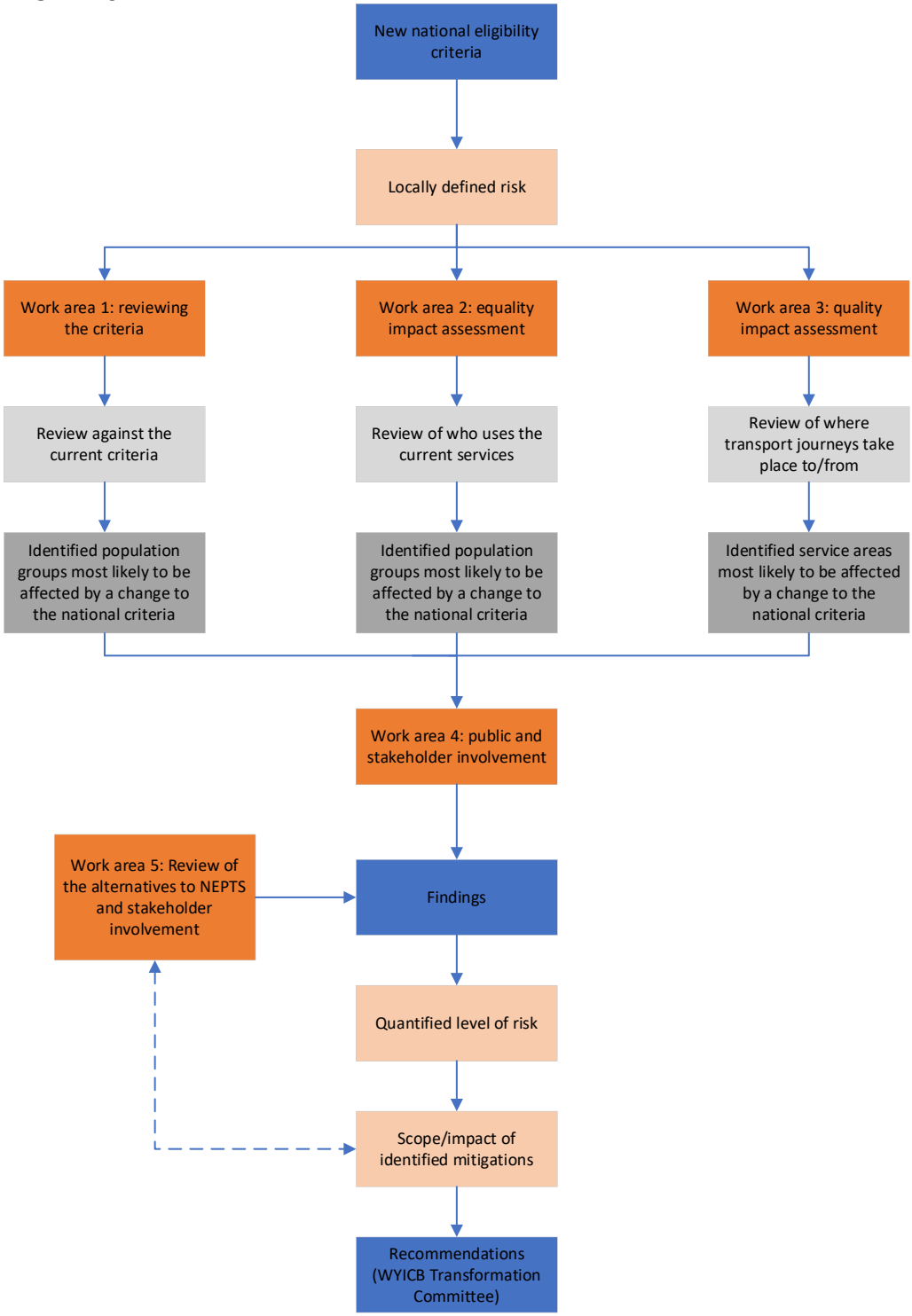
Risk two

There is a risk that the impact of individual ineligibility for NEPT is not equally felt by all, because not all individuals/communities across West Yorkshire

have the means of independent travel, resulting in more individuals from disadvantaged and under-represented communities missing (or facing delays) in their secondary care treatment (or discharge).

In working to understand and assess each of these risks, the WYICB has developed 5 areas of work.

Diagram one: An overview of the WYICB's approach to the national eligibility criteria



5.2 Work area 1: Reviewing the national criteria

The national eligibility criteria may be found by following the below link, whilst the two sets of local eligibility criteria can be found within Appendices A and respectively.

B1244-nepts-eligibility-criteria.pdf (england.nhs.uk)

The below table both summarises the national eligibility criteria (points A to F) and states what, if any, difference there is against the current, local eligibility criteria.

The subsequent assertions are thus:

- Where there is no change between the national and the local eligibility criteria, then neither of the two identified risks apply, and there is no impact to assess.
- Where there is a change between the national and the local eligibility criteria, then the two identified risks do apply and there should be an impact assessment.

Within the below table the national criteria have been summarised by the WYICB into three categories for ease of reference: those where there is an automatic qualification for NEPT; those where there is a conditional qualification for NEPT, and those where local discretion by the WYICB would be required.

Local category	Points of the standard eligibility criteria (a to f)	Summary description (eligibility for NEPT)	Different to the current, local eligibility criteria for NEPT?	Within the scope of the impact assessments?
Automatic qualification for NEPT	Point D	Eligibility for travel to and from in-centre haemodialysis	No	No
	Point C	Eligibility because of a significant mobility need that prevents independent travel	No	No
Conditional qualification for NEPT	Point A	Eligibility because of a medical need during transportation	Yes	Yes
	Point B	Eligibility because of individuals (with a cognitive/sensory impairment) only being able to travel safely with	Yes	Yes

		the oversight of transport staff		
Local discretion	Point E	Eligibility because of a safeguarding concern regarding independent travel	Yes	Yes
	Point F	Eligibility because of the potential for an individual's discharge or NHS treatment/appointment to be missed or delayed without NEPT	Yes	Yes

5.2.1 Automatic qualification for NEPT

Point D – for in-centre haemodialysis - does not represent a change to the current eligibility criteria of the WYICB, and therefore on this basis has not been included within the scope of the impact assessments.

Nationally there is a commitment to provide a 'universal offer' to support individuals' transportation to/from in-centre haemodialysis, as per the detail that can be accessed via the below link.

NHS England » Dialysis transport support offer

Point C – eligibility because of a significant mobility need – does not represent a change to the current eligibility criteria for two reasons. Firstly, YAS (in terms of their delivery of a NEPT service) do not currently apply their eligibility criteria to acuity types that concern a significant mobility need. Secondly, the NEPT service commissioned for Bradford District and Craven does not include the transportation for a significant mobility need, and therefore this part of the national criteria would not apply to this service.

5.2.2 Conditional qualification for NEPT

Point A – eligibility because of a medical need during transportation – does represent a potential change to the current eligibility criteria, and therefore a prudent approach has been taken to include this within the scope of the impact assessments. This is a potential change because of the differences in wording that exist between the current eligibility criteria and the national criteria.

Specifically, the local criteria used for the YAS NEPT service cites eligibility for patients receiving chemotherapy/radiography, but the national criteria do not. The inclusion of this in the impact assessments allows for consideration to be given against the two identified risks, and whether any local discretion is needed.

Conversely, the national eligibility criteria cite specific examples of what constitutes a medical need for transportation that are not specifically stated in the local criteria. The inclusion of these in the impact assessments provides an opportunity to consider if they offer any mitigation against the two identified risks.

Point B – eligibility because of a cognitive/sensory impairment – does represent a potential change to the current eligibility criteria, and therefore a prudent approach has been taken to include this within the scope of the impact assessments. This is a potential change because the local eligibility criteria do not specifically state cognitive/sensory impairment, but it does include points concerning safe transportation, and eligibility for care home residents, and those who regular care within their home. The inclusion of this within the impact assessments allows for specific and concerted attention to be given to these differences, and what impact there could be on the two identified risks.

5.2.3 Local discretion

Point E – eligibility because of a safeguarding concern - is not specifically listed within the current local eligibility criteria, but its inclusion in the national criteria could potentially be used to provide the eligibility of an individual patient for NEPT, should they not qualify under any of (a) to (d) inclusive. It therefore represents a change and is therefore within the scope of the impact assessments, as it could be a mitigation against the two identified risks.

Point F – potential for treatment/discharge to be missed/delayed without NEPT – is not specifically listed within the current local eligibility criteria, but its inclusion in the national criteria could potentially be used to provide the eligibility of an individual patient for NEPT, should they not qualify under any of (a) to (e) inclusive. It therefore represents a change and is within the scope of the impact assessments. This could, for example, be used to support the current arrangements that acute hospital trusts have directly made with providers of NEPT to support hospital discharges.

If an individual qualifies for NEPT under the eligibility criteria, then they will be offered NEPT regardless of the geographical location of their NHS secondary care, and regardless of the frequency of appointment. The applicability of local discretion may also concern – should any individuals be ineligible for NEPT under points (a) to (e) inclusive – the frequency of secondary care appointments and the distance travelled, should there be a risk of them missing their appointment, or facing a delay to their care.

Similarly, the potential, further use of community transport alternatives (as recommended nationally) could also form part of the local discretion that is

applied by the WYICB. This point is picked-up within the section on work area 5.

5.2.4 Bringing all of work area 1 together

The below table shows – for the YAS NEPT service – the number of West Yorkshire individuals who used this service in the 23/24 financial year. This has been split – against the previously described categories of automatic qualification, conditional qualification and local discretion – to show the number of individuals who would have fallen into each of these, should the national criteria have applied in 23/24, along with the extent of their use of NEPT.

(Data is being reviewed – at the time of writing – for the Lakeside NEPT service. Despite its omission from this paper, it is felt that the inclusion of it would do little to change the total number of individuals who would have fallen into the categories of conditional qualification and local discretion in 23/24, as the Lakeside NEPT service is predominantly used to transport patients to and from their in-centre haemodialysis, which falls within the automatic qualification for NEPT.)

	Total number of individuals who used YAS NEPT in 23/24 (financial year)	**Number who used YAS NEPT (in 23/24) once**	**Number who used YAS NEPT 2 or more times in 23/24**	**Average number of discrete episodes of use per individual**	**Total number of discrete episodes**
Overall YAS NEPT	37,859	17,593 (46%)	20,266 (54%)	4.8	180,686
Automatic qualification for NEPT	19,403 (51%)	8,844 (46%)	10,559 (54%)	5.9	114,477 (63%)
Conditional qualification for NEPT Local discretion for NEPT	18,456 (49%)	8,749 (47%)	9,707 (53%)	3.6	66,597 (37%)

The table shows:

- That just over half of the individuals who used the YAS NEPT service in 23/24 would automatically qualify for the service under the national

eligibility criteria, as they would meet either point C or D of it. This would also represent nearly two-thirds of the total number of discrete episodes of use.

- That just under half of the individuals who used the YAS NEPT service in 23/24 would not automatically qualify for the service under the national eligibility criteria. This would represent over a third of the total number of discrete episodes of use.
- For under half of these individuals this would concern an assessment of their eligibility for a single episode of use for NEPT, and for just over half of the affected individuals, this would concern 2 or more episodes of use. (Within the available data it has not been possible to delineate between the specific number of individual patients who could be affected by the conditional qualification for NEPT and those that would be subject to the local discretion for NEPT.)

These findings define the initial scope for the impact assessments, i.e. how many individuals could be affected by the change to the national eligibility criteria and fall within the scope of the two identified risks.

Further, separate analysis has identified that *Circa.* 90% of the journeys that fell under conditional qualification/local discretion were for outpatient appointments.

5.3 Work area 2: Equality impact assessment

The WYICB has an established equality impact assessment to identify which individuals/communities across West Yorkshire could be affected by a change in how a service is commissioned.

Specifically, the equality impact assessment builds on the findings from work area 1 – in terms of the number of individuals who could be affected by a change to the national eligibility criteria – to identity which individuals/communities are likely to be affected by a change in criteria.

The completion of the equality impact assessment is an iterative process, with it being updated when new information is received. This includes how the impact of a change can be mitigated. The latest version of the equality impact assessment may be found in Appendix D.

The current findings (for the YAS NEPT service) – as per the latest version of the impact – are that:

- 40% of people accessing NEPT live in the most deprived areas of West Yorkshire. This rises to 47% in Bradford.
- Two thirds of people accessing NEPT are aged 66 and above.
- Almost two thirds of those people aged 66 and above reside in the most deprived areas.
- Although less than 2% of journeys are taken by people under the age of 17, almost two thirds of this group live in the most deprived areas of the region.
- Most people accessing NEPT are White (70%) following by 5% Asian/Asian British and 2% Black/Black British.
- Only 38% of White people accessing NEPT live in the most deprived neighbourhoods compared to 65% of Asian/Asian British people, 66% of Black/Black British people and 50% of other ethnic groups.
- The majority of people accessing NEPT reside in major urban cities and towns (89%), with only 8% residing in rural towns and fringes.

5.4 Work area 3: Quality impact assessment

The WYICB also has an established quality impact assessment to identity what the potential impacts of a change could be.

As per the equality impact assessment, the completion of the quality impact assessment is an iterative process, with it being updated when new information is received. This includes how the impact of a change can be mitigated. The latest version of the quality impact assessment may be found in Appendix D.

The current findings from the quality impact assessment bring together specific points from work area 1 – in terms of *Circa.* 90% of the 23/24 journeys for conditional qualification/local discretion were for outpatient appointment - along with the identification, from the equality impact assessment, of who may be affected by the change in criteria. The findings concern:

- **A potential increased number of Did Not Attend (DNA) outpatient appointments from individuals/communities who have been identified from the equality impact assessment, i.e. an individual patient impact.** Eligible patients under the previous, local criteria may no longer be eligible for NEPT. There is a potential that without provision of NEPT that they may be unable to attend their appointment and have long term or acute conditions under managed.

- **A potential increased total number of Did Not Attend outpatient appointments for acute hospital trusts, i.e. a system impact.** An increased number of DNAs does not support acute hospital trusts to manage their waiting list effectively, and could impact on wider services (for example – primary care and urgent/emergency care services) if an increased number of DNAs results in the reduced management and monitoring of long-term conditions within specialist centres.

5.5 Identified population groups for public involvement

Notwithstanding the specific need to ensure the groups identified in the equality impact assessment have the opportunity to be involved in the decision-taking process for how the national eligibility criteria are implemented, work areas 1 to 3 have also identified that a targeted involvement approach is required for:

- Individuals travelling to (and from) outpatient appointments, given the disproportionate use in these area in 23/24 for individuals who may fall under conditional qualification/local discretion for NEPT.
- Those Individuals travelling to (and from) radiotherapy/chemotherapy to help understand the impact if this does not fall under point A of the national eligibility criteria.
- Those individuals in care homes, or receiving regular care in their homes, as whilst these are specifically stated in the current criteria for YAS NEPT, they are not specifically stated in the national eligibility criteria.
- Those individuals with a sensory/cognitive impairment, as these groups are specifically referenced in the national eligibility criteria, but not in those currently used by YAS.

5.6 Work area 4: Public and stakeholder involvement

Public involvement
The involvement of the public - in how the national eligibility criteria is implemented across West Yorkshire - consists of two approaches.

The first of these two approaches is the use of a questionnaire. The questionnaire (link below) is available to all to complete and will be specifically targeted towards those groups identified from work areas 1 to 3, who are most likely to be affected by a change to the national criteria. The focus of the questionnaire is to understand how people currently travel to medical appointments, what methods of travel people use in their day-to-day lives, their awareness of any alternatives, and what they would do if their current method wasn't available.

https://re-url.uk/WO7D

The second of the two approaches is the use of focus groups. These will be promoted across West Yorkshire to give individuals the opportunity to discuss with the WYICB how the national eligibility criteria are implemented.
The WYICB will be monitoring the uptake of the questionnaire and the attendances at the focus groups to ensure that we are hearing from the right people. This specifically concerns the groups identified on page 24 of the equality impact assessment (appendix D).

Stakeholder involvement
The WYICB is engaging with stakeholders who are involved in the care of those groups who have been identified for public involvement. This consists of:

- Working with Local Authorities to promote the eligibility of care home residents to the HTCS, a point which is also picked-up under the review of the alternatives to NEPT services.
- Working with the West Yorkshire Association of Acute Trusts (WYAAT) to consider and review the potential impact on outpatient appointment DNAs.
- Also working with WYAAT, and the West Yorkshire Combined Authority to consider a pilot to test if the principles of the HTCS can be better delivered within West Yorkshire, a point which is also picked-up under the review of the alternatives to NEPT.

The aims of working with stakeholders are:

- To ascertain their current understanding of NEPT services and the use of eligibility criteria, which is being achieved through attendance at stakeholders' meeting, for example the Elective Care Co-ordination Group within WYAAT, and monthly Care Home Co-ordination meetings.
- To ascertain what, if any, felt gaps there could be in the national eligibility criteria, and how they could be addressed. This includes a clinical review of the criteria, co-ordinated through WYAAT and working with YAS to understand how best the eligibility criteria can be applied within its process of booking NEPT.
- To ascertain what, if any, felt gaps there could be with the HTCS, particularly for those individuals with low incomes and where on-day financial reimbursement is not possible. This includes working with service providers to ascertain if there are any population groups who are more likely not to attend their appointment than others, and whether low income is a causal reason for this.

5.7 Work area 5: Review of the alternatives to NEPT and stakeholder involvement

There are potentially three alternatives to the NEPT and the national eligibility criteria, with the diagram in Appendix E showing how each of these relates to each other.

- For the WYICB to agree and implement additional, local eligibility criteria.
- The use of community transport alternatives.
- The use of the HTCS.

5.7.1 Additional, local eligibility criteria

Any contracting authority for a NEPT service has the option to include additional, local eligibility criteria to those that are nationally-set. This could be:

- Criteria that support more individuals to access a NEPT service.
- Criteria that support more individuals to receive a partial/full financial contribution to their travel costs that those who are eligible under the HTCS.

The WYICB is awaiting the conclusion of the public and stakeholder work in October 2024 before it reviews the potential for additional, local eligibility criteria. Any recommendation for additional, local eligibility criteria will be included in the paper to November meeting of the WYICB's Transformation Committee.

The national guidance on additional, local eligibility criteria is that it should be reserved for when:

- There is a very high frequency of treatment.
- There are long distances to travel or high costs associated with travelling by taxi.
- There are limited/complex public transport options.

5.7.2 Use of community transport alternatives

As per the diagram within Appendix E, a community transport alternative could be utilised as:

- An alternative/additional method - to the use of local eligibility criteria – to support more individuals to receive transport, if there are existing providers across West Yorkshire who could provide transport to/from NHS secondary care.

A community transport alternative can be defined as either:

- A provider that is commissioned to provide transport to a Local Authority and has available capacity to provide transport to/from NHS secondary care.
- A provider that is commissioned by the WYICB for a service similar to NEPT and who has available capacity to provide transport to/from NHS secondary care.

The WYICB has worked with partner organisations across West Yorkshire to compile a list of the current community transport providers that fall into either of the above definitions. This work has identified Circa. 50 providers, but only 4 providers who are interested in providing transport to/from NHS secondary care.

A full assessment of the potential use of community transport alternatives will be included in the paper to November meeting of the WYICB's Transformation Committee.

5.7.3 Healthcare Travel Cost Scheme

The diagram within Appendix E provides a summary of the relationship between the HTCS and the national eligibility criteria, and how HTCS works in practical terms. The diagram shows, where an individual does not meet the national eligibility criteria that there is the subsequent avenue – should they meet the means-tested criteria – to receive a partial/full financial reimbursement of their travel costs to NHS secondary care. A link to the means-tested criteria can be found below.

Healthcare Travel Costs Scheme (HTCS) - NHS (www.nhs.uk)

The WYICB is aware that whilst the means-tested criteria of the HTCS is nationally-set, and it is unable to change these, there is the opportunity to do two things:

- To review how it can be best delivered.
- To review the potential for additional, local eligibility criteria (as described in the above section) to support more individuals to receive a partial/full financial contribution to their travel costs that those who are eligible under the HTCS.

Reviewing the HTCS
The diagram within Appendix E shows 2 specific applications of the HTCS.

- Individual West Yorkshire patients can receive on-day financial reimbursement for their travel (under the HTCS) if they have attended a treatment site that is within West Yorkshire and has an available casher's office. (Not all treatment sites of secondary care across West Yorkshire have a cashier's office, and not all cashier offices at sites outside West

Yorkshire (i.e. in other ICBs) will provide direct reimbursement for West Yorkshire patients.)
- Where an individual patient does not receive on-day financial reimbursement, then there is a requirement to complete and send a specific form (the "HC5(T)" form) to the NHS Business Services Authority. (There is a requirement that claims on an HC5(T) form has to be submitted within 3 months of the respective dates of the journeys.)

There is no prescribed time-limited on when claims from HC5(T) forms should be processed, with the subsequent assertion that the greater the number of travel journeys; the greater the number of required forms, and the greater the initial financial expense for the respective individual patients.

It is subsequently fair to conclude that whilst the criteria and the principles of HTCS are nationally consistent, the application of it varies by ICB and by provider.

Developing the basis for change
The WYICB is aware that it has pre-existing budgets for the financial reimbursement of travel under the HTCS. These are:

- Within the budgets that the WYICB sets with NHS hospital trusts in West Yorkshire for their reimbursement of individual patient travel (i.e. cashier offices, or hospital trust approval of HC5(T) forms).
- Within the budgets that it holds to pay for the HC5(T) retrospective travel claims it receives.

The WYICB is currently assessing what options may exist to utilise these funds in a different way that minimises the number of times that an individual has to complete a HC5(T) form for retrospective financial reimbursement.

It is felt that whilst there are limitations in being able to increase the number of locations (and opening hours) of cashier sites (for on-day financial reimbursement), there is an opportunity to still reduce the number of claims being submitted via HC5(T) forms, by considering how individuals could receive up-front payment for their travel.

As mentioned earlier in this paper, the WYICB is working with WYAAT, and the West Yorkshire Combined Authority to consider how the principles of the HTCS can be better delivered within West Yorkshire. As the West Yorkshire Combined Authority has managed to negotiate with Metro a reduction in the price of a dayrider travel ticket from £5 to £3.30, then pilot work could test – if the NHS were to purchase such tickets - how:

- This can reduce the need – for individuals who are eligible for HTCS – of having to make an upfront payment for their travel to NHS secondary care.
- A threshold (as per the previous points on additional, local eligibility criteria) could be established to support more individuals with their travel

costs (to NHS secondary care) that those who are eligible under the HTCS.

A full assessment of the potential use of reduced-price travel tickets will be included in the paper to November meeting of the WYICB's Transformation Committee.

6. Next Steps

The next steps – in advance of the WYICB's transformation committee in November 2024 – are to:

- Collate the findings from work areas 1 through to 5.
- Establish the pre-mitigated scope and scale of each of the two identified risks.
- Compile the proposed mitigations to the two identified risks, including the potential for local, additional eligibility criteria; the use of community transport alternatives, and on the delivery of the principles of the HTCS.

7. Recommendations

The JHOSC is asked to:

Note that there are new national eligibility criteria for NEPT services to replace the current locally agreed criteria.

Review and provide feedback on the work that the WYICB is undertaking to understand the implications of implementing these criteria – including the assessment of risks and the development of appropriate mitigations.

8. Appendices

Appendix A	Local eligibility criteria (YAS NEPT service)
Appendix B	Acuity types (within NEPT services)
Appendix C	Local eligibility criteria (Lakeside NEPT service)
Appendix D	Equality and quality impact assessments
Appendix E	Alternatives to the national eligibility criteria

Appendix A: Local eligibility criteria (YAS NEPT service)

West and South Screening Questions.p

Appendix B: Acuity types (within NEPT services)

Category code	Description
SC	**Driver only** The patient can walk to, and travel in, a saloon car or people carrier unaided or with little assistance from a driver. The patient can manage the steps on the vehicle with steadying assistance only.
T1	**Ambulance with driver plus tail lift** The patient can walk with the assistance of a driver to the vehicle. The patient can manage the step onto the vehicle with steadying assistance only. The patient may require assistance to the vehicle in the provider's wheelchair but they can transfer to the seat of an ambulance and there is easy access at home and destination (no steps) and requires the attention of the driver only.
T2	**Ambulance with driver and attendant plus tail lift** The patient cannot walk, and requires a wheelchair or carry chair supplied by the Provider, with the assistance of two ambulance staff to be transferred to and from the ambulance and/or the patient's mental/physical condition requires the attention of two staff and/or the patient requires oxygen whilst travelling.
W1	**Ambulance with driver plus tail lift (patient travelling in own wheelchair)** The patient is required to travel in their own wheelchair and cannot transfer. There is easy access at home and destination (no steps) and requires the attention of a driver only. This mobility can also accommodate wheelchairs with leg extensions.
W2	**Ambulance with driver plus attendant plus tail lift (patient travelling in own wheelchair)** The patient is required to travel in their own wheelchair and cannot transfer. There are steps at home and/or their condition requires a two-person crew. This mobility can also accommodate wheelchairs with leg extensions.
ST	**Stretcher** The patient must lie down for the duration of the journey, and/or has a full leg cast or patient is unable to bend their leg and cannot sit.
CH	**Child requiring child seat or booster seat** Children 12 years or under, or any child under the height of 4ft 5ins, requiring a child or booster seat. All children under 16 years must travel with an escort.
3ML	**Three-man lift** Ambulance with driver and two attendants to convey the patient. 72 hours' notice will be provided to allow a risk assessment to be undertaken prior to the journey.
4ML	**Four-man lift** Ambulance with driver and three attendants to convey the patient. 72 hours' notice will be provided to allow a risk assessment to be undertaken prior to the journey.
5ML+	**Five Plus-man lift** Ambulance with driver and four or more attendants to convey the patient. 72 hours' notice will be provided to allow a risk assessment to be undertaken prior to the journey.
ESC - Escort	A Healthcare professional, relative or carer escort /accompanying Service User.
Escort – Any Support Dog	May accompany a Service User if deaf, blind, or partially sighted. Service Users can only be accompanied by one Support Dog.

Appendix C: Local eligibility criteria (Lakeside NEPT service)

PTS eligibility criteria.doc

Appendix D: Equality and quality impact assessments

WYICB NEPTS Eligibility EIA Draft v1.

QIA NEPTS Eligibility v19 DRAFT (26.9.24).

Appendix E: Alternatives to the national eligibility criteria

Yorkshire Ambulance Service NHS Trust

West and South Yorkshire Screening Questions

Q1. Is the journey for regular treatment for Chemotherapy, Radiotherapy or Renal Dialysis?

- Not regular treatment.
- Regular treatment for Chemotherapy, Radiotherapy or Renal Dialysis.
- Regular treatment - Not to an essential clinic.

Q2. Does the patient live in a nursing home or residential home, or do they receive/require regular care or support in their home?

- Lives in a nursing home or residential home.
- 24-hour care and constant support from either a care worker of family member.
- Family member provides live-in care, but patient can be left alone for periods of time.
- One or two visits from a carer per day.
- More than two visits from a carer per day.
- Lives in a supported living complex.
- Receives occasional support such as for shopping, cleaning, outings (including that done by family).
- Lives independently.

Q3. Does the patient have access to their own transport or someone in their household who could provide transport on this occasion?

- Yes
- No

Q4. Does the patient have a medical need for NHS-funded transport?

- Yes
- No

Q5. Does the patient's medical need require that they use NHS-funded transport on this occasion, and would it prevent them from making their own way by other means?

- Yes
- No

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Appendix B: Acuity types (within NEPT services)

Category code	Description
SC	**Driver only** The patient can walk to, and travel in, a saloon car or people carrier unaided or with little assistance from a driver. The patient can manage the steps on the vehicle with steadying assistance only.
T1	**Ambulance with driver plus tail lift** The patient can walk with the assistance of a driver to the vehicle. The patient can manage the step onto the vehicle with steadying assistance only. The patient may require assistance to the vehicle in the provider's wheelchair but they can transfer to the seat of an ambulance and there is easy access at home and destination (no steps) and requires the attention of the driver only.
T2	**Ambulance with driver and attendant plus tail lift** The patient cannot walk, and requires a wheelchair or carry chair supplied by the Provider, with the assistance of two ambulance staff to be transferred to and from the ambulance and/or the patient's mental/physical condition requires the attention of two staff and/or the patient requires oxygen whilst travelling.
W1	**Ambulance with driver plus tail lift (patient travelling in own wheelchair)** The patient is required to travel in their own wheelchair and cannot transfer. There is easy access at home and destination (no steps) and requires the attention of a driver only. This mobility can also accommodate wheelchairs with leg extensions.
W2	**Ambulance with driver plus attendant plus tail lift (patient travelling in own wheelchair)** The patient is required to travel in their own wheelchair and cannot transfer. There are steps at home and/or their condition requires a two-person crew. This mobility can also accommodate wheelchairs with leg extensions.
ST	**Stretcher** The patient must lie down for the duration of the journey, and/or has a full leg cast or patient is unable to bend their leg and cannot sit.
CH	**Child requiring child seat or booster seat** Children 12 years or under, or any child under the height of 4ft 5ins, requiring a child or booster seat. All children under 16 years must travel with an escort.
3ML	**Three-man lift** Ambulance with driver and two attendants to convey the patient. 72 hours' notice will be provided to allow a risk assessment to be undertaken prior to the journey.
4ML	**Four-man lift** Ambulance with driver and three attendants to convey the patient. 72 hours' notice will be provided to allow a risk assessment to be undertaken prior to the journey.
5ML+	**Five Plus-man lift** Ambulance with driver and four or more attendants to convey the patient. 72 hours' notice will be provided to allow a risk assessment to be undertaken prior to the journey.
ESC - Escort	A Healthcare professional, relative or carer escort /accompanying Service User.
Escort – Any Support Dog	May accompany a Service User if deaf, blind, or partially sighted. Service Users can only be accompanied by one Support Dog.

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Appendix C – Local Eligibility Criteria (Lakeside NEPT Service)

1. PTS Eligibility

1.1. PTS is available to patients referred for consultations, treatments or procedures traditionally provided in a hospital setting, whether the service is provided within the hospital or community setting.

1.2. 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.

1.3. PTS eligibility should ultimately be determined by a healthcare professional and in many areas it is the responsibility of a GP or hospital staff to book PTS.

1.4. To qualify for PTS, specific criteria must be met as follows:

1.4.1. The patient must be under the care of a consultant or utilising Direct Access Diagnostic Services;

1.4.2. The patient must be receiving traditional hospital diagnostic or treatment (not primary medical or primary dental services), regardless of where the treatment is carried out;

1.4.3. Treatment is paid for by the NHS, regardless of whether it is carried out by an NHS or independent provider;

1.4.4. The patient must have a medical need for the transport (See Flowchart 2 , Establishing Medical Need);

1.4.5. One person recognised as a parent or guardian must accompany the patient when children are being conveyed;

1.4.6. A patient escort can be conveyed when the particular skills and/or support are needed e.g. this might be appropriate for those accompanying a person with physical or mental incapacities, vulnerable adults or children, or to act as a translator (see attached criteria);

1.4.7. Where exceptionally, a friend or relative accompanies a patient to the hospital admission, the escort is responsible for their own return transport;

1.4.8. Nursing homes, residential homes and hospice facilities should be treated as a patient's home;

1.4.9. The cost of PTS for Private Patients is the responsibility of the secondary service provider and recovered from the patient by them;

1.4.10. People who do not normally live in this country are not automatically entitled to use the NHS free of charge – regardless of their nationality or whether they hold a British passport or have lived and paid National Insurance contributions and taxes in this country in the past. It is the responsibility of the provider of secondary services to establish if a patient is entitled to treatment without charge. If not entitled to free NHS treatment, it is the responsibility of the secondary care provider to recover the cost of PTS from the patient if it has been provided; and

1.4.11. Asylum seekers are eligible for free NHS treatment for as long as their application is under consideration. However, failed asylum seekers are not eligible.

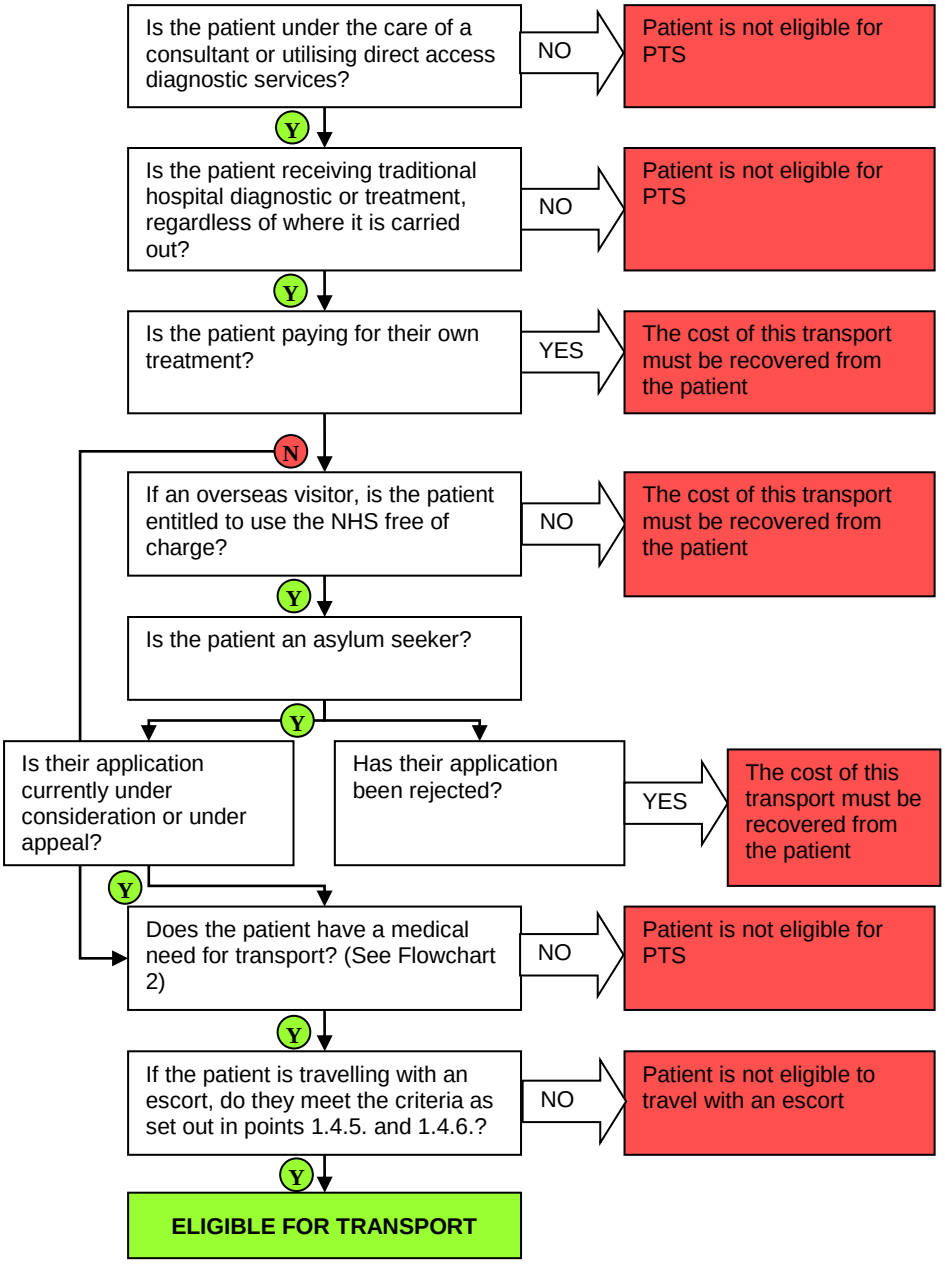
2. Ascertaining Eligibility

2.1. Do not assume that because a patient has received hospital transport previously that they are eligible for each journey. The flowcharts should be followed for each patient

for each journey requested.

2.2. A patient's journey should never be delayed due to the inability to establish eligibility.

FLOWCHART 1



Opening statement:
NHS transport is an expensive resource and it is important that all alternatives are explored to enable patients to travel to or from a healthcare location by their own means, rather than using PTS. It is only provided if the patient's medical condition prevents them safely using other travel options to get to or from their appointment. Previous use of PTS isn't a guarantee that the patient will be eligible in future.

Question 1
Is the patient travelling to or from an NHS healthcare provider for NHS care?

No → **The Patient is not eligible for NHS Transport For this Journey**

Yes ↓

Question 2
Can the patient use their own transport to safely get to/from their appointment?

Yes → **The Patient is not eligible for NHS Transport For this Journey**

No ↓

Question 3
Can the patient travel safely to/from their appointment with a friend or relative?

If the friend or relative is not available at the date & time of the appointment it may be possible to re-arrange it.

Yes → **The Patient is not eligible for NHS Transport For this Journey**

No ↓

Question 4
Can the patient safely access and use other forms of transport - public transport, taxis – to get to/from their appointment, without detriment to their medical condition. Options may be available for wheelchairs.

Yes → **The Patient is not eligible for NHS Transport For this Journey**

But if cost is an issue, they may be eligible for help with travel costs through the Healthcare Travel Costs Scheme.

Alternatively they may be able to access other forms of community transport.

No ↓

Question 5
Does the patient have a medical condition which affects their mobility and means they cannot use non-NHS transport or do they need the facilities available on a PTS ambulance and/or a the help of a PTS Crew in order to travel safely?

Yes → **The Patient is eligible for NHS Transport For this Journey**

mation

Question 1

A Healthcare provider could be community, secondary or tertiary care based.

Question 2

Consideration needs to be given to the following:-

- How the patient normally gets out & about.
- The effect of treatment or diagnostics which the patient may be subjected to at the Healthcare provider and which may affect their ability to transport themselves.
- The frequency of journeys the patient has to make in a short time period, for example, if more than 3 return journeys per week.

Question 3

Consideration needs to be given to the following:-

- The frequency of journeys the patient has to make in a short time period, for example, if more than 3 return journeys per week.

Question 4

Consideration needs to be given to the following:-

- Any effect of treatment or diagnostics which the patient may be subjected to at the Healthcare provider.
- The frequency of journeys the patient has to make in a short time period, for example, if more than 3 return journeys per week.
- The complexity of the journey, if for example the patient needs to make more than one change of vehicle.
- Access to and from transport.

Question 5

Examples will be:-

- The need to utilise on-board oxygen.
- The requirement for a stretcher, carry chair, ambulance service wheelchair or bariatric vehicle.

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West Yorkshire Health and Care Partnership

NHS West Yorkshire Integrated Care Board

Equality Impact Assessment (EIA) *Draft Verson v13*

1. Project Summary Information

Project name	Non-emergency Patient Transport Services Eligibility Criteria
Organisation/s	NHS West Yorkshire Integrated Care Board (WYICB)
Date	Tbc

Project Lead	Simon Rowe Head of Contracting - Primary Care and Urgent/Emergency Care WYICB Contracting and Procurement
Clinical Lead	Tbc
Equality Lead	Kate Bell - Equality Lead Calderdale, Wakefield, and Kirklees – WYICB
Senior Responsible Owner (SRO)	Ian Holmes – Director of Strategy and Partnerships – WYICB

Project proposal / objectives
In August 2021, NHS England published the outcome of a review into non-emergency patient transport services (NEPTS). The review set out a new national framework for NEPTS, with the aim of ensuring that services are consistently responsive, fair, and sustainable. Part of meeting that aim is a recommendation for the introduction of an updated eligibility criteria that built on the high-level criteria set out by the Department of Health in their guidance in 2007. Following extensive engagement with commissioners, providers, patient groups (including Age UK, Kidney Care UK and Healthwatch), and a public consultation, the updated eligibility criteria were published in May 2022. Implementation of the new eligibility criteria is nationally mandated for 2023/24 and will be challenging for systems since it involves changing patient and NHS staff behaviours and expectations. However, this is a crucial development to support the ongoing sustainability of NEPTS and to ensure that a quality, consistently responsive, fair, and sustainable service is provided for those patients with an assessed medical need for transport. Failing to support the ICBs to deliver these mandated requirements could result in a service which cannot be financially

sustained, and which lead to patients with severe mobility and medical problems being unable to attend their appointments due to a lack of resource.

Specialist and Non-Specialist Transport Provision

The review recognises that the needs for NEPTS may be covered in a variety of ways:

- **Specialist Transport** – which requires trained staff, often using a specialist or adapted vehicle where the provider will be registered with the Care Quality Commission (CQC).
- **Non-Specialist** – where a regular taxi or minibus is appropriate and does not normally need a fully trained member of staff, and the provider is not required to be CQC registered.

There is a need, across the 3 Yorkshire and Humber ICB's; to reduce non specialist transport activity in order to enable financial resources to be focused on the provision of a quality, effective and financially sustainable transport service for those with a severe medical or mobility need. Systems can achieve this through the application of a robust eligibility criteria and supporting patients requiring non specialist transport to either consider Healthcare Transport Cost Scheme (HTCS) or the use of self-funded community, voluntary and social transport.

Overarching principle

Most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary. NHS-funded patient transportation is reserved for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery.

Reason for the appointment

Only patients who meet one of the below reasons for an appointment will be considered for eligibility for NEPTS:

- The patient has been referred by a doctor, dentist, or ophthalmic practitioner for non-primary care NHS-funded healthcare services – that is, diagnostics or treatment.
- The patient is being discharged from NHS-funded treatment.

Qualifying criteria

The patient is likely to qualify for non-emergency patient transport if they meet one or more of the following criteria:

- They have a **medical need** for transport.
- They have a **cognitive or sensory impairment** requiring the oversight of a member of specialist or non-specialist patient transport staff or a suitably trained driver. Further information will be provided in the core standards.
- They have a **significant mobility need** that means they are unable to make their own way with relatives/friends and/or escorts/carers whether by private transport (including a specially adapted vehicle if appropriate for the journey), public transport or a taxi.
- They are travelling to or returning from **in-centre haemodialysis**, in which case specialist transport, non-specialist transport or upfront/reimbursement costs for private travel will be made available. This will be following a shared decision making process to consider the appropriate requirements for the patient.
- A **safeguarding concern** has been raised by any relevant professional involved in a patient's life, in relation to the patient travelling independently. This may mean that the

patient requires the oversight of a suitably trained driver or other member of patient transport staff.
- They have **wider mobility or medical needs** that have resulted in treatment or discharge being missed or severely delayed.

Please refer to the below links which provide the national NHS England's guidance which describes the requirements of the new national framework for NEPTS, with the aim of ensuring that services are consistently responsive, fair, and sustainable.

Non-emergency patient transport services
Guidance for Non-Emergency Patient Transport Service (NEPTS) dataset
Improving non-emergency patient transport services: Report of the non-emergency patient transport review
Consultation on eligibility criteria
Consultation response
Healthcare Travel Costs Scheme

Other sources of support

Patients may be entitled to wider transport support from other public bodies. This includes the Disability Living Allowance (DLA) mobility component or equivalent. In these instances, patients are unlikely to be also entitled to funding from the HTCS, and NEPTS would only be available if transport options usually funded by the patient's DLA are not appropriate. Support from social care or local transport schemes may also be available and should be considered when signposting patients to alternative options. Where a patient's treatment or discharge may be missed or severely delayed, but they are not eligible for NEPTS under the criteria outlined above, systems may consider adding a threshold whereby the NHS contributes towards the journey costs. Patients should consider if other forms of private or public transport are available or suitable and whether they are eligible for HTCS in the first instance.

Proposal

This proposal will enable the 3 Yorkshire & Humber ICBs to deliver a standard eligibility application which meets the expectations and requirements of the NHS Review. In addition, implementing the proposal will improve sustainability and maintain the high quality of the services for patients truly eligible for NHS funded NEPTS. Not undertaking this programme of work would risk a detrimental impact on our most vulnerable patients who require specialist transport as the challenges of delivering the NEPTS review requirements without additional funding would result in a reduced service level to patients.

Developing the scope of the impact assessments

The new national standard criteria consist of 6 points, (a) through to (f), to define how NHS-funded patient transportation is reserved for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery. **(Appendix A provides further detail in this regard.)** The standard criteria (within the below table) have been grouped – for local consideration – into three categories:

Project proposal / objectives

- The two points of criteria that each concern an **'automatic qualification'** for NEPTS;
- The two points of criteria that each concern a **'conditional qualification'** for NEPTS. The first concerns whether there is a medical need for transportation, with these being listed within the 2002 national paper. The second concerns whether an individual patient with a sensory/cognitive impairment is only able to travel safely to/from their NHS treatment/appointment with the oversight of patient transport staff.
- The two points of criteria that concern where **'local discretion'** could be applied to permit the use of NEPTS.
- Further, parent or guardians where children (under the age of 16) are being conveyed would be eligible for NEPTS.

The intention of the local grouping is to aid our ability to compare the criteria set out in the 2022 national paper, with those currently being used by YAS, to define:

- Which, if any, of the six points does not represent a change in criteria and therefore has a nil impact? Subsequently, in any such case there would be no need for any of these points to be included in the equality/quality impact assessments.
- Which, if any, of the six points does represent a change in criteria and there is a subsequent need to assess the equality/quality impact of any change?
- (Noting that there is no change for parents or guardians where children (under the age of 16) are being conveyed, meaning that this is a nil change and does not need to be within the scope of the impact assessments.)

Local category	Points of the standard eligibility criteria (a to f)	Summary description (eligibility for NEPTS)	Difference to the current eligibility criteria for NEPTS?	Within the scope of the impact assessments?
Automatic qualification for NEPTS	Point D	Eligibility for travel to and from in-centre haemodialysis	No	No
	Point C	Eligibility because of a significant mobility need that prevents independent travel	No	No
Conditional qualification for NEPTS	Point A	Eligibility because of a medical need during transportation	No*	Yes**
	Point B	Eligibility because of individuals (with a cognitive/sensory impairment) only being able to travel safely with the oversight of transport staff	Yes	Yes
Local discretion	Point E	Eligibility because of a safeguarding concern regarding independent travel	Yes	Yes
	Point F	Eligibility because of the potential for an individual's discharge or NHS treatment/appointment to be missed or delayed without NEPTS	Yes	Yes

Automatic qualification for NEPTS

Point D – for in-centre haemodialysis - does not represent a change to the current eligibility criteria used by YAS, and therefore on this basis has not been included within the scope of the impact assessments.

Point C – eligibility because of a significant mobility need – is not a specific question within the current eligibility criteria used by YAS. It is part of the high-level criteria published by the DHSC in 2007. At a national level there is no change between 2007 and 2022 on this, and it has not been specifically used by YAS to determine eligibility for NEPTS. It therefore does not represent a change in eligibility and on this basis, it has not been included within the scope of the impact assessments.

Conditional qualification for NEPTS

In terms of point A – eligibility because of a medical need during transportation – there are 4 points to consider:

Project proposal / objectives

- The DHSC 2007 high-level criteria does reference a medical need during transportation but does not provide any specific definition on this.
- Similarly, the current YAS eligibility criteria does reference a medical need during transportation, but equally without a specific definition. It does, however, ask (in a separate question) about regular treatment for chemotherapy and radiotherapy – which are not specifically stated in the 2022 eligibility criteria.
- Within the 2022 eligibility criteria there are specific points to define a medical need during transportation, including:
- Have a medical condition, have undergone major surgery (such as a transplant) and/or the potential side effects of treatment are likely to require assistance or monitoring during their journey.'
- Subsequently, consideration could be given as to whether chemotherapy and radiotherapy falls within the scope of the above point.

At a high-level there is no change, as the DHSC 2007 high-level criteria, the current YAS eligibility criteria, and the 2022 eligibility criteria (point A) each include the medical need for transportation.

The potential for change is regarding the inclusion – within the 2022 eligibility criteria – of specific detail to define a medical need for transportation, which does not exist in the current eligibility criteria. The application of this specific detail – if it is not inclusive of all cases assessed as eligible under the current criteria - would then represent a potential change that would have to be assessed. This also does concern whether chemotherapy and radiotherapy fall within the scope of the above point. It is felt that they are within the scope of this point, and that this – and the absence of change at a high-level – means that there is no change to the current eligibility criteria*. It is felt, though, that it would be prudent to still include point A within the scope of the impact assessments because of the assumptions being made**.

Point B – concerning traveling safely with a sensory/cognitive impairment – is not specifically referenced in either the 2007 DHSC high-level criteria, or the current YAS criteria. It therefore does represent a potential change to a specific population group, and therefore is within the scope of the impact assessments.

Local discretion for NEPTS

Point E – eligibility because of a safeguarding concern - is not specifically listed within the current YAS eligibility criteria, but its inclusion in the 2022 criteria could potentially be used to provide the eligibility of an individual patient for NEPTS, should they not qualify under any of (a) to (d) inclusive. It therefore represents a change and is therefore within the scope of the impact assessments.

Similarly, Point F – potential for treatment/discharge to be missed/delayed without NEPTS – is not specifically listed within the current YAS eligibility criteria, but its inclusion in the 2022 criteria could potentially be used to provide the eligibility of an individual patient for NEPTS, should they not qualify under any of (a) to (e) inclusive. It therefore represents a change and is therefore within the scope of the impact assessments.

The Timescale for Implementation is tbc - It is the intention to implement this approach during Quarter 1 of 2025/26.

Project proposal / objectives

2. Evidence Base

What evidence has been used to inform this assessment?

In the table below please provide details of all the evidence that has been used to inform this assessment, e.g., service user equality monitoring data, patient experience intelligence, national and local research, engagement and consultation with patients, service users and the wider community, information from partner agencies, staff and any other interested groups.

National and local research

Local demographics / Census data

Provide in this section local demographic and or Census data

Demographics of West Yorkshire (please refer to Appendix B)

The population of **West Yorkshire is 2,349,987** according to mid-2021 population figures published by the ONS. West Yorkshire's population growth rate between mid-2020 and mid-2021 was 0.5% per year. West Yorkshire covers an area of 2,029 square kilometres (783 square miles) and has a population density of 1,158 people per square kilometre (km2), based on the latest population estimates taken in mid-2021.According to the latest 2021 census, the population in West Yorkshire is predominantly white (77%), with non-white minorities representing the remaining 23% of the population. The median average age in West Yorkshire in 2021 was 38.5, with over 18s representing 81.2% of the population. The sex ratio was 95.8 males to every 100 females. Compare average age by area.

In 2021, the urban population of West Yorkshire was approximately 2,001,223 or 90%, while the rural population was around 224,835 or 10%. The largest religious group in West Yorkshire is 'Other', which accounts for 43% of the population. English is spoken as the main language by 91.3% of people in West Yorkshire and spoken either well or very well by 6% of the population. 2.0% reported having poor English language skills, and the remaining 0.4% spoke no English at all.

The information on the WY Population from the 2021 Census compared to the number of NEPTS saloon/standard car and wheelchair patient journeys undertaken by the Yorkshire Ambulance Service during April 2021 to March 2022 shows that 324,899 NEPTS journeys were undertaken for the overall WY population (this includes patients having more than one journey) who have accessed YAS NEPTS to transport them to their hospital appointment with 159,213 of these transport journeys were saloon/standard car (SC) and wheelchair (W1(wheelchair users requiring no additional assistance)).

Service user equality monitoring data:

Provide in this section analysis of

Background

In accordance with the 2021 NHS England Non-Emergency Transport Service (NEPTS) guidance most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary. NHS funded patient transport is reserved for when it is considered to be essential for a patient where a medical condition, attending in-centre dialysis, cognitive or sensory impairment or significant mobility needs which means that they would struggle to safely attend their appointment and treatment independently. The aim of ensuring that NEPTS is consistently responsive, fair and sustainable.

WY ICB are working with Yorkshire Ambulance Service NHS Trust (YAS) who provide NEPTS transport across the West Yorkshire footprint and predominantly provides journeys for patients to and from hospital outpatient clinics and diagnostics but also transports patients being discharged from hospital back to their place of residence. It is anticipated that the new Eligibility Criteria will impact those patients currently identified as requiring Standard/Saloon Car or W1 (Wheelchair users requiring no additional assistance) and excludes incentre renal dialysis patients.

This EIA assesses to identify the potential impacts on patients who will no longer be eligible for NEPTS transport and potential mitigations of introducing the new NEPTS criteria on those patients with protected characteristics to ensure that the new criteria is not going to impact negatively on their ability to use NEPTS.

It has not been possible with the available YAS NEPTS data – to directly match the individual use of YAS NEPTS with who these individuals are in terms of any protected characteristic and the following data sources were used to gather the NEPTS information to support the EIA:

The following data sources were used to gather NEPTS information to support the EIA:

The Data Sources:

The following data was available to us for analysis:

- WY NEPTS Minimum Data Set – provided from Yorkshire Ambulance Service via North East Commissioning Support
- English Indices of Deprivation – available at www.gov.uk
- Patients Registered at a GP practice, November 2023 – available via NHS Digital
- Population and Household Estimates, England, and Wales: Census 2021 – available via the Office for National Statistics

Input of the Data:

The datasets were able to be linked together and analysed to provide information across a range of protected characteristics as follows:

- WY ICB Place/Local Authority – Census 2021
- Areas of Deprivation – analysed across 10 deciles where 1 is the most deprived and 10 the least deprived and 5 Quintiles where 1 is the most deprived and 5 the least deprived areas.
- People Accessing NEPTS by place per 1,000 per West Yorkshire population

- Age Banding
- Gender
- Ethnicity
- Rurality

West Yorkshire NEPTS Journeys from 1st April 2022 to 31st October 2023 (Please refer to Appendix C, Table 1A & 1B)

The data shows the number of patients who had a WY NEPTS transport booking between 1st April 2022 to 31st October 2023 SC & W1 (excluding Incentre Dialysis Patients).

- From 1st April 2022 to the end of October 2023 a total of 220,157 NEPTS completed journeys for saloon/standard car for walking and wheelchair patients needing no assistance have taken place – this excludes journeys taken by Renal in-centre dialysis patients.
- From 1st April 2022 to the end of October 2023 approximately 6% (16,312) NEPTS journeys were aborted.
- Leeds has the majority of patients accessing NEPTS completed journeys at 31.4% (69,191) followed by Wakefield at 21.1% (46,381) and Kirklees at 19.4% (42,799).
- 40.4% of patients accessing NEPTS reside in the most deprived areas of West Yorkshire (Quintile 1 - according to the English Indices of Deprivation rankings), with Bradford showing the highest percentage (47.1%) of people who reside in the most deprived area Quintile 1.

The data in table 2 (Please refer to Appendix C) shows the number of patients accessing NEPTS by place who reside in the most deprived areas (Quintile 1 to 5 - according to the English Indices of Deprivation rankings) compared to 1,000 of the West Yorkshire population:

- Wakefield had the highest number of people accessing NEPTS 131.9 compared to 1,000 of the WY population followed by Calderdale 102.2 and Kirklees 97.
- The highest number of people accessing NEPTS in the deprivation indices Quintile ranking number 1 was Wakefield 58.9 per 1,000 of the WY population followed by Calderdale 37.4 and Kirklees 33.9 per 1,000.

Age

The following information shows the age range of WY people accessing the NEPTS Service.

Table 3A: WY Age Range Accessing NEPTS

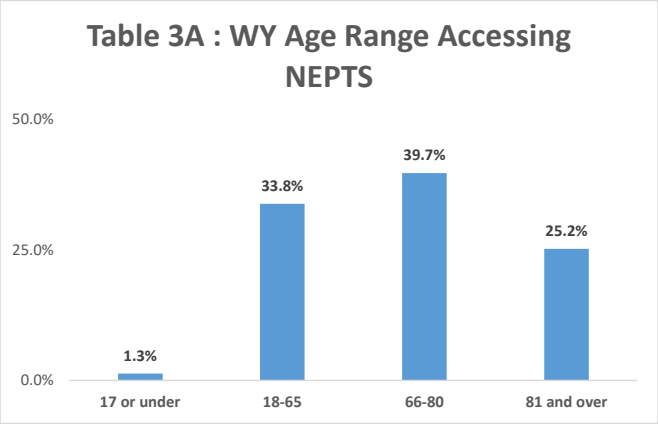


Table 3A (above) and Table 3B (for Table 3B, please refer to Appendix D) information shows the range of ages accessing the NEPTS service who reside in the most deprived areas of West Yorkshire (Quintile 1 to 5 - according to the English Indices of Deprivation rankings).

- The majority of people accessing the NEPTS service are aged 66 and older 64% (142,852) with 39.7% (87,302) within the 66 to 80 age range, 25.2% (55,550) within the 81yrs and older age range, and 52.5% (46,677) aged 66 and over residing in the most deprived areas

of the region. (Quintile 1 - according to the English Indices of Deprivation rankings). See appendix D, table 3B.1.

- The lowest percentage of users are those aged 17 or under (1.3% in total which equates to 2,854 journeys). However, of those journeys taken by children aged 17 and under, over half 63% (1,798 journeys) were taken by those who reside in the most deprived areas of the region. (Quintile 1 - according to the English Indices of Deprivation rankings).

Charts 3C: Journey by Age Range Accessing NEPTS by WY Place and Deprivation Indices Ranking Quintile 1

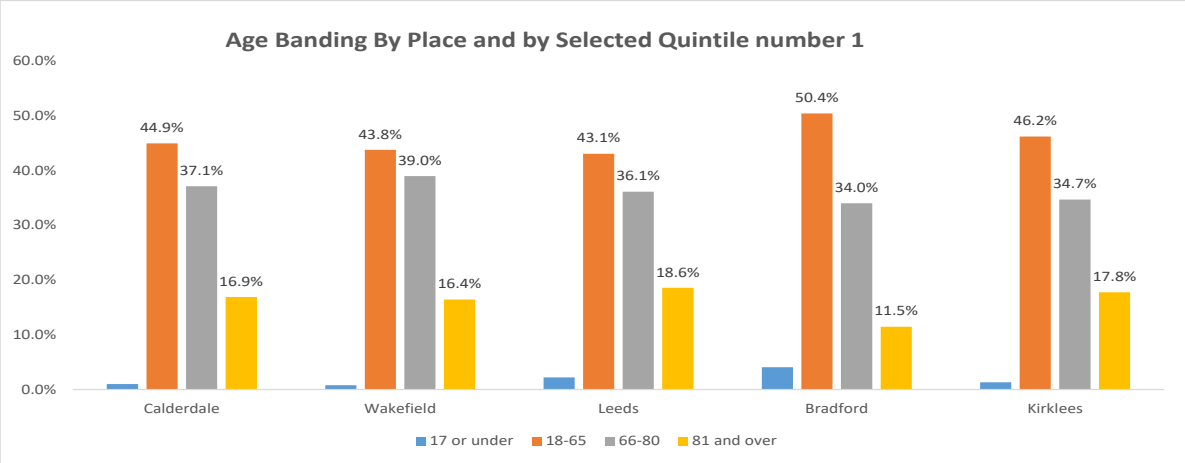


Chart 3C show the range of ages accessing the NEPTS service who reside in the most deprived areas of the region – Quintile ranking number 1 (according to English Indices of Deprivation 2019 rankings).

- The data shows that for all WY places the greatest percentage of users who reside in the most deprived areas (Quintile 1) are in the age range 18-65 years. However, the combined figures for those aged 65 and above show that older people use the service most with younger people, 17 and under, using it the least.
- Bradford has the highest proportion (50.4%) of people aged between 18-65 in their area using the NEPTS service and living in Quintile 1, followed by age range 66-80 34.0% and 81 and over 11.5%.

The Information in Tables 3D,3E, 3F, 3G (please refer to Appendix D) for which show the range of ages accessing the NEPTS service who reside in WY place by Quintile ranking number 1 (most deprived) to 5 (according to English Indices of Deprivation 2019 rankings).

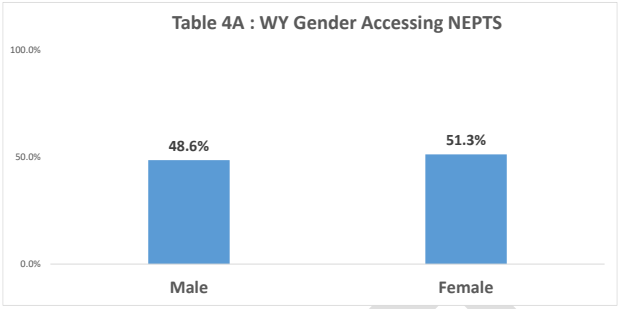
- Table 3D shows that the majority using the NEPTS service aged between 18-65 who reside in the most deprived area (Quintile 1) were in Leeds 28.1% (11,382) followed by Bradford 23.6% (9,540) and Wakefield 22.4% (9,057).
- Table 3E shows the majority using the NEPTS service aged 66-80 who reside in the most deprived area (Quintile 1) were in Leeds 29.7% (9,552) followed by Wakefield 25.1% (8,071) and Bradford 20% (6,438).
- Table 3F shows the majority using the NEPTS service aged 80 and over who reside in the most deprived area (Quintile 1) were in Leeds 33.9% (4,913) followed by Wakefield 23.5% (3,402) and Kirklees 18.4% (2,661).
- Table 3G shows the lowest percentage of users are those aged 17 or under (1.3% in total which equates to 2,854 journeys). However, of those journeys taken by children aged 17 and under, over half 63% (1,798 journeys) reside in the most deprived areas (Quintile 1).

- The majority using NEPTS aged 17 or under who reside in the most deprived areas of the region (Quintile 1) reside in Bradford 42.9% (771), followed by Leeds 32.6% (586) and Kirklees 11% (197).

Gender

The following information shows the gender of WY people accessing the NEPTS Service.

Table 4A: WY Gender Accessing NEPTS



4A WY region Totals include records where Gender is unknown (<40 in total) Table 4A total is less than 100%

- Table 4A shows that there are more females (51.3%) accessing NEPTS compared to 48.6% of Males. This broadly reflects the West Yorkshire population (see local demographics above).

The information in Table 4B and 4C (please refer to Appendix E) shows the gender of people accessing the NEPTS service and where they reside in accordance with the Quintile rankings number 1 to 5 (according to English Indices of Deprivation 2019 rankings).

- The proportion of NEPTS journeys in WY by gender was 51.3% (113,024) accessed by females and 48.6% (107,091) by males.
- The majority of males and females accessing NEPTS reside in the most deprived areas of West Yorkshire (Quintile 1 - according to the English Indices of Deprivation rankings) 40.4% (88,913).
- The majority of females accessing the NEPTS service who reside in the most deprived areas of West Yorkshire (Quintile 1) were Leeds 31.9% (14,682) followed by Wakefield 23.1% (10,667) and Bradford 20.2% (9,300).
- The majority of males accessing the service who reside in the most deprived areas of West Yorkshire (Quintile 1 were) Leeds 27.4% (11,747) followed by Wakefield 23.4% (10,024) and Bradford 22.5% (9,618).

Ethnicity

The following information shows the Ethnicity of WY population accessing the NEPTS Service.

Please note that the NEPTS patient's ethnicity information that a workaround has been applied to source the ethnicity from other WY level data sets which do hold patient level ethnicity details. If a PTS user's pseudonymised NHS number can be matched against a corresponding pseudonymised NHS number in the other datasets then ethnicity can be identified providing it has been recorded on the system.

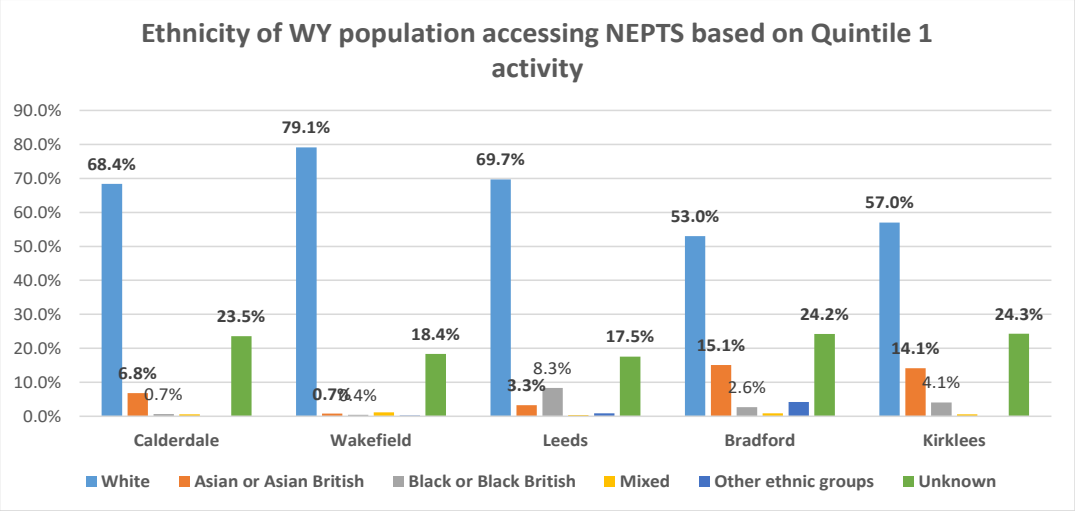
As a result of this workaround, approximately 80% of NEPTS journeys have been allocated an ethnicity. A cohort of records (21.4%) do not have a known ethnicity allocated to them. These records have been included in the Unknown category.

For ethnicity counts we are required to apply some rules to protect patient identity. As as result we have applied rules to the data. Initially all counts have been rounded to the nearest value of 5 and any values less than 9 have been suppressed and shown as **. 0 counts are permissable.

The information in Tables 5A, 5B (Please refer to Appendix F) Shows the Ethnicity of people accessing NEPTS service and where they reside in accordance with the Quintile rankings numbers 1 to 5 (according to English Indices of Deprivation 2019 rankings).

- Table 5A shows the ethnicity of people accessing the NEPTS service are White 69.7% (153,470) followed by 4.6% (10,050) Asian or Asian British and 2.4% (5,245) Black or Black British with the majority of people living in the most deprived areas of West Yorkshire (Quintile 1 - according to the English Indices of Deprivation rankings)
- Table 5A shows in the most deprived areas (Quintile 1) 66.1% of people accessing NEPTS are White, 7.3% are Asian or Asian British and 3.9% are Black or Black British. The ethnicity of 20.8% of people is unknown (Quintile 1).
- Table 5A shows looking across the quintile range, 38.3% of all White people accessing NEPTS live in the most deprived quintile compared to 64.8% of all Asian or Asian British NEPTS users and 65.6% of Black or Black British service users.

Chart 5.1B Ethnicity of WY Population Accessing NEPTS (Quintile 1)



- In Wakefield the majority of NEPTS users are White 79.1% followed by 0.7% Asian or Asian British and 0.4% Black or Black British.
- In Bradford and Kirklees although the majority of NEPTS users are White, there is a higher proportion of Asian or Asian British using the service compared to other WY places. This reflects the local population data in these areas.

The Information in Table 5C (Please refer to Appendix F) shows ethnicity White of WY Population accessing the NEPTS service within the Quintile Deprivation Indices Rankings 1 (most deprived) to 5

- Table 5C shows that the majority of White service users accessing the NEPTS service who reside in the most deprived area (Quintile 1) were Leeds 31.4% (18,435) followed by Wakefield 27.9% (16,380) and Bradford 17.1% (10,035).

The Information in Table 5D (Please refer to Appendix F) Ethnicity Asian or Asian British of WY Population Accessing the NEPTS Service within the Quintile Deprivation Indices Rankings 1 (most deprived) to 5

- Table 5D shows that the majority of Asian or Asian British service users accessing the NEPTS service who reside in the most deprived area (Quintile 1) were in Bradford 43.8% (2,850) followed by Kirklees 32.4% (2,115) and Leeds 13.3% (865).

The Information in Table 5E (Please refer to Appendix F) Ethnicity Black or Black British of WY Population Accessing the NEPTS Service within the Quintile Deprivation Indices Rankings 1 (most deprived) to 5

- Table 5E shows that the majority of Black or Black British service users accessing the NEPTS service who reside in the most deprived area (Quintile 1) were in Leeds 63.8% (2,195) followed by Kirklees 17.7% (610) and Bradford 14.5% (500).

Geographically Isolated and Rural

The following information shows the Geography of WY people accessing the NEPTS Service.

For Rurality counts we are required to apply some rules to protect patient identity. As as result we have applied rules to the data. Initially all counts have been rounded to the nearest value of 5 and any values less than 9 have been suppressed and shown as **. 0 counts are permissable.

The Information in Table 6A and Table 6B (Please refer to Appendix G) show the geography of people accessing NEPTS Service by Urban, City, Town and Rurality Areas in Quintile Deprivation Indices Rankings 1(most Deprived) to 5

The data in table 6A and 6B shows where people reside when accessing the NEPTS service in Quintile deprivation indices 1 to 5 (according to English Indices of Deprivation 2019 rankings).

- The majority of users accessing the NEPTS service reside in major WY urban city and towns 88.8% (195,475) with 8% (17,705) who reside in rural towns and 3.2% (6,975). residing in the most rural sparse areas of WY.
- Rural town and fringes make up 8% (17,705) of people access NEPTS service with the majority of people living in Wakefield 38.5% (6,810), followed by Kirklees 19.6% (3,470) and Leeds 18.3% (3,245)
- Wakefield has the greatest number of people 98.8% (2,895) accessing the service who reside in rural town and fringes and in the most deprived area (Quintile 1).

Summary

- During the period 1st April 2022 to 31st October 2023, people who reside in Leeds were the highest user of the NEPTS service, however comparing per 1,000 of the WY population, Wakefield was highest at 131.9 followed by Calderdale at 102.2 and Kirklees at 97.
- 40.4% of people accessing NEPTS reside in the most deprived areas of West Yorkshire (Quintile 1 - according to the English Indices of Deprivation rankings) with Bradford showing the highest percentage at 47.1%.
- The percentage split by gender for WY people accessing the NEPTS service is 51.3% females and 48.6% males (with 0.1% gender unknown) which is comparable to the Census 2021 information, which shows there are more females (50.3%) than males (49.7%) within the WY population.

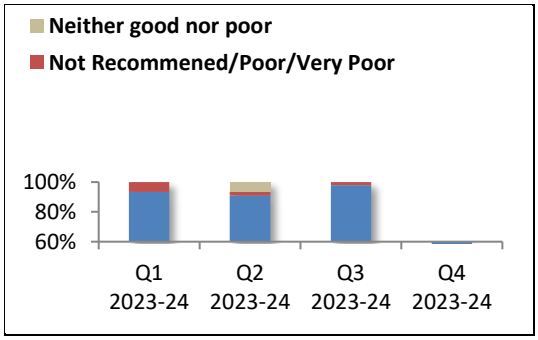
- The majority of females and males who live in the most deprived areas (Quintile 1) are accessing the NEPTS service with the greatest number of people who reside in Leeds followed by Wakefield and then Bradford.
- The age range accessing the NEPTS service the most were aged 66 and over (64%) with the lowest number of service users aged 17 or under (1.3%).
- Over half (52.5%%) of those aged 66 and above using NEPTS reside in the most deprived areas.
- While only 1.3% of total journeys are taken by patients aged 17 or under, 63% of those service users reside in the most deprived areas of the region.
- The Census 2021 shows that the ethnicity of the WY population is 77% White, 16% Asian and 3% Black. The NEPTS data shows that the majority of people accessing NEPTS are White at 69.7% followed by 4.6% Asian and 2.4% Black with most people living in the most deprived areas of the WY region (Quintile 1).
- It is important to note that only 38% of White people using NEPTS live in the most deprived quintile 1 compared to 65% of Asian or Asian British service users, 66% of Black or Black British service users and 50% of other ethnic groups.
- 88.8% of people accessing NEPTS live in urban towns and cities with 8% living in rural towns, villages in sparce areas of Wakefield has the highest proportion of people living in rural areas that reside in the most deprived areas of the WY region (Quintile 1).

Patient experience data:

YAS WY NEPTS Patient Experience Survey Results from 1st April 2023 to 31st December 2023.

Data Source YAS January 2024 WY PTS Quality Report

Thinking about the service YAS provide, overall patients experience of YAS NEPTS service April 2023 to December 2023 %				
WY PTS	Q1 2023-24	Q2 2023-24	Q3 2023-24	YTD
Very Good/Good	**93.5%**	**91.1%**	**98.0%**	**94.5%**
Poor/Very Poor	6.5%	2.2%	2.0%	3.1%
Neither good nor poor	0.0%	6.7%	0.0%	2.4%
Total	100.0%	100.0%	100.0%	100.0%



Patient experience data:
The number of responses to the YAS NEPTS patient experience surveys was within the usual range of 128 responses with the overall view of the overall service remaining good and very good 94.5%. Examples of comments include. *"Quite happy with the service. Hopefully won't need it again as my old bones are healing well. Thank you very much for the service."* and "*I would like to wait a little less time to be collected to be taken home but I do understand why it happened. There are occasions when sharing a taxi, that the route makes no sense to patient's or driver*".

Engagement and Consultation activity
National Public consultation ran from 2 August 2021 until 25 November 2021. NHSE received 156 responses in total. During this time, they also ran four public engagement events which gave them a valuable opportunity to hear the views of members of the public, patients, NEPTS providers, NHS trusts, commissioners and local authorities. West Yorkshire Comms & Engagement The patient data gathered within this impact assessment identifies the groups of people who could potentially be affected and may not be eligible for NHS transport, the public engagement and involvement plans are to engage with these protected groups prior to the implementation of the eligibility changes.

Information from other agencies Provide in this section relevant information from other agencies that would add value to the assessment for example Healthwatch, Community Groups, Local authority, third sector organisations.
NHS England NEPTS eligibility criteria. https://www.england.nhs.uk/wp-content/uploads/2022/05/B1244-nepts-eligibility-criteria.pdf No other information has been gathered for this section Healthwatch – Pathfinder (data)

Any other evidence Provide in this section any additional information that would add value to the assessment
Output of the Analysis:

3. Equality Impact Assessment

Describe the actual or potential impact (positive and negative) of any proposed changes on **the groups listed in the table below.** Include the impact and evidence used to make this decision

and any actions / mitigations that should be put in place. Please put n/a in any blank cells you are not putting text into.

Group	Impact and evidence used	Actions / Mitigation
General Issues		
Age	The majority of service users accessing the NEPTS service are aged 66 and older and live in the most deprived areas of the regions. The older population will have proportionately increased levels of outpatient appointments compared to the younger population. Older people will therefore be disproportionately affected by the revision of NEPTS eligibility. The age range 17 or under were the least users of the NEPTS service (1.3%), but over half (63%) of the journeys were taken by those who reside in the most deprived areas of the region.	If mobility is identified as an issue NEPTS will still be available. Patients who are not eligible for NEPTS will be directed towards alternative provision within the community and voluntary sector. Review community transport offer in each place and develop the offer to meet any gaps in provision. This might be delivered at a West Yorkshire or Yorkshire and Humberside level. Younger populations with mobility requirements will remain eligible for NEPTS. To consider what the specific actions for young people living in deprived areas currently using the service who might no longer be eligible.
Disability	A person's physical or mental impairment might positively influence decisions to access this service, as it is a service where access is based on the patient's healthcare need. Patients with a disability are more likely to meet the eligibility criteria including patients with sensory impairments. It is anticipated that the revised criteria will impact on those currently identified as standard/saloon car (SC) and W1 (patient using a wheelchair independently). Patients requiring	NEPTS will continue to be provided for patients whose mobility or medical needs would prevent them from making their own way to their appointments. An appeals process will be in situ. What about disabled people who are no longer eligible? Particularly those living in poverty? Patients who are not eligible for NEPTS will be directed towards alternative provision within the community and voluntary sector.

Group	Impact and evidence used	Actions / Mitigation
	higher acuity mobility will be eligible for NEPTS. Disabled patients may have less opportunity to have own transport and might experience difficulty in using public transport. Also disabled people are more likely to be living in poverty, which makes finding alternative transport more difficult.	Explore alternative provision in the community/voluntary sector for each place, identify gaps and how this can be accessed and make this clear to decision makers. Review community transport offer in each place and develop the offer to meet any gaps in provision. This might be delivered at a West Yorkshire or Yorkshire and Humberside level. Ensure that communication by NEPTS providers must be accessible to people with sensory impairments, for example BSL interpreters, Braille; and for people with learning disabilities, for example easy read.
Gender reassignment	No anticipated impact	No mitigation required
Marriage and civil partnership (employment only)	No anticipated impact	No mitigation required
Pregnancy and maternity	No anticipated impact	No mitigation required
Ethnicity	While the data suggests that the use of NEPTS is lower for people from ethnic minority communities, people from Asian or Asian British and Black or Black British backgrounds using the NEPTS service are disproportionately concentrated in the most deprived areas of West Yorkshire. Changes to the eligibility criteria are therefore likely to disproportionately impact ethnic minority communities in the most deprived neighbourhoods. The service will need to be able to accommodate those patients whose first language is not English. The eligibility criteria could	Patients who are not eligible for NEPTS will be directed towards alternative provision within the community and voluntary sector. Explore alternative provision in the community/voluntary sector for each place, identify gaps and how this can be accessed and make this clear to decision makers. Review community transport offer in each place and develop the offer to meet any gaps in provision. This might be delivered at a West Yorkshire or Yorkshire and Humberside level. All communication by NEPTS providers must be accessible to people whose first language is not English.

Group	Impact and evidence used	Actions / Mitigation
	restrict their access to NEPTS; these patients may struggle to navigate both the eligibility criteria assessment and the alternative transport advice.	
Religion or belief	No anticipated impact	No mitigation required
Sex	A persons Sex will not influence to access this service and will have no anticipated impact. Of those journeys, 51.3% were taken by females and 48.6% were male (with 0.1% gender unknown). With the majority residing in the most deprived areas of the WY region of which Leeds has the highest female users (31.9%) and Leeds for males (27.4%) (according to the Quintile Deprivation rankings group 1).	No mitigation required
Sexual orientation	No anticipated impact	No mitigation required
Carers	Escort eligibility for NEPTS might be reduced under the new criteria. National guidance Under 16's **automatically eligible for an escort which is same as the current WY criteria, therefore no impact.** Increased length of time to use public transport might impact on carers ability to attend appointments.	If the patient is eligible for NEPTS and a carer is required (for the journey), the carer will still be able to travel with the patient
Any other groups e.g., people from low-income backgrounds, rural	**Rural communities** The criteria do not equitably consider patients living in rural locations. Should such a patient not be considered eligible for	**Rural communities** Patients who are not eligible for NEPTS will be directed towards alternative provision within the community and voluntary sector.

Group	Impact and evidence used	Actions / Mitigation
communities, homeless people, asylum seekers and refugees	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. It should be noted that the vast majority (88.8%) of NEPTS users live in major urban city and towns and should have access to public transport with the majority living in most deprived areas of the region (Quintile 1). Only 8% of NEPTS services users reside in rural towns and fringe (8%) with the majority of those living in Wakefield (38.5%) who may experience limited access to public transport. **Low Income** 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. Patients are expected to pay for travel and claim back the costs within 3 months. In some cases, patients may be able to get an advanced payment to help attend the appointment. The NHS service providing the treatment should be able to signpost patients on how to apply.	Explore alternative provision in the community/voluntary sector for each place, identify gaps and how this can be accessed and make this clear to decision makers. Review community transport offer in each place and develop the offer to meet any gaps in provision. This might be delivered at a West Yorkshire or Yorkshire and Humberside level. Patients that have been clinically determined as at risk from using public transport due to being immunocompromised and are unable to make their own way with relatives/friends and/or escorts/carers whether by private transport or a taxi will remain eligible. An appeals process will be available. **Low Income** Patients that have been clinically determined as at risk from using public transport due to being immunocompromised and are unable to make their own way with relatives/friends and/or escorts/carers whether by private transport or a taxi will remain eligible. Patients who are not eligible for NEPTS will be directed towards alternative provision within the community and voluntary sector. Explore alternative provision in the community/voluntary sector for each WY place, identify gaps and how this can be accessed and make this clear to decision makers.

Group	Impact and evidence used	Actions / Mitigation
		Review community transport offer in each place and develop the offer to meet any gaps in provision. This might be delivered at a West Yorkshire or Yorkshire and Humberside level. Healthcare Travel Cost Scheme (HTCS) will be available to those receiving Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance, Pension Credit Guarantee Credit or Universal Credit and meet the criteria. HTCS will also be available for patients who meet the eligibility criteria for the NHS Low Income Scheme What about patients who cannot afford to pay and are not eligible for HTCS? An appeals process will be available. **To ensure that the appeals process is accessible for all communities and provide assistance and support throughout the process.**
Human Rights	No anticipated Human Rights impacts	No mitigation required.
Health Inequalities Refer to Public Health Information such as Joint Strategic Needs Assessment (JSNA)	The changes to the eligibility criteria create a significant risk of increasing health inequalities for some vulnerable communities, particularly those living in the most deprived neighbourhoods. It is crucial that mitigations are put in place to avoid a situation where people living in the most deprived areas are prevented from accessing timely health care.	Potential mitigations are described above.

4. Action Plan

In the table below describe the actual or potential impact (positive and negative) of any proposed changes on the following groups and the actions that will be undertaken to address the impact
Please put n/a in any blank cells you are not putting text into or delete rows with no information in.

Impact	Action	Timescale	Lead
Age It is possible that some within the older population will have decreased mobility and less availability of own transport. It is also likely that the older population will require proportionately increased level of outpatient appointments compared to the younger population and will therefore have proportionally increase frequency of NEPTS.	If mobility is identified as an issue NEPTS will still be available. Patients who are not eligible for NEPTS will be directed towards alternative provision within the community and voluntary sector. Review community transport offer in each place and develop the offer to meet any gaps in provision. This might be delivered at a West Yorkshire or Yorkshire and Humberside level. Explore alternative provision in the community/voluntary sector for each WY place, identify gaps and how this can be accessed and make this clear to decision makers. Monitoring of feedback by equality and health inequalities groups: • Complaints • Compliments • Other feedback e.g. PALS, Healthwatch • What about monitoring through the contract? A reporting and monitoring working group to be created to collate the feedback, DNAs, etc and share the information.	Timescale required for the review of community transport offer across WY and at place What is the timescale for this and who will oversee it and where will it get reported?	tbc
Disability	See above actions	tbc	tbc

Impact	Action	Timescale	Lead
It is anticipated that the revised criteria will impact on those currently identified as SC (Saloon Car) or W1 (Walker) patients. Disabled patients may have less opportunity to have own transport and might experience difficulty in using public transport. Also disabled people are more likely to be living in poverty, which makes finding alternative transport more difficult.	Monitoring of feedback by equality and health inequalities groups: • Complaints • Compliments • Other feedback e.g. PALS, Healthwatch • Contract monitoring		
Ethnicity Changes to the eligibility criteria are likely to disproportionately impact ethnic minority communities in the most deprived neighbourhoods. 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.	All communication by NEPTS providers must be accessible to people whose first language is not English. See above actions re community transport offer.	tbc	tbc
Rurality Public transport may not be available in rural areas and, even if it is, the distances people may need to travel could make public transport costly or time consuming. There is a risk that patients might not attend appointments.	See above actions re community transport offer. Patients that have been clinically determined as at risk from using public transport due to being immunocompromised and are unable to make their own way with relatives/friends and/or escorts/carers whether by private transport or a taxi will remain eligible. An accessible appeals process will be available.	tbc	tbc

Impact	Action	Timescale	Lead
	Monitoring of feedback by equality and health inequalities groups: • Complaints • Compliments • Other feedback e.g. PALS, Healthwatch • Contract monitoring		
Low Income Groups The eligibility criteria could adversely affect those patients on lower incomes. Patients who may not be eligible for NEPTS but cannot afford to pay for transport to their appointment – or to pay for this ahead of being reimbursed through the HTCS. Patients are expected to pay for travel and claim back the costs within 3 months. In some cases, patients may be able to get an advanced payment to help attend the appointment. There is a risk that patients might not attend appointments.	Patients that have been clinically determined as at risk from using public transport due to being immunocompromised and are unable to make their own way with relatives/friends and/or escorts/carers whether by private transport or a taxi will remain eligible. Patients who are not eligible for NEPTS will be directed towards alternative provision within the community and voluntary sector. Review community transport offer in each place and develop the offer to meet any gaps in provision. This might be delivered at a West Yorkshire or Yorkshire and Humberside level. Explore alternative provision in the community/voluntary sector for each WY place, identify gaps and how this can be accessed and make this clear to decision makers. Healthcare Travel Cost Plan (HTCP) will be available to those receiving Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance, Pension Credit	tbc	tbc

Impact	Action	Timescale	Lead
	Guarantee Credit or Universal Credit and meet the criteria. HTCP will also be available for patients who meet the eligibility criteria for the NHS Low Income Scheme What about people on a low income who are not eligible for HTCP? An accessible appeals process will be available. Monitoring of feedback by equality and health inequalities groups: • Complaints • Compliments • Other feedback e.g. PALS, Healthwatch • Contract monitoring		

5. Implementation

Detail in the table below how the actions will be embedded into mainstream activity, impact and effectiveness monitoring process for actions, and who will be responsible for reviewing the outcome of proposed changes. Please put n/a in any blank cells you are not putting text into

Action Implementation	Name of individual, group or committee	Role	Frequency
How will the impact and effectiveness of the actions be monitored and reviewed?	tbc		
How will these actions be embedded into mainstream activity?	tbc		
Who will review the outcome of the proposed changes and when?	tbc		

6. For Equality Lead Only

Equality Lead to sign off in table below

Equality Lead	Kate Bell
Recommendations	Any recommendations from Equality lead to be included in this section
Sign off date	Enter sign off date

7. For SRO Only

SRO to sign off in table below

SRO	SRO to complete this section
Recommendations	Any recommendations from SRO to be included in this section
Sign off date	Enter sign off date

Appendices

Appendix A – NEPTS Eligibility Criteria

Local categorisation of the nationally defined eligibility criteria for NEPTS automatic qualification

1. If an individual patient is travelling to, or returning from in-centre haemodialysis, **then** they would be eligible for NEPTS*. (Point D of the national eligibility criteria.)
   (*Such patients are both eligible for NEPTS and the upfront/reimbursement costs for private travel.)
2. If an individual patient has a significant mobility need** that prevents them from being able to make their own way with friends/family **and/or** escorts/carers to (or from) their NHS funded treatment, **then** they would be eligible for NEPTS. (Point C of the national eligibility criteria.)

(**Need to travel lying down and/or need a stretcher for all or part of the journey; need specialist bariatric provision; are unable to self-mobilise; are wheelchair users.)

Conditional qualification

3. If an individual patient meets the criteria for a medical need for transport (point A of the national eligibility criteria) **and** cannot either travel independently to (or from) their NHS funded treatment, **or** with the help of friends/family, **then** they would be eligible for NEPTS.
4. If an individual patient has a cognitive **or** sensory impairment (point B of the national eligibility criteria) and cannot safely make their own way (including with friends/family/escorts/carers) to their NHS funded treatment/discharge without the oversight of transport staff, **then** they would be eligible for NEPTS.

Local discretion

5. If an individual patient does not have a medical need for transport, **or** a cognitive/sensory impairment, **but** a safeguarding concern has been raised by any relevant professional about them travelling independently to (or from) their NHS funded treatment (point E of the national eligibility criteria), **then** local discretion may be applied to permit their use of NEPTS.
6. If an individual patient does not have a medical need for transport, **or** a cognitive/sensory impairment, **but** there is the potential for a delay to their discharge from NHS treatment, **or** for their NHS treatment to be missed/delayed without the use of NEPTS (point F of the national eligibility criteria), **then** local discretion may be applied to permit their use of NEPTS.

Specifically:

The distance to (or from) their NHS funded treatment, **and** the frequency of travel to (and from) their NHS treatment can be used to apply local discretion, when an individual patient is reliant on public transport, or on friends/family to get them to their treatment and prevent it being missed/delayed.

The distance to (or from) their NHS funded treatment, **and** the frequency of travel to (and from) their NHS treatment can also be used to apply local discretion, when the upfront cost of public transport or private taxis (when on-day reimbursement is not possible) is prohibitive.

Appendix B – 2021 National Census Data

The following information is taken from the 2021 National Census data and shows the West Yorkshire (WY) population by protected characteristics.

Ethnicity	WY	Bradford	Calderdale	Kirklees	Leeds	Wakefield
White	77.0%	61.0%	86.0%	74.0%	79.0%	93.0%
Asian	16.0%	32.0%	11.0%	19.0%	10.0%	4.0%
Black	3.0%	3.0%	2.0%	3.0%	6.0%	1.0%
Mixed	3.0%	2.0%	0.5%	2.5%	3.0%	1.5%
Other	1.0%	2.0%	0.5%	1.5%	2.0%	0.5%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Rurality	WY	Bradford	Calderdale	Kirklees	Leeds	Wakefield
Urbanisation	90.0%	93.0%	81.0%	88.0%	94.0%	82.0%

Religion	WY	Bradford	Calderdale	Kirklees	Leeds	Wakefield
Christian	40.6%	33.4%	41.5%	39.4%	42.3%	49.0%
Buddhist	0.3%	0.2%	0.3%	0.2%	0.4%	0.2%
Hindu	0.8%	0.9%	0.6%	0.4%	1.1%	0.4%
Jewish	0.3%	0.0%	0.0%	0.0%	0.8%	0.0%
Muslim	14.5%	30.5%	9.5%	18.5%	7.8%	3.2%
Sikh	0.8%	0.9%	0.2%	0.8%	1.2%	0.1%
Other	42.7%	34.1%	48.0%	40.7%	46.5%	47.1%
Total	**100.0%**	**100.0%**	**100.1%**	**100.0%**	**100.1%**	**100.0%**

Gender	WY	Bradford	Calderdale	Kirklees	Leeds	Wakefield
Male	48.9%	48.9%	48.7%	49.0%	48.8%	49.7%
Female	51.1%	51.1%	51.3%	51.0%	51.2%	50.3%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Disability	WY	Bradford	Calderdale	Kirklees	Leeds	Wakefield
Disabled under the Equality Act	17.6%	17.1%	18.3%	17.4%	16.7%	17.3%
Not disabled under the Equality Act	82.4%	82.9%	81.7%	82.6%	83.3%	82.7%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Age Bandings	WY	Bradford	Calderdale	Kirklees	Leeds	Wakefield
0 to 15	18.8%	21.3%	18.0%	18.7%	17.8%	17.5%
16 to 64	64.4%	63.4%	62.9%	63.5%	66.4%	63.6%
65 and over	16.8%	15.3%	19.1%	17.8%	15.8%	19.0%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Data Link; 2021 Census data link - West Yorkshire Demographics | Age, Ethnicity, Religion, Wellbeing (varbes.com)

Appendix C – West Yorkshire Non-Emergency Patient Transport Journeys

Table 1A: West Yorkshire NEPTS Journeys from 1st April 2022 to 31st October 2023

WY Place	Completed	Aborted	Cancelled	**Grand Total**
Calderdale	21,604	1,651	3,637	**26,892**
Wakefield	46,381	2,651	7,008	**56,040**
Leeds	69,191	5,349	11,930	**86,470**
Bradford	40,178	3,522	7,950	**51,650**
Kirklees	42,799	3,139	6,941	**52,879**
Grand Total	**220,157**	**16,312**	**37,466**	**273,935**

Table 1A data - (Table1A&B. data excludes Renal In-centre Dialysis Journeys, identifies mobility type is either SC, W1)
Source : PTS Minimum Dataset

Place level % share of each journey type

Place	Completed	Aborted	Cancelled	**Grand Total**
Calderdale	9.8%	10.1%	9.7%	**9.8%**
Wakefield	21.1%	16.3%	18.7%	**20.5%**
Leeds	31.4%	32.8%	31.8%	**31.6%**
Bradford	18.2%	21.6%	21.2%	**18.9%**
Kirklees	19.4%	19.2%	18.5%	**19.3%**
Grand Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Place level % share across each journey type

Place	Completed	Aborted	Cancelled	**Grand Total**
Calderdale	80.3%	6.1%	13.5%	**100.0%**
Wakefield	82.8%	4.7%	12.5%	**100.0%**
Leeds	80.0%	6.2%	13.8%	**100.0%**
Bradford	77.8%	6.8%	15.4%	**100.0%**
Kirklees	80.9%	5.9%	13.1%	**100.0%**
Grand Total	**80.4%**	**6.0%**	**13.7%**	**100.0%**

WY NEPTS Journey Descriptions	
Completed	NEPTS Transport provided for the patient journey
Aborted	NEPTS Transport is cancelled less than 2 hours prior to the Journey start time. (Journey is chargeable by the provider)
Cancelled	NEPTS Transport is cancelled in advance over 2 hours before the Journey start time. (Journey not chargeable by the provider)

Table 1B: West Yorkshire NEPTS Journey's by Place and % of Patients who reside in the Deprivation Indices Rankings Quintile 1 to 5

Place	1 (most deprived)	2	3	4	5 (least deprived)	Total
Calderdale	36.6%	21.9%	22.4%	15.7%	3.4%	**100.0%**
Wakefield	44.6%	26.4%	14.1%	10.7%	4.2%	**100.0%**
Leeds	38.2%	15.3%	18.1%	17.4%	11.0%	**100.0%**
Bradford	47.1%	17.1%	15.4%	12.3%	8.0%	**100.0%**
Kirklees	35.0%	25.6%	15.7%	15.4%	8.3%	**100.0%**
WY IMD Quintile % share	**40.4%**	**20.6%**	**16.7%**	**14.5%**	**7.7%**	**100.0%**

(Table1A&B. data excludes Renal In-centre Dialysis Journeys, identifies mobility type is either SC, W1)
Source : PTS Minimum Dataset

Table 2: WY Place and Quintile Deprivation Rankings per 1,000 West Yorkshire Population Accessing NEPTS

Place	1 (most deprived)	2	3	4	5 (least deprived)	NEPTS Journeys per 1,000 people who reside in West Yorkshire
Calderdale	37.4	22.4	22.9	16.0	3.5	**102.2**
Wakefield	58.9	34.8	18.6	14.1	5.6	**131.9**
Leeds	33.1	13.3	15.7	15.1	9.5	**86.6**
Bradford	31.9	11.6	10.4	8.4	5.4	**67.7**
Kirklees	33.9	24.9	15.2	14.9	8.0	**97.0**
WY Region	37.1	19.0	15.4	13.3	7.1	**91.9**

Data Source : Activity counts taken from PTS minimum dataset, Quintiles are based on Deciles as taken from the Index of Multiple Deprivation (2019) at Lower Layer Super Output (LSOA) level. Population sizes taken from Mid-2020 Population Estimates for 2021 Clinical Commissioning Groups in England by Single Year of Age and Sex, Persons - National Statistics.

Appendix D – Age

Table 3B: WY Age Range by Activity and Deprivation Quintile Rankings Accessing NEPTS

Age Banding	1 (most deprived)	2	3	4	5 (least deprived)	Total
17 or under	1,798	466	228	126	236	**2,854**
18-65	40,450	14,992	9,287	7,006	2,711	**74,446**
66-80	32,194	19,080	15,374	13,027	7,627	**87,302**
81 and over	14,483	10,889	11,907	11,802	6,469	**55,550**
WY Region	**88,925**	**45,427**	**36,796**	**31,961**	**17,043**	**220,152**

***There are a small number of records for which we could not allocate to any Decile or Quintile and hence are excluded from the above table.*

Table 3.B1 Age Banding % share per Quintile (% by column)

Age Banding	1 (most deprived)	2	3	4	5 (least deprived)	Total
17 or under	2.0%	1.0%	0.6%	0.4%	1.4%	**1.3%**
18-65	45.5%	33.0%	25.2%	21.9%	15.9%	**33.8%**
66-80	36.2%	42.0%	41.8%	40.8%	44.8%	**39.7%**
81 and over	16.3%	24.0%	32.4%	36.9%	38.0%	**25.2%**
WY Region	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.1%**	**100.0%**

Table 3.B2 Age Banding % share across each Quintile (% by row)

Age Banding	1 (most deprived)	2	3	4	5 (least deprived)	**Total**
17 or under	63.0%	16.3%	8.0%	4.4%	8.3%	**100.0%**
18-65	54.3%	20.1%	12.5%	9.4%	3.6%	**100.0%**
66-80	36.9%	21.9%	17.6%	14.9%	8.7%	**100.0%**
81 and over	26.1%	19.6%	21.4%	21.2%	11.6%	**100.0%**
WY IMD Quintile % share	**40.4%**	**20.6%**	**16.7%**	**14.5%**	**7.7%**	**100.0%**

Table 3D: Age Range <u>18 to 65</u> Accessing NEPTS by WY Place by Quintile ranking 1 (most deprived) to 5:

Place	1 (most deprived)	2	3	4	5 (least deprived)	**Total**
Calderdale	3,554	1,662	1,319	1,079	157	**7,771**
Wakefield	9,057	3,726	1,555	911	281	**15,530**
Leeds	11,382	2,900	2,952	2,337	1,048	**20,619**
Bradford	9,540	2,453	1,852	1,088	596	**15,529**
Kirklees	6,917	4,251	1,609	1,591	629	**14,997**
West Yorkshire Region	**40,450**	**14,992**	**9,287**	**7,006**	**2,711**	**74,446**

<u>18 to 65</u> - Age Banding % share per Quintile (% by column)

Place	1 (most deprived)	2	3	4	5 (least deprived)	%
Calderdale	8.8%	11.1%	14.2%	15.4%	5.8%	**10.4%**
Wakefield	22.4%	24.9%	16.7%	13.0%	10.4%	**20.9%**
Leeds	28.1%	19.3%	31.8%	33.4%	38.7%	**27.7%**
Bradford	23.6%	16.4%	19.9%	15.5%	22.0%	**20.9%**
Kirklees	17.1%	28.4%	17.3%	22.7%	23.2%	**20.1%**
West Yorkshire Region	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

18 to 65 - Age Banding % share across each Quintile (% by row)

Place	1 (most deprived)	2	3	4	5 (least deprived)	Total
Calderdale	45.7%	21.4%	17.0%	13.9%	2.0%	**100.0%**
Wakefield	58.3%	24.0%	10.0%	5.9%	1.8%	**100.0%**
Leeds	55.2%	14.1%	14.3%	11.3%	5.1%	**100.0%**
Bradford	61.4%	15.8%	11.9%	7.0%	3.8%	**100.0%**
Kirklees	46.1%	28.3%	10.7%	10.6%	4.2%	**100.0%**
West Yorkshire Region	**54.3%**	**20.1%**	**12.5%**	**9.4%**	**3.6%**	**100.0%**

Table 3E: Age Range 66 to 80 Accessing NEPTS by WY Place by Quintile ranking 1 (most deprived) to 5:

Place	1 (most deprived)	2	3	4	5 (least deprived)	Total
Calderdale	2,936	2,113	2,145	1,330	276	**8,800**
Wakefield	8,071	5,095	3,226	2,136	821	**19,349**
Leeds	9,552	5,100	5,072	4,767	3,424	**27,915**
Bradford	6,438	2,625	2,155	2,118	1,322	**14,658**
Kirklees	5,197	4,147	2,774	2,676	1,784	**16,578**
West Yorkshire Region	**32,194**	**19,080**	**15,372**	**13,027**	**7,627**	**87,300**

66 to 80 - Age Banding % share per Quintile

Place	1 (most deprived)	2	3	4	5 (least deprived)	%
Calderdale	9.1%	11.1%	14.0%	10.2%	3.6%	**10.1%**
Wakefield	25.1%	26.7%	21.0%	16.4%	10.8%	**22.2%**
Leeds	29.7%	26.7%	33.0%	36.6%	44.9%	**32.0%**
Bradford	20.0%	13.8%	14.0%	16.3%	17.3%	**16.8%**
Kirklees	16.1%	21.7%	18.0%	20.5%	23.4%	**19.0%**
West Yorkshire Region	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

66 to 80 - Age Banding % share across each Quintile (1 to 5)

Place	1 (most deprived)	2	3	4	5 (least deprived)	Total
Calderdale	33.4%	24.0%	24.4%	15.1%	3.1%	**100.0%**
Wakefield	41.7%	26.3%	16.7%	11.0%	4.2%	**100.0%**
Leeds	34.2%	18.3%	18.2%	17.1%	12.3%	**100.0%**
Bradford	43.9%	17.9%	14.7%	14.4%	9.0%	**100.0%**
Kirklees	31.3%	25.0%	16.7%	16.1%	10.8%	**100.0%**
West Yorkshire Region	**36.9%**	**21.9%**	**17.6%**	**14.9%**	**8.7%**	**100.0%**

Table 3F: Age Range 80 and Over Accessing NEPTS by WY Place by Quintile Ranking 1 (most deprived) to 5:

Place	1 (most deprived)	2	3	4	5 (least deprived)	Total
Calderdale	1,337	821	1,368	971	308	**4,805**
Wakefield	3,402	3,316	1,722	1,911	857	**11,208**
Leeds	4,913	2,548	4,413	4,926	2,896	**19,696**
Bradford	2,170	1,692	2,161	1,678	1,286	**8,987**
Kirklees	2,661	2,512	2,241	2,316	1,122	**10,852**
West Yorkshire Region	**14,483**	**10,889**	**11,905**	**11,802**	**6,469**	**55,548**

80 and over - Age Banding % share per Quintile

Place	1 (most deprived)	2	3	4	5 (least deprived)	%
Calderdale	9.2%	7.5%	11.5%	8.2%	4.8%	**8.7%**
Wakefield	23.5%	30.5%	14.5%	16.2%	13.2%	**20.2%**
Leeds	33.9%	23.4%	37.1%	41.7%	44.8%	**35.5%**
Bradford	15.0%	15.5%	18.2%	14.2%	19.9%	**16.2%**
Kirklees	18.4%	23.1%	18.8%	19.6%	17.3%	**19.5%**
West Yorkshire Region	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

80 and over - Age Banding % share across each Quintile (1 to 5)

Place	1 (most deprived)	2	3	4	5 (least deprived)	Total
Calderdale	27.8%	17.1%	28.5%	20.2%	6.4%	**100.0%**
Wakefield	30.4%	29.6%	15.4%	17.1%	7.6%	**100.0%**
Leeds	24.9%	12.9%	22.4%	25.0%	14.7%	**100.0%**
Bradford	24.1%	18.8%	24.0%	18.7%	14.3%	**100.0%**
Kirklees	24.5%	23.1%	20.7%	21.3%	10.3%	**100.0%**
West Yorkshire Region	**26.1%**	**19.6%**	**21.4%**	**21.2%**	**11.6%**	**100.0%**

Table 3G: Age Range 17 and Under Accessing NEPTS by WY Place by Quintile Ranking 1 (most deprived) to 5:

Place	1 (most deprived)	2	3	4	5 (least deprived)	Total	%
Calderdale	80	134	**	10	**	**228**	**8.0%**
Wakefield	164	84	26	17	**	**292**	**10.2%**
Leeds	586	68	68	13	226	**961**	**33.7%**
Bradford	771	118	33	73	**	**1,003**	**35.1%**
Kirklees	197	62	97	13	**	**370**	**13.0%**
West Yorkshire Region	**1,798**	**466**	**230**	**126**	**235**	**2,854**	**100.0%**

******** *small number suppression has been applied to the table above*

17 and under - Age Banding % share per Quintile

Place	1 (most deprived)	2	3	4	5 (least deprived)	%
Calderdale	4.4%	28.8%	1.8%	7.9%	0.0%	**8.0%**
Wakefield	9.1%	18.0%	11.4%	13.5%	0.4%	**10.2%**
Leeds	32.6%	14.6%	29.8%	10.3%	95.8%	**33.7%**
Bradford	42.9%	25.3%	14.5%	57.9%	3.4%	**35.1%**
Kirklees	11.0%	13.3%	42.5%	10.3%	0.4%	**13.0%**
West Yorkshire Region	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

17 and under - Age Banding % share across each Quintile (1 to 5)

Place	1 (most deprived)	2	3	4	5 (least deprived)	%
Calderdale	35.1%	58.8%	1.8%	4.4%	0.0%	**100.0%**
Wakefield	56.2%	28.8%	8.9%	5.8%	0.3%	**100.0%**
Leeds	61.0%	7.1%	7.1%	1.4%	23.5%	**100.0%**
Bradford	76.9%	11.8%	3.3%	7.3%	0.8%	**100.0%**
Kirklees	53.2%	16.8%	26.2%	3.5%	0.3%	**100.0%**
West Yorkshire Region	**63.0%**	**16.3%**	**8.0%**	**4.4%**	**8.3%**	**100.0%**

Appendix E – Gender

Table 4B: WY Gender Accessing NEPTS by Deprivation Indices by Quintile Ranking 1 (most deprived) to 5

Gender	1 (most deprived)	2	3	4	5 (least deprived)	Total
Male	42,816	23,919	18,014	14,426	7,916	107,091
Female	46,097	21,500	18,770	17,532	9,125	113,024
WY Region	**88,925**	**45,427**	**36,796**	**31,961**	**17,043**	**220,152**

**** WY region Totals include records where Gender is unknown (<40 in total)**

Gender % share per Quintile (1 to 5)

Gender	1 (most deprived)	2	3	4	5 (least deprived)	%
Male	48.1%	52.7%	49.0%	45.1%	46.4%	48.6%
Female	51.8%	47.3%	51.0%	54.9%	53.5%	51.3%
WY Region	**99.9%**	**100.0%**	**100.0%**	**100.0%**	**99.9%**	**99.9%**

Gender % share across each Quintile (1 to 5)

Gender	1 (most deprived)	2	3	4	5 (least deprived)	%
M	40.0%	22.3%	16.8%	13.5%	7.4%	100.0%
F	40.8%	19.0%	16.6%	15.5%	8.1%	100.0%
WY IMD Quintile % share	**40.4%**	**20.6%**	**16.7%**	**14.5%**	**7.7%**	**100.0%**

***There are a very small number of records for which we could not allocate to any Decile or Quintile and hence are excluded from the above table.*

Table 4C: WY Gender Accessing NEPTS by Place and Deprivation Quintile Indices Ranking 1 (most deprived) to 5

	1	1	2	2	3	3	4	4	5	5	Total	Total	Total	Total	
	M	F	M	F	M	F	M	F	M	F	M	F	Male + Female+ Unknown	Male %	Female %
Calderdale	3,985	3,922	2,577	2,151	2,649	2,183	1,618	1,772	277	464	11,106	10,492	**21,598**	**51.4%**	**48.6%**
Wakefield	10,024	10,667	6,316	5,904	3,415	3,112	2,142	2,830	967	993	22,864	23,506	**46,370**	**49.3%**	**50.7%**
Leeds	11,747	14,682	5,603	5,009	6,011	6,494	4,760	7,283	3,497	4,097	31,618	37,565	**69,183**	**45.7%**	**54.3%**
Bradford	9,618	9,300	3,787	3,100	2,800	3,395	2,553	2,404	1,342	1,868	20,100	20,067	**40,167**	**50.0%**	**50.0%**
Kirklees	7,442	7,526	5,636	5,336	3,139	3,582	3,353	3,243	1,833	1,703	21,403	21,390	**42,793**	**50.0%**	**50.0%**
	42,816	**46,097**	**23,919**	**21,500**	**18,014**	**18,770**	**14,426**	**17,532**	**7,916**	**9,125**	**107,091**	**113,024**	**220,152**	**48.6%**	**51.3%**

Gender level % share by place for Quintile 1 to 5

Quintile	1	1	2	2	3	3	4	4	5	5	**Total**	**Total**	**Total**		
Gender	M	F	M	F	M	F	M	F	M	F	M	F	**Male + Female+ Unknown**	**Male %**	**Female %**
Calderdale	9.3%	8.5%	10.8%	10.0%	14.7%	11.6%	11.2%	10.1%	3.5%	5.1%	10.4%	9.3%	**21,598**	**51.4%**	**48.6%**
Wakefield	23.4%	23.1%	26.4%	27.5%	19.0%	16.6%	14.8%	16.1%	12.2%	10.9%	21.4%	20.8%	**46,370**	**49.3%**	**50.7%**
Leeds	27.4%	31.9%	23.4%	23.3%	33.4%	34.6%	33.0%	41.5%	44.2%	44.9%	29.5%	33.2%	**69,183**	**45.7%**	**54.3%**
Bradford	22.5%	20.2%	15.8%	14.4%	15.5%	18.1%	17.7%	13.7%	17.0%	20.5%	18.8%	17.8%	**40,167**	**50.0%**	**50.0%**
Kirklees	17.4%	16.3%	23.6%	24.8%	17.4%	19.1%	23.2%	18.5%	23.2%	18.7%	20.0%	18.9%	**42,793**	**50.0%**	**50.0%**
	100%	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**	**220,152**	**48.6%**	**51.3%**

Appendix F - Ethnicity

Table 5A: Ethnicity of WY Population Accessing the NEPTS Service within the Quintile Deprivation Indices Rankings 1 (most deprived) to 5

***Small number suppression rules have been applied to the tables below.*

Ethnicity	1 (most deprived)	2	3	4	5 (least deprived)	Total	%
White	58,785	31,490	27,710	23,115	12,365	**153,470**	**69.7%**
Asian or Asian British	6,515	1,990	830	480	235	**10,050**	**4.6%**
Black or Black British	3,440	1,250	180	345	30	**5,245**	**2.4%**
Mixed	605	755	370	75	305	**2,115**	**1.0%**
Other ethnic groups	1,060	395	565	85	60	**2,160**	**1.0%**
Unknown	18,515	9,545	7,140	7,860	4,050	**47,110**	**21.4%**
West Yorkshire Region	**88,925**	**45,425**	**36,795**	**31,960**	**17,045**	**220,150**	**100.0%**

Ethnicity % breakdown going down each Quintile

Ethnicity	1 (most deprived)	2	3	4	5 (least deprived)	Total
White	66.1%	69.3%	75.3%	72.3%	72.5%	**69.7%**
Asian or Asian British	7.3%	4.4%	2.3%	1.5%	1.4%	**4.6%**
Black or Black British	3.9%	2.8%	0.5%	1.1%	0.2%	**2.4%**
Mixed	0.7%	1.7%	1.0%	0.2%	1.8%	**1.0%**
Other ethnic groups	1.2%	0.9%	1.5%	0.3%	0.4%	**1.0%**
Unknown	20.8%	21.0%	19.4%	24.6%	23.8%	**21.4%**
West Yorkshire Region	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Ethnicity % breakdown across Quintile Range (1 to 5)

Ethnicity	1 (most deprived)	2	3	4	5 (least deprived)	Total
White	38.3%	20.5%	18.1%	15.1%	8.1%	**100.0%**
Asian or Asian British	64.8%	19.8%	8.3%	4.8%	2.3%	**100.0%**
Black or Black British	65.6%	23.8%	3.4%	6.6%	0.6%	**100.0%**
Mixed	28.6%	35.7%	17.5%	3.5%	14.4%	**100.0%**
Other ethnic groups	49.1%	18.3%	26.2%	3.9%	2.8%	**100.0%**
Unknown	39.3%	20.3%	15.2%	16.7%	8.6%	**100.0%**
West Yorkshire Region	**40.4%**	**20.6%**	**16.7%**	**14.5%**	**7.7%**	**100.0%**

There are a small number of records for which we could not allocate to any Decile or Quintile and hence are excluded from the above table.

Table 5B: WY Population in Quintile 1 (According to the English Indices of Deprivation Rankings) and Ethnicity Percentage within each Local Place Accessing NEPTS

***Small number suppression rules have been applied to the tables below.*

Ethnicity	Calderdale	Wakefield	Leeds	Bradford	Kirklees	WY Total
White	5,410	16,380	18,435	10,035	8,530	**58,785**
Asian or Asian British	535	155	865	2,850	2,115	**6,515**
Black or Black British	50	85	2,195	500	610	**3,440**
Mixed	45	240	80	160	80	**605**
Other ethnic groups	**	35	225	790	**	**1,060**
Unknown	1,860	3,800	4,635	4,585	3,635	**18,515**
West Yorkshire Region	7,905	20,695	26,435	18,920	14,970	**88,925**

** small number suppression has been applied to the table above

Ethnicity – Quintile 1 - % breakdown going down each Place

Ethnicity	Calderdale	Wakefield	Leeds	Bradford	Kirklees	WY %
White	68.4%	79.1%	69.7%	53.0%	57.0%	**66.1%**
Asian or Asian British	6.8%	0.7%	3.3%	15.1%	14.1%	**7.3%**
Black or Black British	0.6%	0.4%	8.3%	2.6%	4.1%	**3.9%**
Mixed	0.6%	1.2%	0.3%	0.8%	0.5%	**0.7%**
Other ethnic groups	**	0.2%	0.9%	4.2%	**	**1.2%**
Unknown	23.5%	18.4%	17.5%	24.2%	24.3%	**20.8%**
West Yorkshire Region	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

*** small number suppression has been applied to the table above*

Ethnicity – Quintile 1 - % breakdown across each Place

Ethnicity	Calderdale	Wakefield	Leeds	Bradford	Kirklees	WY %
White	9.2%	27.9%	31.4%	17.1%	14.5%	**100.0%**
Asian or Asian British	8.2%	2.4%	13.3%	43.7%	32.5%	**100.0%**
Black or Black British	1.5%	2.5%	63.8%	14.5%	17.7%	**99.9%**
Mixed	7.4%	39.5%	13.2%	26.4%	13.2%	**99.7%**
Other ethnic groups	**	3.3%	21.3%	74.7%	**	**100.2%**
Unknown	10.0%	20.5%	25.0%	24.8%	19.6%	**100.0%**
West Yorkshire Region	**8.9%**	**23.3%**	**29.7%**	**21.3%**	**16.8%**	**100.0%**

*** small number suppression has been applied to the table above*

Table 5C: Ethnicity White of WY Population Accessing the NEPTS Service within the Quintile Deprivation Indices Rankings 1 (most deprived) to 5

***Small number suppression rules have been applied to the tables below.*

Place	1 (most deprived)	2	3	4	5 (least deprived)	Total
Calderdale	5,410	3,550	3,640	2,680	505	15,785
Wakefield	16,380	8,990	5,045	3,850	1,445	35,710
Leeds	18,435	7,645	9,490	8,380	5,735	49,680
Bradford	10,035	4,290	4,520	3,600	2,020	24,465
Kirklees	8,530	7,020	5,010	4,610	2,660	27,825
West Yorkshire Region	**58,785**	**31,490**	**27,705**	**23,115**	**12,365**	**153,465**

White - Ethnicity - % breakdown going down each Quintile

Place	1 (most deprived)	2	3	4	5 (least deprived)	Total
Calderdale	9.2%	11.3%	13.1%	11.6%	4.1%	**10.3%**
Wakefield	27.9%	28.5%	18.2%	16.7%	11.7%	**23.3%**
Leeds	31.4%	24.3%	34.3%	36.2%	46.4%	**32.4%**
Bradford	17.1%	13.6%	16.3%	15.6%	16.4%	**15.9%**
Kirklees	14.5%	22.3%	18.1%	19.9%	21.5%	**18.1%**
West Yorkshire Region	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

White - Ethnicity - % breakdown going across each Quintile

Ethnicity	1 (most deprived)	2	3	4	5 (least deprived)	Total
Calderdale	34.3%	22.5%	23.1%	17.0%	3.2%	**100.0%**
Wakefield	45.9%	25.2%	14.1%	10.8%	4.0%	**100.0%**
Leeds	37.1%	15.4%	19.1%	16.9%	11.5%	**100.0%**
Bradford	41.0%	17.5%	18.5%	14.7%	8.3%	**100.0%**
Kirklees	30.7%	25.2%	18.0%	16.6%	9.6%	**100.0%**
WY IMD Quintile % share	**38.3%**	**20.5%**	**18.1%**	**15.1%**	**8.1%**	**100.0%**

The Information in Table 5D: Ethnicity Asian or Asian British of WY Population Accessing the NEPTS Service within the Quintile Deprivation Indices Rankings 1 (most deprived) to 5

***Small number suppression rules have been applied to the tables below.*

Place	1 (most deprived)	2	3	4	5 (least deprived)	Total	%
Calderdale	535	30	20	60	0	645	6.4%
Wakefield	155	185	10	10	40	395	3.9%
Leeds	865	320	440	175	180	1,980	19.7%
Bradford	2,850	690	145	125	10	3,815	38.0%
Kirklees	2,115	765	220	110	10	3,215	32.0%
West Yorkshire Region	**6,515**	**1,990**	**830**	**480**	**235**	**10,050**	**100.0%**

Asian or Asian British- Ethnicity - % breakdown going down each Quintile

Place	1 (most deprived)	2	3	4	5 (least deprived)	Total
Calderdale	8.2%	1.6%	2.4%	12.5%	0.0%	**0.4%**
Wakefield	2.3%	9.2%	1.0%	2.3%	16.0%	**0.3%**
Leeds	13.3%	16.0%	52.9%	36.6%	76.8%	**1.3%**
Bradford	43.8%	34.7%	17.3%	25.8%	3.8%	**2.5%**
Kirklees	32.4%	38.5%	26.4%	22.9%	3.4%	**2.1%**
West Yorkshire Region	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**6.6%**

Asian or Asian British - Ethnicity - % breakdown going across each Quintile

Place	1 (most deprived)	2	3	4	5 (least deprived)	**Total**
Calderdale	82.7%	4.9%	3.1%	9.3%	0.0%	**100.0%**
Wakefield	38.9%	46.6%	2.0%	2.8%	9.7%	**100.0%**
Leeds	43.7%	16.1%	22.2%	8.9%	9.2%	**100.0%**
Bradford	74.7%	18.1%	3.8%	3.2%	0.2%	**100.0%**
Kirklees	65.7%	23.8%	6.8%	3.4%	0.2%	**100.0%**
WY IMD Quintile % share	**64.8%**	**19.8%**	**8.3%**	**4.8%**	**2.4%**	**100.0%**

Table 5E : Ethnicity Black or Black British of WY Population Accessing the NEPTS Service within the Quintile Deprivation Indices Rankings 1 (most deprived) to 5

***Small number suppression rules have been applied to the tables below.*

Place	1 (most deprived)	2	3	4	5 (least deprived)	**Total**	**%**
Calderdale	50	70	10	40	0	170	3.3%
Wakefield	85	50	0	15	0	150	2.8%
Leeds	2,195	525	105	195	25	3,045	58.1%
Bradford	500	175	20	30	**	730	13.9%
Kirklees	610	430	50	65	0	1,150	21.9%
West Yorkshire Region	**3,440**	**1,250**	**180**	**345**	**30**	**5,245**	**100.0%**

Black or Black British- Ethnicity - % breakdown going down each Quintile

Place	1 (most deprived)	2	3	4	5 (least deprived)	**Total**
Calderdale	1.5%	5.7%	4.4%	11.7%	0.0%	**3.3%**
Wakefield	2.5%	3.8%	0.0%	4.1%	0.0%	**2.8%**
Leeds	63.8%	42.2%	57.5%	56.3%	86.7%	**58.1%**
Bradford	14.5%	14.0%	11.6%	9.0%	13.3%	**13.9%**
Kirklees	17.7%	34.3%	26.5%	19.0%	0.0%	**21.9%**
West Yorkshire Region	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Black or Black British - Ethnicity - % breakdown going across each Quintile

Place	1 (most deprived)	2	3	4	5 (least deprived)	**Total**
Calderdale	30.4%	41.5%	4.7%	23.4%	0.0%	**100.0%**
Wakefield	58.4%	32.2%	0.0%	9.4%	0.0%	**100.0%**
Leeds	72.1%	17.3%	3.4%	6.3%	0.9%	**100.0%**
Bradford	68.4%	24.0%	2.9%	4.2%	0.5%	**100.0%**
Kirklees	53.0%	37.2%	4.2%	5.7%	0.0%	**100.0%**
WY IMD Quintile % share	**65.6%**	**23.8%**	**3.5%**	**6.5%**	**0.6%**	**100.0%**

**Small number suppression rules have been applied to the tables below.

Appendix G - Geographically Isolated and Rural

The Information in Table 6A : Accessing NEPTS Service by Urban, City, Town and Rurality Areas in Quintile Deprivation Indices Rankings 1(most Deprived) to 5

WY Rurality of Patients	1 (most deprived)	2	3	4	5 (least deprived)	**Total**	**%**
Urban major conurbation	70,420	34,060	22,270	20,415	8,010	**155,180**	**70.5%**
Urban city and town	15,355	7,580	7,675	4,970	4,715	**40,295**	**18.3%**
Rural town and fringe	2,930	3,685	3,725	4,085	3,280	**17,705**	**8.0%**
Rural town and fringe in a sparse setting	0	0	970	**	0	**975**	**0.4%**
Rural village and dispersed in a sparse setting	0	0	0	645	0	**645**	**0.3%**
Rural village and dispersed	140	25	2,145	1,840	1,035	**5,185**	**2.4%**
Urban minor conurbation	80	75	10	**	**	**170**	**0.1%**
WY PTS Journey count per Quintile	**88,925**	**45,425**	**36,795**	**31,960**	**17,045**	**220,150**	**100.0%**

Rurality - % breakdown going down each Quintile

WY Rurality of Patients	1 (most deprived)	2	3	4	5 (least deprived)	**Total**	**%**
Urban major conurbation	79.2%	75.0%	60.5%	63.9%	47.0%	70.5%	**70.5%**
Urban city and town	17.3%	16.7%	20.9%	15.6%	27.7%	18.3%	**18.3%**
Rural town and fringe	3.3%	8.1%	10.1%	12.8%	19.2%	8.0%	**8.0%**
Rural town and fringe in a sparse setti	0.0%	0.0%	2.6%	**	0.0%	0.4%	**0.4%**
Rural village and dispersed in a sparse	0.0%	0.0%	0.0%	2.0%	0.0%	0.3%	**0.3%**
Rural village and dispersed	0.2%	0.1%	5.8%	5.8%	6.1%	2.4%	**2.4%**
Urban minor conurbation	0.1%	0.2%	0.0%	**	**	0.1%	**0.1%**
WY PTS Journey count per Quintile	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Rurality - % breakdown going across each Quintile

WY Rurality of Patients	1 (most deprived)	2	3	4	5 (least deprived)	**Total**
Urban major conurbation	45.4%	21.9%	14.4%	13.2%	5.2%	100.0%
Urban city and town	38.1%	18.8%	19.0%	12.3%	11.7%	100.0%
Rural town and fringe	16.5%	20.8%	21.0%	23.1%	18.5%	100.0%
Rural town and fringe in a sparse setting	0.0%	0.0%	99.5%	0.0%	0.0%	100.0%
Rural village and dispersed in a sparse setting	0.0%	0.0%	0.0%	100.0%	0.0%	100.0%
Rural village and dispersed	2.7%	0.5%	41.4%	35.5%	20.0%	100.0%
Urban minor conurbation	47.1%	44.1%	5.9%	0.0%	0.0%	100.0%
WY PTS Journey count per Quintile	**40.4%**	**20.6%**	**16.7%**	**14.5%**	**7.7%**	**100.0%**

Table 6B: West Yorkshire Rural Town and Fringe Accessing NEPTS Service

**Small number suppression rules have been applied to the tables below.

WY Place by Rural town and fringe	1 (most deprived)	2	3	4	5 (least deprived)	Total	%
Calderdale	0	885	775	280	90	**2,025**	**11.4%**
Wakefield	2,895	2,015	1,205	680	15	**6,810**	**38.5%**
Leeds	30	0	725	1,375	1,115	**3,245**	**18.3%**
Bradford	**	190	435	870	655	**2,155**	**12.2%**
Kirklees	**	600	590	880	1,400	**3,470**	**19.6%**
West Yorkshire Region	**2,930**	**3,685**	**3,725**	**4,085**	**3,280**	**17,705**	**100.0%**

Rural Town and Fringe - Rurality - % breakdown going down each Quintile

WY Place by Rural town and fringe	1 (most deprived)	2	3	4	5 (least deprived)	Total	%
Calderdale	0.0%	24.0%	20.8%	6.9%	2.7%	11.4%	**11.4%**
Wakefield	98.8%	54.7%	32.3%	16.6%	0.5%	38.5%	**38.5%**
Leeds	1.0%	0.0%	19.5%	33.7%	34.0%	18.3%	**18.3%**
Bradford	**	5.2%	11.7%	21.3%	20.0%	12.2%	**12.2%**
Kirklees	**	16.3%	15.8%	21.5%	42.7%	19.6%	**19.6%**
West Yorkshire Region	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Rural Town and Fringe - Rurality - % breakdown going across each Quintile

WY Place by Rural town and fringe	1 (most deprived)	2	3	4	5 (least deprived)	Total
Calderdale	0.0%	43.7%	38.3%	13.8%	4.4%	**100.0%**
Wakefield	42.5%	29.6%	17.7%	10.0%	0.2%	**100.0%**
Leeds	0.9%	0.0%	22.3%	42.4%	34.4%	**100.0%**
Bradford	0.0%	8.8%	20.2%	40.4%	30.4%	**100.0%**
Kirklees	0.0%	17.3%	17.0%	25.4%	40.3%	**100.0%**
West Yorkshire Region	**16.5%**	**20.8%**	**21.0%**	**23.1%**	**18.5%**	**100.0%**

Full Quality Impact Assessment

Please complete this document with a member of the Quality / Equality and Involvement Teams
Relevant email addresses can be found at Appendix K

Title of scheme	Non-Emergency Patient Transport Services (NEPTS) - Eligibility Criteria
Completed by Quality Leads	James Neale - j.neale1@nhs.net
Clinical or Professional Lead	TBC
Accountable person	Ian Holmes (SRO)

Type of Change	Adjustment existing
Place	West Yorkshire Integrated Care Board (WYICB)

Description of change

Background and Context
Requests for Yorkshire Ambulance Services (YAS) Non-Emergency Patient Transport Services (NEPTS) currently receive an eligibility screening (either online or via telephone) to determine whether the patient is eligible for NHS-funded transport. All YAS NEPTS screening processes are based on the previous (2007) national eligibility criteria. The aim of NEPTS is to provide individual patients with NHS-funded transport to/from their secondary care treatment (including discharge from hospital) when it is medically necessary.

National Review
The national review (2022) states that NHS-funded NEPTS should be reserved for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery. It includes eligibility criteria (and a level of detail therein) where there are differences to the current eligibility criteria. The recommendation of an updated eligibility criteria that built on the high-level criteria set out by the Department of Health in their guidance in 2007. Following extensive engagement with commissioners, providers, patient groups (including Age UK, Kidney Care UK and Healthwatch), and a public consultation, the updated eligibility criteria were published in May 2022.

Developing the scope of the impact assessments
The standard criteria consist of 6 points, (a) through to (f), to define how NHS-funded patient transportation is reserved for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery. (Appendix A provides further detail in this regard.) The standard criteria (within the below table) have been grouped – for local consideration – into three categories:

Local category	Points of the standard eligibility criteria (a to f)	Summary description (eligibility for NEPTS)	Difference to the current eligibility criteria for NEPTS?	Within the scope of the impact assessments?
Automatic qualification for NEPTS	Point D	Eligibility for travel to and from in-centre haemodialysis	No	No
	Point C	Eligibility because of a significant mobility need that prevents independent travel	No	No
Conditional qualification for NEPTS	Point A	Eligibility because of a medical need during transportation	No*	Yes**
	Point B	Eligibility because of individuals (with a cognitive/sensory impairment) only being able to travel safely with the oversight of transport staff	Yes	Yes
Local discretion	Point E	Eligibility because of a safeguarding concern regarding independent travel	Yes	Yes
	Point F	Eligibility because of the potential for an individual's discharge or NHS treatment / appointment to be missed or delayed without NEPTS	Yes	Yes

The intention of the local grouping is to aid ability to compare the criteria set out in the 2022 national paper, with those currently being used by YAS, to define:

- **Which, if any, of the six points does not represent a change in criteria and therefore has a nil impact?** Subsequently, in any such case there would be no need for any of these points to be included in the equality/quality impact assessments.
- **Which, if any, of the six points does represent a change in criteria and there is a subsequent need to assess the equality/quality impact of any change?**
- There is no change for parents or guardians where children (under the age of 16) are being conveyed, meaning that this is a nil change and does not need to be within the scope of the impact assessments)

Automatic qualification for NEPTS

Point D – for in-centre haemodialysis - does not represent a change to the current eligibility criteria used by YAS, and therefore on this basis has not been included within the scope of the impact assessments.

Point C – eligibility because of a significant mobility need – is not a specific question within the current eligibility criteria used by YAS. It is part of the high-level criteria published by the DHSC in 2007. At a national level there is no change between 2007 and 2022 on this, and it has not been specifically used by YAS to determine eligibility for NEPTS. It therefore does not represent a change in eligibility and on this basis, it has not been included within the scope of the impact assessments.

Conditional qualification for NEPTS

In terms of point A – eligibility because of a medical need during transportation – there are 4 points to consider:

- The DHSC 2007 high-level criteria does reference a medical need during transportation but does not provide any specific definition on this.
- Similarly, the current YAS eligibility criteria does reference a medical need during transportation, but equally without a specific definition. It does, however, ask (in a separate question) about regular treatment for chemotherapy and radiotherapy – which are not specifically stated in the 2022 eligibility criteria.
- Within the 2022 eligibility criteria there are specific points to define a medical need during transportation, including:

  Have a medical condition, have undergone major surgery (such as a transplant) and/or the potential side effects of treatment are likely to require assistance or monitoring during their journey.'
- Subsequently, consideration could be given as to whether chemotherapy and radiotherapy falls within the scope of the above point.

At a high-level there is no change, as the DHSC 2007 high-level criteria, the current YAS eligibility criteria, and the 2022 eligibility criteria (point A) each include the medical need for transportation.

The potential for change is regarding the inclusion – within the 2022 eligibility criteria – of specific detail to define a medical need for transportation, which does not exist in the current eligibility criteria. The application of this specific detail – if it is not inclusive of all cases assessed as eligible under the current criteria - would then represent a potential change that would have to be assessed. This also does concern whether chemotherapy and radiotherapy fall within the scope of the above point. It is felt that they are within the scope of this point, and that this – and the absence of change at a high-level – means that there is no change to the current eligibility criteria*. It is felt, though, that it would be prudent to still include point A within the scope of the impact assessments because of the assumptions being made**.

Point B – concerning traveling safely with a sensory/cognitive impairment – is not specifically referenced in either the 2007 DHSC high-level criteria, or the current YAS criteria. It therefore does represent a potential change to a specific population group, and therefore is within the scope of the impact assessments.

Local discretion for NEPTS

Point E – eligibility because of a safeguarding concern - is not specifically listed within the current YAS eligibility criteria, but its inclusion in the 2022 criteria could potentially be used to provide the eligibility of an individual patient for NEPTS, should they not qualify under any of (a) to (d) inclusive. It therefore represents a change and is therefore within the scope of the impact assessments.

Point F – potential for treatment/discharge to be missed/delayed without NEPTS – is not specifically listed within the current YAS eligibility criteria, but its inclusion in the 2022 criteria could potentially be used to provide the eligibility of an individual patient for NEPTS, should they not qualify under any of (a) to (e) inclusive. It therefore represents a change and is therefore within the scope of the impact assessments.

Potential Activity Impact

The below table shows – for the YAS NEPTS service in 23/24 – the number of individuals within West Yorkshire who used the service, against the local categories of the 2022 national eligibility criteria. Within the YAS service some bookings equal 2 journeys and some only equal 1 journey. Because of this each booking made (on a given day) has been counted as a single discrete episode of use.

	Total number of individuals who used YAS NEPTS in 23/24 (financial year)	Number who used YAS NEPTS (in 23/24) once	Number who used YAS NEPTS 2 or more times in 23/24	Average number of discrete episodes of use per individual	Total number of discrete episodes
Overall YAS NEPTS	37,859	17,593 (46%)	20,266 (54%)	4.8	180,686

Automatic qualification for NEPTS	19,403 (51%)	8,844 (46%)	10,559 (54%)	5.9	114,477 (63%)
Conditional qualification for NEPTS Local discretion for NEPTS	18,456 (49%)	8,749 (47%)	9,707 (53%)	3.6	66,597 (37%)

This table shows that:

- That just over half of the individuals who used the YAS NEPTS service in 23/24 would automatically qualify for the service under the national eligibility criteria, as they would meet either point C or D of it. This would also represent nearly two-thirds of the total number of discrete episodes of use.
- That just under half of the individuals who used the YAS NEPTS service in 23/24 would not automatically qualify for the service under the national eligibility criteria. This would represent over a third of the total number of discrete episodes of use.
- For under half of these individuals this would concern an assessment of their eligibility for a single episode of use for NEPTS, and for just over half of the affected individuals, this would concern 2 or more episodes of use. (Within the available data it has not been possible to delineate between the specific number of individual patients who could be affected by the conditional qualification for NEPTS and those that would be subject to the local discretion for NEPTS.)
- The average extent of individual use – where conditional qualification/local discretion would be required – is 2 discrete episodes of use lower on average than for those who would automatically qualify for NEPTS.
- Subsequently, whilst the number of individuals between automatic qualification and conditional qualification/local discretion are similar, because the extent of individual use is lower on average for conditional qualification/local discretion, there is a close to one-third of a difference in the number of associated discrete episodes of use.

Nature of use

The nature of individuals use of YAS NEPTS can be shown in two ways.

1. The overall nature of use for the YAS NEPTS within the scope of the national eligibility criteria.
2. The specific nature of use for the single discrete episodes of use that fall within conditional qualification/local discretion.

In terms of both (1) and (2) the single biggest reason for the use of YAS NEPTS in 23/24 was the transportation of individual patients to/from their outpatient appointments. This constituted just under half of the total episodes in 23/24 that would be within the scope of the national eligibility criteria.

This is broadly the same finding across each of the specific categories (i.e. automatic qualification, conditional qualification etc.), with one exception: the nature of use for single episodes concerning conditional qualification/local discretion for NEPTS, as shown in the below table.

	23/24 journeys within single discrete episodes of use (West Yorkshire patients and YAS NEPTS)*		
	Conditional qualification or local discretion for NEPTS	**Overall YAS NEPTS**	**Percentage**
Outpatients	13,670 (88.4%)	14,197 (57.3%)	96%
Day patient	611 (3.9%)	760 (3.1%)	80%
Unplanned discharge	549 (3.5%)	5,675 (22.9%)	10%
Discharge	139 (0.9%)	1,627 (6.6%)	9%
Sub-total	**14,969 (96.7%)**	**22,259 (89.9%)**	**67%**
Other	500 (3.3%)	2,530 (11.1%)	20%
Grand total	**15,469**	**24,789**	**62%**

**Please note that the YAS data cannot currently be specifically adjusted to show the nature of individual by the number of unique individuals only., i.e. the column totals are greater than the number of unique individuals shown previously. This is because the data cannot show the number of single discrete episodes of use by the nature of use by individual, only the number of journeys within these episodes.*

The figures for outpatients and day patient show a marked skew towards the individual activity that would fall within the conditional qualification/local discretion for NEPTS. These areas should then be a particular focus on the public and stakeholder involvement to understand the potential impact of moving to the national eligibility criteria.

For example, outpatients constitute nearly 90% of the journeys for single discrete episodes of use for activity within the scope of conditional qualification/local discretion for NEPTS. This figure though is 96% of all such journey types within the scope of the national eligibility criteria.

C. Service Change Details	**Yes/No**
Could the project change the way a service is currently provided or delivered?	**Yes**

Could the project directly affect the services received by patients, carers and families? If yes, is it likely to affect patients from protected or other groups? Please describe See *Error! Reference source not found.* Census 2021 and other nationally collected data used to identify the size of patient population for those with protected characteristics and disadvantaged groups (see EIA for more details). Patients identified as likely to be affected by the service are: • Those who do not speak English or those with cognitive impairments who may need assistance or alternative ways contacting the service. • Over 65s, due to the frequency with which they use the service.	**Yes**
Could the project directly affect staff? If yes, is it likely to specifically affect staff from protected groups? – Staff will require training and support with the revised criteria. This is unlikely to disproportionately affect staff from protected groups.	**Yes**
Does the project build on feedback received from patients, carers and families, including patient experience? Following extensive engagement with commissioners, providers, patient groups (including Age UK, Kidney Care UK and Healthwatch), and a public consultation, the updated eligibility criteria were published in May 2022. Further detail within section F of the impact assessment.	**Yes**

D. To be completed by Involvement and Equality leads only:	Yes/No
Involvement activity required?	**TBC**
Formal consultation activity required?	**TBC**
Full Equality impact assessment required? Please see full Equality Impact Assessment	**Yes**
Communication activity required?	**Yes**

E. Data Protection Impact Assessment (DPIA) is carried out to identify and minimise data protection risks when personal data is going to be used and processed as part of new processes, systems or technologies.	Yes / NA
Does this project/decision involve a new use of personal data, a change of process or significant change in the way in which personal data is handled? If **yes**, please email the relevant IG Team in order to complete the screening form if applicable. (See Appendix K for the list of contacts).	N/A

F. What evidence has been used in this assessment?
List any evidence which has been used to inform the development of this proposal for example, any national guidance (e.g. NICE, CQC, DoH, Royal Colleges), regional or local strategies, data analysis (e.g. performance data), involvement / consultation with partner agencies, interest groups or patients. Where applicable, state 'N/A' in boxes where no evidence exists, 'Not yet collected' where information has not yet been collected or delete where appropriate.

Evidence source	Details
Research and Guidance (local, regional, national)	• Non-emergency patient transport services - May 2022 • Guidance for Non-Emergency Patient Transport Service (NEPTS) dataset – April 2023 • Improving non-emergency patient transport services: Report of the non-emergency patient transport review – August 2021 • NHS Non-Emergency Patient Transport Services (NEPTS) review • Healthcare Travel Costs Scheme – May 2010 (pathfinder currently underway) • Non-emergency patient transport services eligibility criteria: Consultation response – May 2022 • Consultation on eligibility criteria – August 2021

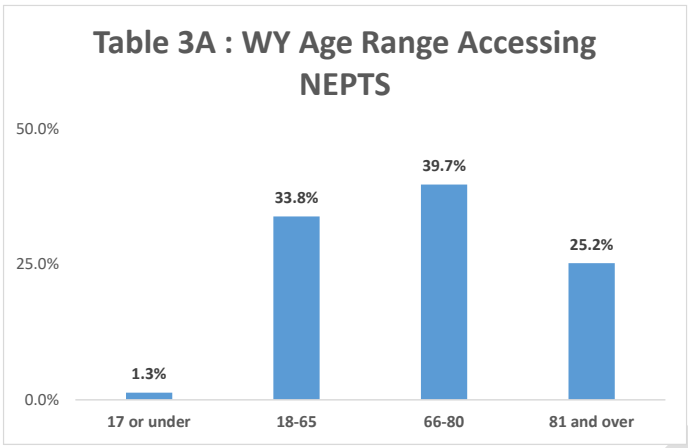
Service delivery data such as who receives services

West Yorkshire NEPTS Journeys from 1st April 2022 to 31st October 2023

WY Place	Completed	Aborted	Cancelled	**Grand Total**
Calderdale	21,604	1,651	3,637	**26,892**
Wakefield	46,381	2,651	7,008	**56,040**
Leeds	69,191	5,349	11,930	**86,470**
Bradford	40,178	3,522	7,950	**51,650**
Kirklees	42,799	3,139	6,941	**52,879**
Grand Total	**220,157**	**16,312**	**37,466**	**273,935**

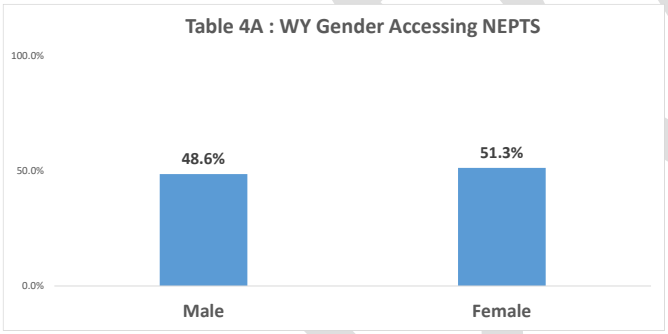
Completed Journey = NEPTS provided for patient to attend their hospital appointment
Aborted Journey = NEPTS transport is cancelled less than 2 hours prior to the journey start time (these journeys are chargeable by the provider)
Cancelled Journey = NEPTS transport is cancelled in advance over 2 hours before the journey start time

WY Age Range Accessing NEPTS



- The majority of people accessing the service are aged 66 and older 64% (142,852) with 39.7% (87,302) within the 66 to 80 age range, 25.2% (55,550) within the 81yrs and older age range, and 52.5% (46,677) aged 66 and over residing in the most deprived areas of the region.
- The lowest percentage of users are those aged 17 or under (1.3% in total which equates to 2,854 journeys). However, of those journeys taken by children aged 17 and under, over half 63% (1,798 journeys) were taken by those who reside in the most deprived areas of the region. (Quintile 1 - according to the English Indices of Deprivation rankings).

WY Gender Accessing NEPTS



- The proportion of NEPTS journeys in WY by gender was 51.3% (113,024) accessed by females and 48.6% (107,091) by males.

Ethnicity of WY Population Accessing the NEPTS Service within the Quintile Deprivation Indices Rankings 1 (most deprived) to 5

Ethnicity	1 (most deprived)	2	3	4	5 (least deprived)	**Total**	**%**
White	58,785	31,490	27,710	23,115	12,365	**153,470**	**69.7%**
Asian or Asian British	6,515	1,990	830	480	235	**10,050**	**4.6%**
Black or Black British	3,440	1,250	180	345	30	**5,245**	**2.4%**
Mixed	605	755	370	75	305	**2,115**	**1.0%**
Other ethnic groups	1,060	395	565	85	60	**2,160**	**1.0%**
Unknown	18,515	9,545	7,140	7,860	4,050	**47,110**	**21.4%**
West Yorkshire Region	**88,925**	**45,425**	**36,795**	**31,960**	**17,045**	**220,150**	**100.0%**

- Table above shows that the ethnicity of people accessing the NEPTS service is White 69.7% (153,470) followed by 4.6% (10,050) Asian or Asian British and 2.4% (5,245) Black or Black British with the majority of people living in the most deprived areas of West Yorkshire (Quintile 1 - according to the English Indices of Deprivation rankings)
- In the most deprived quintile 1, 66.1% of people accessing NEPTS are White, 7.3% are Asian or Asian British and 3.9% are Black or Black British. The ethnicity of 20.8% of people is unknown.
- Looking across the quintile range, 38.3% of all White people accessing NEPTS live in the most deprived quintile compared to 64.8% of all Asian or Asian British NEPTS users and 65.6% of Black or Black British service users.

For more in depth information, please see the full Equality Impact Assessment

F. What evidence has been used in this assessment?
List any evidence which has been used to inform the development of this proposal for example, any national guidance (e.g. NICE, CQC, DoH, Royal Colleges), regional or local strategies, data analysis (e.g. performance data), involvement / consultation with partner agencies, interest groups or patients. Where applicable, state 'N/A' in boxes where no evidence exists, 'Not yet collected' where information has not yet been collected or delete where appropriate.

Evidence source

Consultation / involvement

Details

Following the publication of the review NHSE launched a public consultation to seek feedback on the patient eligibility recommendations they had outlined.

This public consultation ran from 2 August 2021 until 25 November 2021. NHSE received 156 responses in total. During this time NHSE also ran four public engagement events which gave them a valuable opportunity to hear the views of members of the public, patients, NEPTS providers, NHS trusts, commissioners and local authorities. In response to this feedback, NHSE updated and published the eligibility criteria. The updated criteria will give patients clarity on who is eligible for transport and to ensure that where relevant, they have appropriate access to patient transport.

Consultation response

1. 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%

2. 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%

For full details see Consultation Feedback report

Experience of care, Patient Experience intelligence, knowledge and insight - (Complaints, Compliments, PALS, National and Local Surveys, Friends and Family Test, consultation outcomes)

YAS WY NEPTS Patient Experience Survey Results from 1st April 2023 to 31st December 2023.

Thinking about the service YAS provide, overall patients experience of YAS NEPTS service April 2023 to December 2023 %				
WY PTS	Q1 2023-24	Q2 2023-24	Q3 2023-24	YTD
Very Good/Good	**93.5%**	**91.1%**	**98.0%**	**94.5%**
Poor/Very Poor	6.5%	2.2%	2.0%	3.1%
Neither good nor poor	0.0%	6.7%	0.0%	2.4%
Total	100.0%	100.0%	100.0%	100.0%

The number of responses to the YAS NEPTS patient experience surveys was within the usual range of 128 responses with the overall view of the service remaining good and very good at 94.5%. Examples of comments include, *"Quite happy with the service. Hopefully won't need it again as my old bones are healing well. Thank you very much for the service."* and "*I would like to wait a little less time to be collected to be taken home but I do understand why it happened. There are occasions when sharing a taxi, that the route makes no sense to patient's or driver"*.

G. Impact Assessment	Description of impact:	Impact: Positive / Negative / Neutral	What action will you take to mitigate any negative impacts?
Quality Patient Experience Patient Safety Clinical Effectiveness	**Risk of DNA (Individual Patient Impact)** Eligible patients under the previous criteria may no longer be eligible for patient transport. There is a potential that without provision of NEPTS they may not attend their appointment and therefore have long term or acute conditions under managed.	Negative	Full mitigation would require consideration of DNA risk to be included within Local Discretion criteria. **TBC** **Partial mitigation** via signposting NEPTS eligibility assessors can provide people with information concerning HTCS. **Partial mitigation** via provision of subsidised "day pass" for use on public transport **TBC**

G. Impact Assessment	Description of impact:	Impact: Positive / Negative / Neutral	What action will you take to mitigate any negative impacts?
	Potential Increase of DNA (System Impact) There is a risk that revised eligibility criteria might lead to an increase level of DNAs. The wider health economy and services (Primary Care and Urgent Emergency Care) could be impacted due to reduced monitoring of long-term conditions within specialist centres.	Negative	**Full mitigation** would require consideration of DNA risk to be included within Local Discretion criteria. **TBC** **Partial mitigation** via signposting NEPTS eligibility assessors can provide people with information concerning HTCS. There is a national phone number and web page which will provide full details. **Partial mitigation** via provision of subsidised "day pass" for use on public transport **TBC**
	There is a risk that **call lengths could be longer** therefore causing delays in answering calls leading to dissatisfaction from patients and health care professionals attempting to book NEPTS.	Negative	Booking team to receive training and support to familiarise with the changes and embed the new starters. Once the service is implemented and patients and health care workers get used to the new question set the call length and volume should reduce. Telephone and messaging will advise of queues. Additional call handling and support staff might be needed initially.
	Patients have previously expressed that they require NEPTS as they need support once they get to hospital in order to reach the department / ward may no longer be eligible for NEPTS	Negative	**TBC ? Inclusion within local consideration**
	Consistency of Service Provision Currently there is an inconsistent approach (across ICBs) regarding eligibility. A single approach (Yorkshire and Humber) will increase consistency and fairness.	Positive	N/A
	Consistency of Appeals Currently there is no standardised approach across West Yorkshire (or Yorkshire and Humber) to hear appeals.	Positive	**Positive on the basis on an agreed appeals process TBC**
	Patient Discharges and Patient Transfers Patients requiring transport for discharges will not be affected.	Neutral	NA
Equality	Please see full Equality Impact Assessment (including deprivation impact).	See Full EIA	See Full EIA

G. Impact Assessment	Description of impact:	Impact: Positive / Negative / Neutral	What action will you take to mitigate any negative impacts?
Safeguarding	Eligibility because of a safeguarding concern is not specifically listed within the current YAS eligibility criteria, but its inclusion in the 2022 criteria could potentially be used to provide the eligibility of an individual patient for NEPTS, should they not qualify under any of (a) to (d) inclusive. It therefore represents a change and is therefore within the scope of the impact assessments.	Positive	N/A
Health Inequalities	See full EIA	See Full EIA	See Full EIA
Workforce	Booking agents at YAS might experience longer calls and receive challenges from patients or healthcare professionals attempting to book NEPTS.	Negative	YAS staff to receive training, support and advice regarding the management of calls. Review processes to include feedback from staff and reported incidents.
Sustainability / Environmental	Where escorts do not fit the criteria, there is an expectation that they travel separately and meet the patient at the hospital setting. This does not align with YAS's greener strategy.	Negative	No mitigation identified.
Other Impacts	There may be a risk of reputational damage for YAS and ICBs from patients who find themselves no longer able to travel with NEPTS services	Negative	A comprehensive Communications plan is required with and all stakeholders advising of the changes. This may include writing to local MPs, acute trusts, Primary Care

H. Action Plan - Describe the action that will be taken to mitigate negative impacts. (Include all identified negative impacts. Measurement may be an existing or new quality indicator / KPI)				
Description of impact (to be copied from description in section G)	**What action will you take to mitigate the impact?** (to be copied from description in section G)	**How will you measure impact / monitor progress**	**Timescale** (When will mitigating action be completed?)	**Lead** (Person responsible for implementing mitigating action.)
Quality **Risk of DNA (Individual Patient Impact)** Eligible patients under the previous criteria may no longer be eligible for patient transport. There is a potential that without provision of NEPTS they may not attend their appointment and therefore have long term or acute conditions under managed	Full mitigation would require consideration of DNA risk to be included within Local Discretion criteria. **TBC** **Partial mitigation** via signposting NEPTS eligibility assessors can provide people with information concerning HTCS. **Partial mitigation** via provision of subsidised “day pass” for use on public transport **TBC**	DNA rates can be monitored on a monthly basis. DNA rates by trust and speciality can be provided.	TBC	TBC
Quality **Potential Increase of DNA (System Impact)** There is a risk that revised eligibility criteria might lead to an increase level of DNAs. The wider health economy and services (Primary Care and	**Full mitigation** would require consideration of DNA risk to be included within Local Discretion criteria. **TBC** **Partial mitigation** via signposting	TBC		

Urgent Emergency Care) could be impacted due to reduced monitoring of long-term conditions within specialist centres.	NEPTS eligibility assessors can provide people with information concerning HTCS. There is a national phone number and web page which will provide full details. **Partial mitigation** via provision of subsidised "day pass" for use on public transport **TBC**			
Quality There is a risk that call lengths could be longer therefore causing delays in answering calls leading to dissatisfaction from Patients and health care professionals attempting to book NEPTS.	Booking team to familiarise with the changes and embed the new starters. Once the service is implemented and patients and health care workers get used to the new question set the call length and volume should reduce. Telephone and messaging will advise of queues. Additional call handling and support staff might be needed initially.	TBC	TBC – required prior to implementation	TBC
Quality Patients have previously expressed that they require NEPTS as they need support once they get to hospital in order to reach the department / ward. These patients may be considered ineligible in the future.	No mitigation currently, however it may be possible to explore a voluntary provision on entry of the hospital.	TBC	TBC – as soon as possible	TBC
Sustainability / Environmental Where escorts do not fit the criteria, there is an expectation that they travel separately and meet the patient at the hospital setting. This does not align with YAS's greener strategy.	No mitigation identified	TBC	TBC	TBC
Other There may be a risk of reputational damage for YAS, providers and ICBs from patients who find themselves no longer able to travel with NEPTS services	A comprehensive Communications plan is required with and all stakeholders advising of the changes. This may include writing to local MPs, acute trusts, Primary Care	TBC	TBC – prior to roll out	TBC

I. Monitoring and Review; Implementation of action plan and proposal The action plan should be monitored regularly to ensure a) actions required to mitigate negative impacts are undertaken and b) KPIs / quality indicators are measured in a timely manner so positive and negative impacts can be evaluated during implementation / the period of service delivery. **Outcome**: Once the proposal has been implemented, the actual impacts will need to be evaluated and a judgement made as to whether the intended outcomes of the proposal were achieved. (Section H To be completed as agreed following implementation)			
Implementation: State who will monitor / review**:**	**Name of individual, group or committee**	**Role**	**Frequency**
a) that actions to mitigate negative impacts have been taken	TBC – Implementation Review Group	TBC	TBC
b) the quality indicators during the period of service delivery State the frequency of monitoring	TBC – Implementation Review Group	TBC	TBC
Outcome	**Name of individual / group**	**Role**	**Date**

Who will review the proposal once the change has been implemented to determine what the actual impacts were?	TBC – Implementation Review Group.	TBC	TBC

J. Summary of the QIA In the text box below provide a brief summary of the results of the QIA, e.g. highlight positive and potential negative impacts; indicate if any impacts can be mitigated; taking this into account, state what the overall expected impact will be of the proposed change. The QIA and summary statement must be reviewed by a member of the Quality Team.

K: For Team use only	
1. Reference	IA / 045 23_24
2. Form completed by (names and roles)	James Neale, Head of Quality (YAS), WYICB
3. Date form agreed for governance.	
4. Proposed review date (6 months post implementation date)	
5. Notes	

L: Review (to be completed following implementation**).**	
1.Review completed by	
2.Date of Review	
3.Scheme start date	

4. Were the proposed mitigations effective? (If not why not, and what further actions have been taken to mitigate?) Put details in box below

5. Is there any intelligence/service user feedback following the change of the service? If yes, where is this being shared and have any necessary actions been taken as a result of any feedback? Put details in box below

6.Overall conclusion Please provide brief feedback of scheme in box below i.e. its function, what went well and what didn't.

7. What are the next steps following the completion of the review? Provide next steps in box below i.e. Future plans, further involvement/consultation required?

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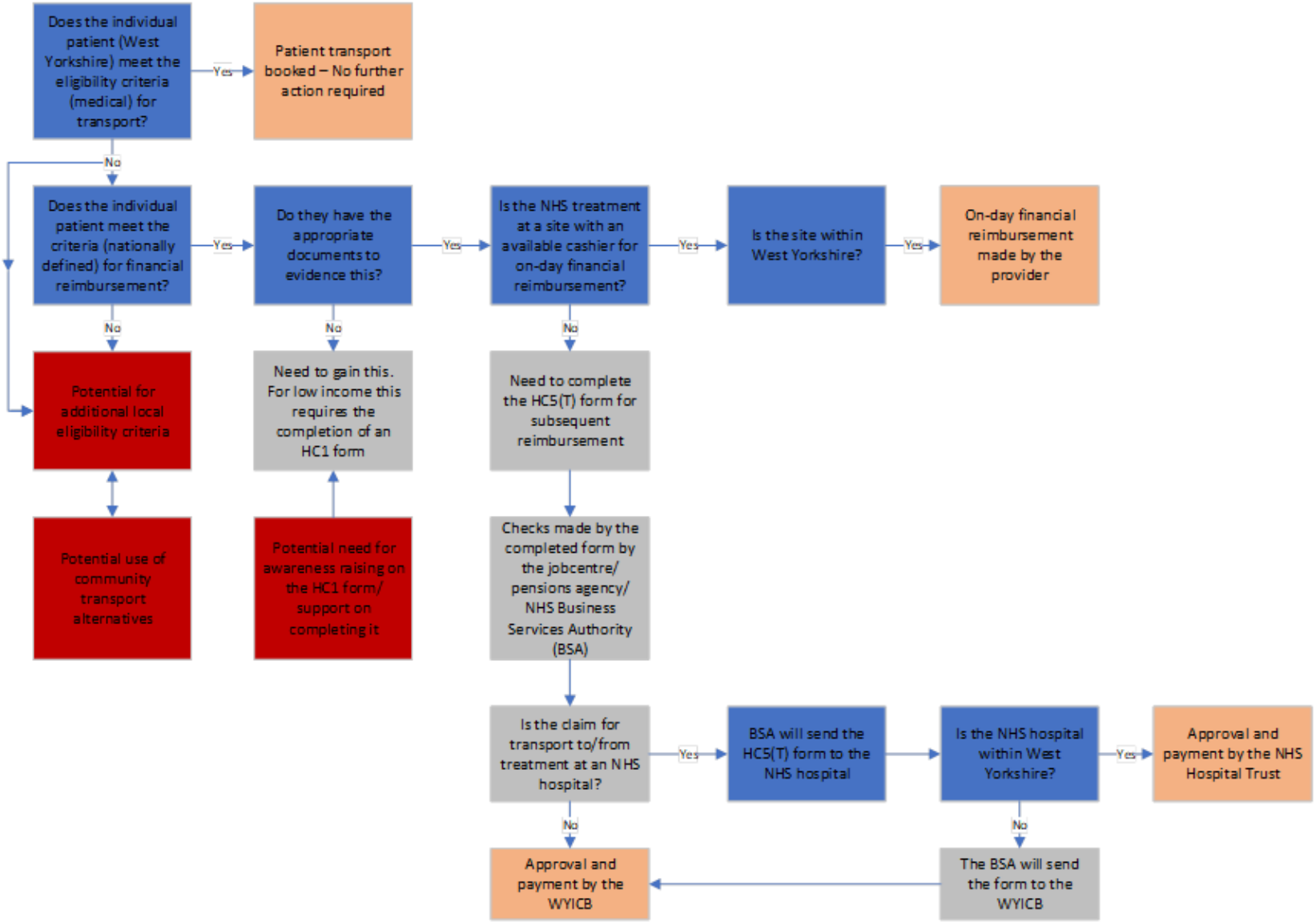
Appendix E: Alternatives to the national eligibility criteria



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NHS West Yorkshire Integrated Care Board
JHOSC meeting

Meeting date:	xx
Agenda item no.	xx
Report title:	24/25 financial plan and delivery
Report prepared by:	Adrian North, Deputy Director of Finance
Report presented by:	Lesley Stokey, Director of Operational Finance, Calderdale

Purpose and Action

Assurance ☒	Decision ☐ (approve/recommend/ support/ratify)	Action ☐ (review/consider/comment/ discuss/escalate	Information ☒

Previous considerations:

None

Executive summary and points for discussion:

Financial Planning 2024/25

- Challenging national context with real terms reduction in spending power in 2024/25.
- Funding for NHS in West Yorkshire in 2024/25 was £5,690m.
- Final plan submitted to NHS England on 12 June 2024 following ICB Board sign off.
- System planning deficit of £50m, split £21.6m ICB surplus and £71.6m provider deficit.
- ICB surplus includes £17m 'system planning gap' with no plans to address at planning stage.
- Plans contained efficiency requirement of £434m (7.7% of system allocation).
- Currently working on one year plans only – expecting multi year NHS settlement in spring 2025.

Month 5 reporting 2024/25

- The month 5 year-to-date position for the ICS was an actual £71.3m deficit against a planned £57m deficit; a shortfall/adverse variance against plan of £14.3m.
- The main reasons for the month 5 adverse variance are slippage on delivery of waste reduction/efficiencies, additional costs of drugs/devices, and pay overspends, offset in part by an improvement in Elective Recovery Funding.
- The full-year plan for the ICS is a planned £50.0m deficit (the plan is phased in a way that means the deficit worsens until month 8 and then improves in all the remaining months).
- Recent confirmation of £50m non recurrent deficit support funding to support delivery of break-even.
- Reported forecasts for all ten NHS provider organisations and ICB remain at planned levels.
- Number of actions being taken to address in year position, including external finance review.
- Currently forecasting to spend all capital

Recommendation(s)

The West Yorkshire JHOSC is asked to:

- Note the national context for the financial position in the NHS
- Note the planning approach for 2024/25 and the submitted deficit plan of £50m

- Note performance against plan to the end of Month 5 2024/25

Appendices

Proud to be part of West Yorkshire
Health and Care Partnership

NHS West Yorkshire
Integrated Care Board

NHS West Yorkshire ICS

24/25 financial plan and delivery

2024/25 Financial Plan

NHS Financial Planning 2024/25

NHS West Yorkshire
Integrated Care Board

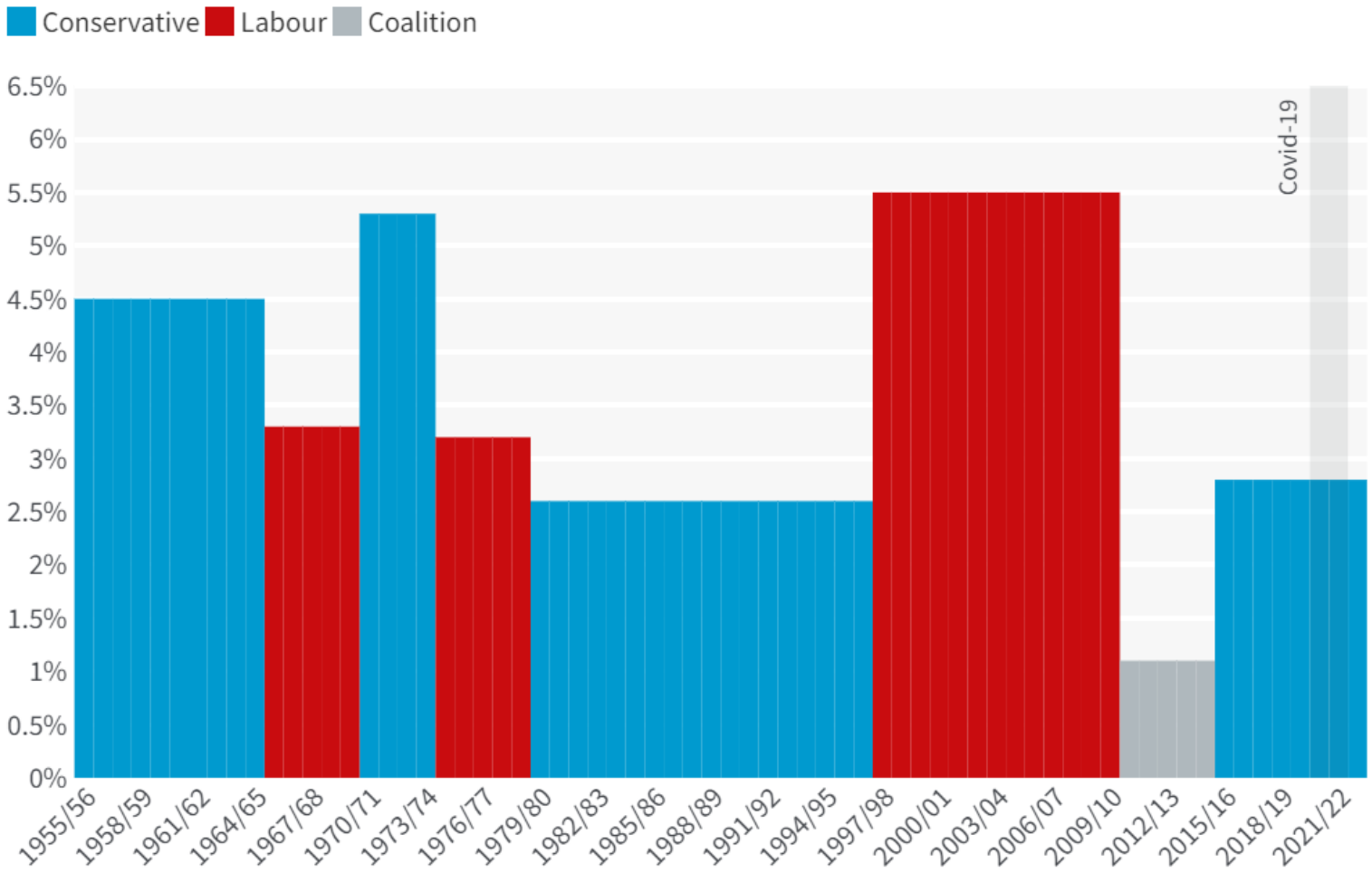
National Context

- Public funding for health services in England comes from Department of Health and Social Care's budget.
- Total NHS spend for England for 2022/23 was £181.7bn, of which £155.1bn was allocated to NHS England to support day-to-day spending (remainder allocated to central budgets of the Department of Health and Social Care and its other arms-length bodies).
- NHS funding growth varied over years – on average has been real terms growth until 2023/24 (average of 3.6% to 2015/16, then 2.8% from 2015/16 to 2022/23)
- Significant non recurrent growth in Covid years.
- In 2024/25 there was a real terms reduction in spending power based on absolute allocation growth after reflecting actual inflation pressures.

NHS Financial Planning 2024/25

NHS West Yorkshire
Integrated Care Board

Real-terms (in 2022/23 prices) increase in government spending on health



Source: House of Commons Library (pre 2019/20), HM Treasury (2019/20 onwards)

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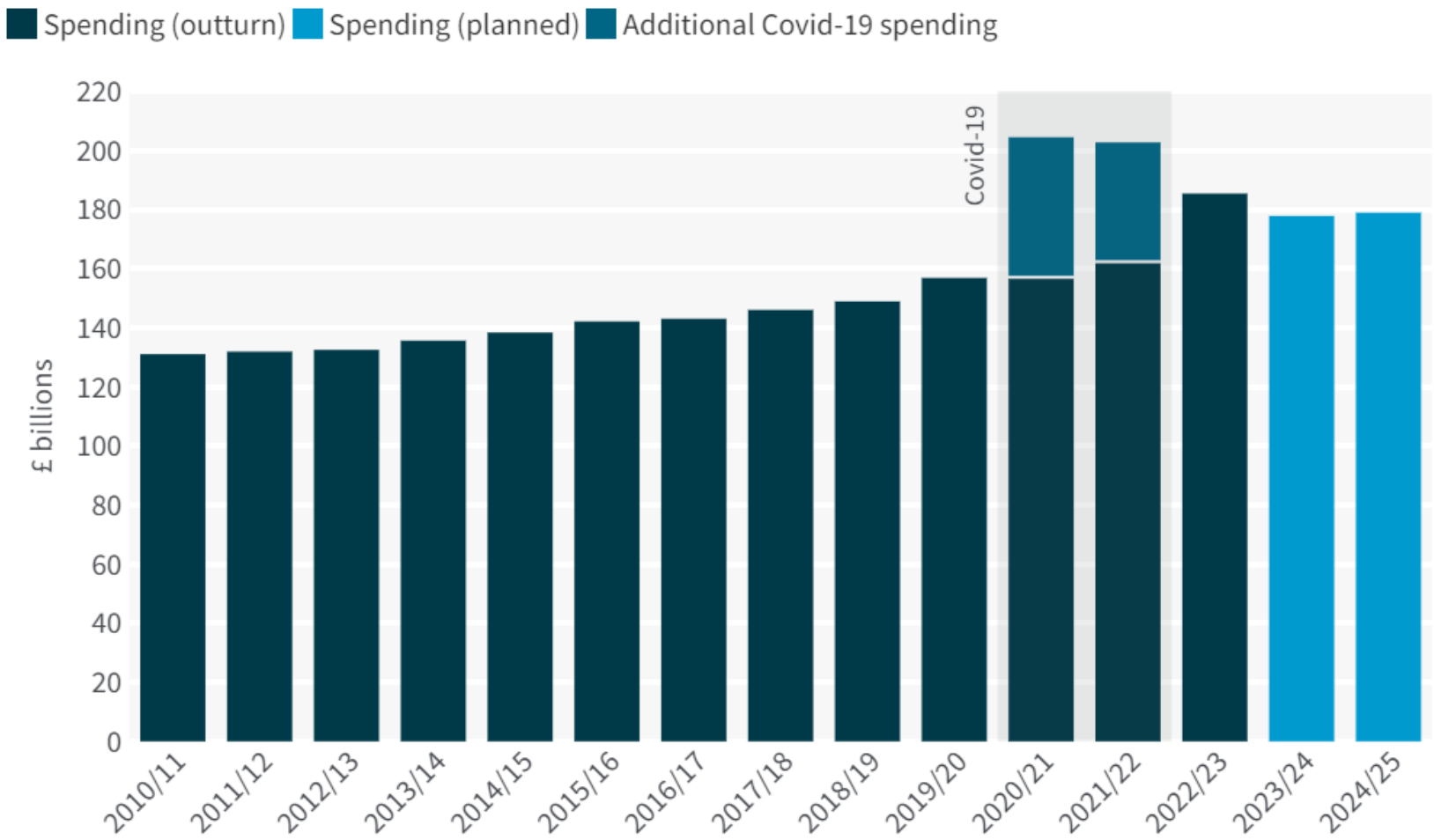
NHS Financial Planning 2024/25

NHS West Yorkshire
Integrated Care Board

Real-terms spending (in 2022/23 prices)



Source: Department of Health (2010/11-2016/17), Department of Health and Social Care (2017/18-2022/23), HM Treasury (2023/24-2024/25)

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NHS Financial Planning 2024/25

NHS West Yorkshire
Integrated Care Board

- Interim draft planning assumptions issued by NHS England in early February 2024 (full guidance not available – historically issued in December).
- Final guidance available end February 2024
- Several iterative submissions to NHSE
    - First ‘headline’ submission submitted to NHSE 29 February 2024
    - Further ‘detail’ submission 21 March 2024
    - Additional interim submission 2 May 2024
    - Final plan submission 12 June 2024
- This paper outlines key elements of final plan submission

System Financial Planning Principles

NHS West Yorkshire
Integrated Care Board

- Patient safety will not be compromised
- ICB Board commitment to financial break-even plan (or deficit plan with choices)
- All choices/decision to be considered for consequences and mitigations
- Our plans are owned by us, and are credible/deliverable
- Utilise peer review and mutual accountability to review/improve

Key financial flows

NHS West Yorkshire
Integrated Care Board

- Total ICB allocation of £5,690m.
- Represented cash growth of c4% compared to 2023/24, but then 1% reduction for 'national convergence' and 1.1% expected national efficiency minimum.
- Planned areas of spend in 2024/25
    - Acute Services £2,771m
    - Mental Health Services £ 677m
    - Community Health Services £ 534m
    - Continuing Care Services £ 288m
    - Primary Care Services £ 1,323m (£482m prescribing costs)
    - Other Programme Services £ 97m

Key Highlights

NHS West Yorkshire
Integrated Care Board

- Planned deficit for 2024/25 of £50m (0.9% of allocation)
- Breakdown: £21.6m surplus plan for ICB, and £71.6m deficit plan for providers
- Two of five ICB places with deficits, others at break-even
- Six NHS providers at break-even or better
- Efficiency plans of £434m (7.7% of allocation)
- Final plan submitted to NHSE on 12 June 2024
- WY plan not dissimilar to other systems across the country – challenging financial plans for 2024/25
- Currently developing medium term plan for 2025/26 and beyond. Will be informed by Fiscal Statement in October (1 year plan for NHS) and Spring of 2025 (multi year)

System Transformation Priorities

NHS West Yorkshire
Integrated Care Board

Core productivity programmes

- Continuing Healthcare (CHC)
- Prescribing Policies and Medicines Optimisation.
- Implementation of the agreed Evidence Based Interventions clinical policies

Priority transformation programmes

- Mental Health (with a focus on OOA and complex needs).
- The development of Integrated Neighbourhood Teams (INTs).
- Outpatient Transformation.
- Secondary Prevention.

2024/25 Financial Position (Month 5)

Key Messages Revenue Position

NHS West Yorkshire Integrated Care Board

West Yorkshire Integrated Care System (ICS)

- The month 5 **year-to-date** position for the ICS was an **actual £71.3m deficit** against a **planned £57m deficit**; a shortfall/adverse variance against plan of **£14.3m.**
- The main reasons for the month 5 adverse variance are **slippage on delivery of waste reduction/**efficiencies, **additional costs of drugs/devices,** and **pay overspends,** offset in part by an improvement in **Elective Recovery Funding**.
- The **full-year** plan for the ICS is a **planned £50.0m deficit** (the plan is phased in a way that means the deficit worsens until month 8 and then improves in all the remaining months).
- Recent **confirmation of £50m non recurrent deficit support funding** to support delivery of break-even.
- Reported forecasts for all ten NHS provider organisations and ICB remain at planned levels.

Key Messages Revenue Position

NHS West Yorkshire Integrated Care Board

ICS Actions

- Reports from **PwC (WYAAT)** leading to **Chief Executive led work programmes.**
- **ICB/ICS** confirming approach with PwC for an **external finance review** that mirrors the NHS England national specification for **systems with high financial risk.**
- **Approach** to oversight of Trusts in **National Oversight Framework level 3** (with financial exit criteria) has been **revised** and will be implemented in September and October 2024.
- **Focussed meetings continue with some Trust DFs** about anticipated movements in advance of formally reporting.

Revenue Position (Agency Ceiling)

NHS West Yorkshire
Integrated Care Board

- For 2024/25 the West Yorkshire ICS has been set an **agency ceiling of £97.6m** by NHS England with a **plan of £88.1m**
- This is based on an agency ceiling for each organisation capped at 3.2% of total pay expenditure for that organisation.
- The forecast for 2024/25 is an **underspend against the plan of £20.0m, and underspend against ceiling of £29.5m.**

NHS West Yorkshire
Integrated Care Board

Key Messages – Capital

Provider Operational Capital & IFRS16

- **Operational Capital allocation for 2024/25 been confirmed at £178.5m** – forecast to spend in full against allocation
- **IFRS16 capital plans are £49.6m**.
- System also receives national capital in support of things like the New Hospital Programme, and the forecast **total allocation for 2024/25 is £92.9m**. More volatile than operational capital and can change in year depending on any new approvals or deferrals etc. Currently forecasting to spend allocation in full.

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West Yorkshire and Harrogate Health and Care Partnership
Local Maternity and Neonatal System

West Yorkshire Joint Health and Overview Scrutiny Committee

11th October 2024

Summary report	
Report title:	**Progress against ambition 7: We will reduce stillbirths, neonatal deaths, brain injuries and maternal mortality - West Yorkshire & Harrogate Local Maternity & Neonatal System Update**
Report author:	Debi Gibson, Director of Midwifery, West Yorkshire & Harrogate Local Maternity & Neonatal System, West Yorkshire ICB
Presenter:	Debi Gibson, Director of Midwifery, West Yorkshire & Harrogate Local Maternity & Neonatal System, West Yorkshire ICB

Purpose of the report: (why is this being brought to the Committee?)			
Decision		Comment	✓
Assurance	✓		

Executive summary

This report provides the committee with an update of the West Yorkshire & Harrogate Local Maternity and Neonatal System (LMNS) including:

- LMNS Overview
- Progress against ambition 7: We will reduce stillbirths, neonatal deaths, brain injuries and maternal mortality
- Risks and challenges

Local Maternity & Neonatal System Overview

The West Yorkshire and Harrogate (WY&H) Local Maternity System was established in 2019 in response to The National Maternity Review: Better Births published in 2016 as part of the Maternity Transformation Programme. In 2022 the system expanded to include neonatal services and became a Local Maternity & Neonatal System (LMNS).

Independent inquires including The Interim Ockenden Report 2020, The Final Ockenden Report 2022 and Reading the Signals 2022 highlighted persistent failings in maternity services in the provision of safe care that is personalised for women, birthing people and their families. The role of the LMNS has expanded from being focused on transformation to quality surveillance and assurance.

The revised Perinatal Quality Surveillance Model (NHSE 2020) outlines the role of the LMNS in support of quality surveillance, which is further defined in relation to the role of the ICB in NHS Oversight Framework (NHSE July 2022).

The Three Year Delivery Plan for Maternity and Neonatal Services, (NHSE March 2023) sets out how the NHS will make maternity and neonatal care safer, more personalised, and more equitable for women, babies, and families. It defines how NHS England, Integrated care Boards (ICBs), and Trusts will strengthen their support and oversight of services to ensure concerns are identified early and addressed to develop and sustain a culture of safety to benefit everyone.
This plan builds on the National Maternity Review: Better Births 2016, Safer Maternity Care 2016 and The Long Term Plan for the NHS (2019).

In November 2015 the national maternity ambition was launched, setting out the aim to reduce the rates of stillbirths, neonatal and maternal deaths and brain injuries that occur during or soon after birth in England by 50% by 2025.
The LMNS has a pivotal role in supporting the transformation of local maternity services to reach these ambitions, including oversight and assurance of implementation of key policies including

- The Maternity Incentive Scheme
- Saving Babies Lives Care Bundle version 3
- The Core Competency Framework
- Equity and Equality Plans

Hearing the voices of those with lived experiences of maternity and neonatal services is integral to service transformation. The LMNS works closely with local Maternity and Neonatal Voices Partnerships (MNVP's) to ensure services listen to and act on feedback. An LMNS MNVP strategic lead has been appointed to further strengthen this voice, due to commence in post in December 2024. The LMNS has supported increased hours for MNVP leads at place to ensure they are able to be integrated into the governance and quality improvements in trusts.
The LMNS is part of the NHSE pilot of the Maternity & Neonatal Independent Senior Advocate role (MNISA). The role was recommended by the interim Ockenden Report (2020) and provides bespoke support to families who have experienced an adverse outcome. Our MNISA has been in post since October 2023 and has been actively working with families since February, currently 7 families are engaging actively with the service and new areas for improvement have been identified including provision of information to families whose care is being investigated, engagement in the investigation process and consistency in provision of debriefing services. The MNISA has begun leading improvements in these areas, alongside families and provider services.

Progress against ambition 7: We will reduce stillbirths, neonatal deaths, brain injuries and maternal mortality

MBRRACE-UK perinatal mortality surveillance state of the nation report published July 2024, data of UK perinatal deaths of babies born in 2022. MBRRACE data has a significant time lag in its publication but represents a comprehensive dataset with numerous advantages over other sources:

- Ability to view **Trust level** neonatal death rates excluding congenital abnormalities.
- Statistical standardisation based on population case-mix.
- National and peer benchmarking.

MBRRACE 2022 Stillbirths

Between 2021 and 2022 West Yorkshire stillbirth rate decreased from 4.7 to 3.9 stillbirths per 1,000 births. This remains above the England average for that period (3.4) but significantly closes the gap that was seen in 2021. Local data collections throughout 2023 indicate that the stillbirth rate continued to decrease across West Yorkshire that we expect to be reflected in MBRRACE 2023 next year.

MBRRACE 2022 Neonatal deaths

In this same period West Yorkshire's neonatal death rate increased from 2.0 to 3.0 neonatal deaths per 1,000 births (MBRRACE-UK) which means WY had a rate higher than average. Trust level breakdowns of neonatal deaths indicate that ~45% of deaths in WY are due to congenital anomalies (abnormality of structure during a baby's development) which is much higher than the England average previously reported by MBRRACE (34% in 2022). Total neonatal deaths in West Yorkshire hospitals saw an increase in numbers from 53 to 77 in 2022, much of this increase is due to deaths from congenital anomalies.

All West Yorkshire (WY) units have considered this information and have again reviewed all neonatal deaths. The Trust with the most neonatal deaths and highest neonatal death rate in WY is Leeds Teaching Hospitals Trust (LTHT) which is expected because of LTHT's status as the largest hospital in WY and the regions most specialised level 3 Neonatal Intensive care Units (NICU) & neonatal surgery. This means that preterm and very unwell babies from outside of WY ICB will be transferred to LTHT.

LTHT have completed extensive reviews of data themselves and the University of Hospitals of Leicester Trust has carried out an external peer review where no concerns were raised with the care provided, clinical practices, review processes in place or the reporting and learning processes.

In addition, WY&H LMNS neonatal consultant leads are reviewing available information that considers both the published MBRRACE data and further analysis provided by LTHT.

Neonatal Brain Injury

The ambition for halving the numbers of brain injuries that occur during or soon after birth in term infants is not currently quantifiable ICB level, this is the case for all ICB's. All cases of term brain injury are investigated by Maternity & Newborn Safety Investigations (MNSI), following family consent. Themed learning from all MNSI investigations is presented to trusts quarterly. MNSI provide annual reports on learning from safety investigations and the learning identified within WY&H trusts is in line with the national picture.

Maternal Mortality

The maternal mortality rate in England during 2020-22 (MBRRACE-UK) was 13.4 per 100,000. The data also reports that maternal death is four times more likely for Black women, twice as likely for Asian women and twice as likely for women living in the most deprived geographies. West Yorkshire data indicates similar overrepresentation of maternal deaths in these groups.

All maternal deaths during pregnancy or within the first 42 days following birth are investigated by MNSI. Collation of findings from these investigations has been requested, due to the small numbers this is less effective at ICB level. The NHSE Regional Maternity have been asked to undertake a review of maternal deaths across the region. They have confirmed they will be undertaking a review which will provide a more comprehensive analysis than a system only review. The start and finish date for this review has not yet been confirmed.

WY&H LMNS Oversight

All stillbirths and neonatal deaths are subject to a multidisciplinary review utilising the national Perinatal Mortality Review Tool, including an external peer reviewer whenever possible.

Maternity & Newborn Safety Investigations (MNSI) provide independent investigation of all term babies (after 37 weeks gestation) where stillbirth occurs, where there is suspected neonatal brain injury, or where early (less than 7 days) neonatal deaths occurs. They also investigate maternal deaths occurring during pregnancy or within 42 days of birth.

The LMNS is notified of all MNSI reportable cases; Patient Safety Incident Investigations (PSII), Neonatal death (all gestations), any significant incident with learning identified and all Maternal death's via the WY&H LMNS Safety & Learning Group for sharing of any learning and peer review.

A letter has been sent to MBRRACE-UK requesting additional breakdown of data at ICB/Commissioning level to exclude congenital anomalies. This will enable a clearer view of data at system level. They are considering their response to this.

Actions to reduces stillbirths, neonatal deaths and serious brain injury:

1) Implementation of the Saving Babies Lives Care Bundle Version 3 (SBLCBV3) – focusing on 6 elements:
   - Element 1: Reducing smoking in pregnancy
   - Element 2: Fetal Growth: Risk assessment, surveillance, and management
   - Element 3: Raising awareness of reduced fetal movement
   - Element 4: Effective fetal monitoring during labour
   - Element 5: Reducing preterm births and optimising perinatal care.
   - Element 6: Management of Pre-existing Diabetes in Pregnancy

All trusts are progressing well with implementation. Ongoing monitoring of compliance occurs quarterly.

2) Established LMNS preterm birth steering group driving forward improvements. WY&H LMNS preterm birth guideline. Collaboration with maternity clinical network and neonatal operational delivery network (ODN) to identify areas for improvement.

3) Review of local small for gestational age / fetal growth restriction guidelines across the system and supporting updates as appropriate is in progress.

4) Progressing health inequalities work – early booking campaign; individual trust innovation to reach seldom heard voices to identify areas for improvement and coproduce service provision; additional support to the most vulnerable; appointment of Health Inequalities Programme Manager to drive forward the agenda.

5) All cases of stillbirth and neonatal death are subject to a review using the perinatal mortality review tool (PMRT) to identify any areas for improvement. This is a multidisciplinary team review and a peer reviewer from outside the trusts attends whenever possible.

6) Patient safety incidents and Maternity & Newborn Safety Investigations (MNSI) reportable cases are reported to the LMNS, for peer review, discussions and theming.

7) Implementation of the Three Year Delivery Plan for Maternity & Neonatal services, including

- Focus on personalised care
- Ensuring coproduction with our MNVP's
- Continued development of data and practice
- Maintain and develop ethnicity and deprivation lens on data
- Working with public health partners to ensure a strong preventative approach
- Ensure learning is embedded and shared across the system
- Supporting the development of a competent workforce
- Insight into the implementation of PSIRF (Patient Safety Incident Response Framework) across the system

Risks and challenges

Progress towards the national maternity ambitions is on the LMNS and ICB risk register and priorities have been agreed with senior leaders across the LMNS.

The level of deprivation within the WY&H LMNS footprint is one of the highest in the country, in order to accelerate the Health Inequalities agenda the LMNS has recruited to a Health Inequalities Programme Manager, who will lead the delivery of the LMNS Equity & Equality Strategy and work with system partners to improve outcomes for those in greatest need.

Recommendations and next steps

The West Yorkshire Joint Health and Overview Scrutiny Committee are asked to receive the report for information, acknowledge the complexities of the unique landscape providers are operating within and be assured on the actions taken at LMNS to progress toward the national maternity ambitions.

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Joint health and Overview Scrutiny Panel – 11th October 2024
Equality, Diversity and Inclusion Update

1 Purpose

1.1 Equality, diversity and inclusion (EDI) are at the core of NHS leadership and the delivery of healthcare services. They ensure fairness for our workforce, equitable access and excellent experience, and optimal outcomes for those served by the NHS.

1.2 The purpose of this paper is to provide an update and assurance on the development of a system wide strategy for EDI.

2 Background and Context

2.1 Our partnership has always been clear in its recognition that tackling the issues that cause disparities in health and staff experience improves productivity, efficiency and outcomes. Systematic work with a focus on EDI to eliminate inequalities in the NHS requires skilled, strategic leaders to deliver change. EDI is everyone's business.

2.2 A strong and courageous approach to the agenda is essential for ensuring that the NHS workforce reflects the diverse patient population it serves. The NHS is a microcosm of society, with patients and staff coming from a range of ethnic backgrounds, ages, abilities, gender identities and sexual orientations. EDI can be instrumental in guiding a healthcare system that responds to diversity.

3 Strategy Development

3.1. A key priority for 2024 was to develop an Equity, Fairness and Social Justice Strategy for the Integrated Care System. The strategy and priorities are being developed with the input of key stakeholders and through engagement activities at place and at ICB level. The Strategy will be signed off by the West Yorkshire Partnership Board.

3.2 The new strategy is for health and care services across West Yorkshire' health and care partnership. We have identified priorities through considering: What we have heard; what the data tells us; our statutory requirements; and building on what we are already doing.

3.3. Significant engagement activity has been carried out since June 24, including a listening event in July 24, an online survey and a series of focus group sessions led by Healthwatch. Based on the engagement and insight carried out to date our emerging priorities are as follows:

- The need to ensure everyone has fair access to treatment and services. We will acknowledge where there are inequalities and communicate clearly where we will undertake positive action to target services to groups with poorer outcome or access.
- Communication will be clear, accessible, honest and transparent. We will be better at listening and more flexible in delivery in order to provide better health and care outcomes.
- Through inclusive recruitment and promotion, we will continue to attract and develop a diverse workforce, including those with disabilities, younger, from minority backgrounds and with lived experience.
- We will work in partnership and take proactive action to tackle discrimination against our workforce, especially towards those from ethnic minority backgrounds, with disabilities or long-term conditions and towards women.
- Leaders will recognise those that feel marginalised and will lead by example as well as encourage those with power and privilege to use that power to make a difference, through allyship and advocacy.
- We need a more diverse leadership, committed to the principles of equality and social justice, and to developing a pipeline of diverse talent.

3.4. The above iterative priorities will help us identify High Impact Objectives and Actions for 2025-2030. The draft EDI Strategy is being reported to and socialised at a number of Boards to gain feedback. Final EDI Strategy, Objectives and Plan will be complete by end December 2024.

3.5. For each priority area we will carry out a baseline and agree delivery targets across access, experience and outcome. We will work with system partners to consider how we can collectively contribute to these overarching System ‘High Impact’ Objectives and adopt the benefits of system working.

4.0 Independent Race Review

In October 2020, the West Yorkshire and Harrogate Health Care Partnership commissioned a review and report ‘Tackling health inequalities for Black, Asian and minority ethnic communities and colleagues’. Much progress has been made, but we recognise there is more to do.
We have invited Dame Donna Kinnair back to lead another review - Independent Race Review 2024 Update - to help us identify effective and impactful actions to further move us forward in tackling racism.

5 Recommendations

5.1. It is recommended that Scrutiny Board note and support the development of the EDI Strategy and consider how it is embedded across system partners.

5.2 It is recommended that Scrutiny Board support the approach of an Independent Race Review- 2024 Update.

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Proud to be part of West Yorkshire
Health and Care Partnership

NHS West Yorkshire
Integrated Care Board

Our Equity, Fairness and Social Justice Strategy* 2025-2030

Ali Bishop – EDI Transformation Lead, West Yorkshire ICB
Fatima Khan-Shah - Inclusivity Champion, West Yorkshire ICB

*working title

West Yorkshire
Health and Care Partnership

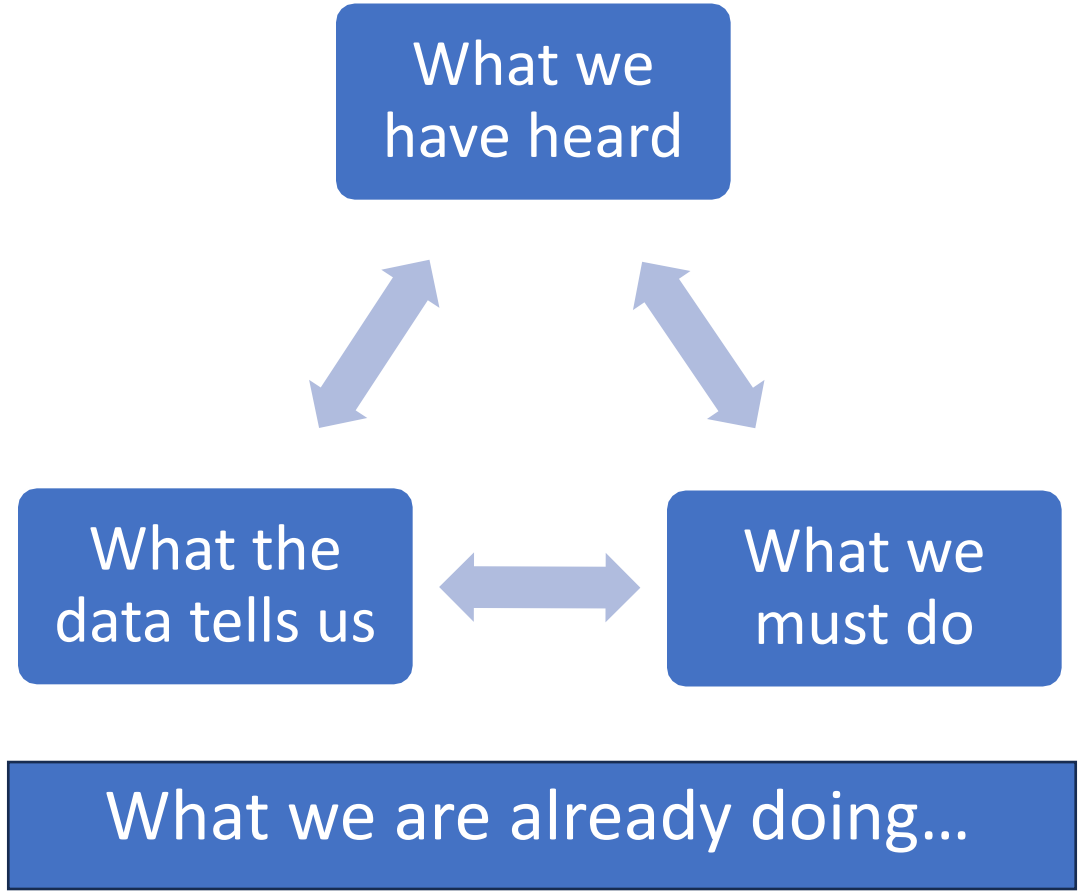
Content of Strategy

NHS West Yorkshire Integrated Care Board

1. Forwards by Rob Webster, Fatima Khan-Shah and WY Voice rep [videos]
2. State of the region – context
3. The case for change – triangulation from what we have heard /what the data tells us / what we must do – in parallel with what we are already doing
4. Our Future Imagined – future vision
5. Principles and Ambitions
6. Our Priorities and Action Plan
7. You said, we did

How we are developing the Priorities

NHS West Yorkshire Integrated Care Board



Our Priorities have been identified through a triangulation between:

- what we have heard
- what the data tells us and
- what we must do

in parallel with what we are already doing.

Priorities will lead to

- High impact Objectives and
- Aspirational System Targets

What we have heard

NHS West Yorkshire Integrated Care Board

Summary Phase 1 Engagement - Main themes heard;

- The language we use is important and needs to be consistent – we need to be clear what we mean by fairness, equality, equity, and inclusion [will link to definitions]
- Fairness and equal access to treatment and services is important to you. We need to communicate clearly when there are inequalities. If we target certain protected characteristics due to poor health outcomes, we need to explain why.
- Not everyone has the same starting point to access services. Some groups feel more marginalized e.g. elderly, deaf community, those with mental health needs etc. We know we haven't heard from all these groups yet – will reach out to those not heard from in Phase 2.
- We need to be data and evidence driven when determining our priorities and actions and be transparent about our decisions.
- Leaders, staff and services need to be open, honest, clear, flexible and better at listening to you to rebuild trust.
- Current affairs and wider determinants are important to you and your health.
- The workforce needs to be more diverse, across all characteristics
- We need to value lived experience and experiential knowledge.

A future imagined…we asked what 'good' might look like in 2030…

NHS West Yorkshire Integrated Care Board

Principles

NHS West Yorkshire Integrated Care Board

These Principles are the fundamental foundation to our Strategy:

1. Equity, fairness and social justice is everyone's business.
2. We will value lived experience, and adopt zero tolerance to hatred, discrimination and violence.
3. We will be bold, ambitious and transformational but we need to be focused and intentional in our actions, acknowledging the pressure services are under.
4. We will use data, evidence and lived experience to influence decision-making and to build trust with communities and our workforce.
5. We will proactively build on our established partnerships and collaborations, reaching out to communities that are seldom heard, in order to build trust

Ambitions

NHS West Yorkshire Integrated Care Board

These Ambitions are our overall, longer-term aspirations that we will help shape our objectives with metrics

- The strategy will build on the great work already taking place towards **equity**, **fairness** and **social justice**. We will focus on activity that we believe will have the most impact.
- This strategy will be a '**golden thread**' that weaves through all other work of the Partnership.
- We will develop capability in our workforce, develop inclusive cultures, support diverse talent and provide real opportunities for development and growth.
- There will be less conversation about what we **could** or **should do** with more **focus on action.**
- We will share the impact we have, be open about our successes and failures, continue to **learn**, and **admit when we get it wrong.**

#NoMoreTickBoxes

Our Priorities – what we want to do

NHS West Yorkshire Integrated Care Board

1. We need to ensure everyone has **fair access to treatment and services**. We will be better at collating data to acknowledge where there are inequalities and communicate clearly where we will undertake positive action to target services to groups with poorer outcome or access. [link with Darzi findings]

2. **Communication** will be clear, accessible, honest and transparent to build trust. We will be better at listening and more flexible in delivery in order to provide better health and care outcomes. [Links with Darzi Report / Maternity reports]

3. Through inclusive recruitment and promotion, we will continue to attract and develop a **diverse workforce**, including those with disabilities, younger, from minority backgrounds and with lived experience. [Link with EDI High Impact actions]

Our Priorities – what we want to do contd.

NHS West Yorkshire Integrated Care Board

4. We will work in partnership and take proactive action to **tackle discrimination against our workforce**, especially towards those from ethnically diverse backgrounds, staff with disabilities and long-term conditions, and women. [Link with Women of the North report]

5. **Inclusive leaders** will recognise those that feel marginalised and will lead by example as well as encourage those with power and privilege to use that power to make a difference, through allyship and advocacy. [Link to Messenger report]

6. We need a more **diverse leadership**, committed to the principles of equality and social justice, and to developing a pipeline of diverse talent. [Link with High Impact actions/ WRES /WDES]

Emerging Objectives 2025-2030 [to be agreed]

NHS West Yorkshire Integrated Care Board

1. Provide clarity on those cohorts with poorer health outcomes and clear communication on targeted work to address these. [Link to deprivation and neighbourhoods]

2. Better collation of patient equality data in relation to access, experience and outcome

3. Targeted recruitment programmes to employ people with disabilities, neurodiversity, minority backgrounds and lived experience. [Build on Leeds Work]

4. Carry put a 2024 Review of Independent Race Review and Adopt an Anti-Racist Framework. [Link and build on NW Assembly and Bradford work. Develop Community Cohesion]

5. Tackle discrimination against women and those with disabilities, with clear support frameworks once employed in health and care, and better support our Staff Networks as drivers of change.

6. Training and education available to better understand power and privilege. [Link with SLD programme work]

7. Gather data on diversity of leadership teams and develop pipeline programmes.