

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
<p>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.</p> <p>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.</p> <p>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</p>

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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

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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:

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- 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.)

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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:

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- 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.

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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

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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 in-centre 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:

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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

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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

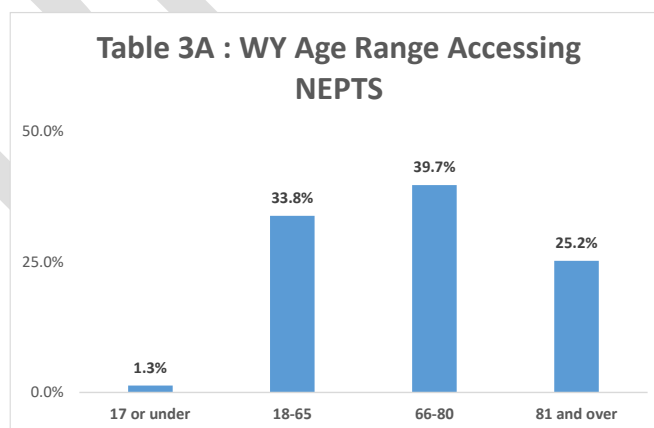


Table 3A (above) and Table 3B (for Table 3B, please refer to Appendix D) information shows the range of ages accessing the NEPTS service who reside in the most deprived areas of West Yorkshire (Quintile 1 to 5 - according to the English Indices of Deprivation rankings).

- 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

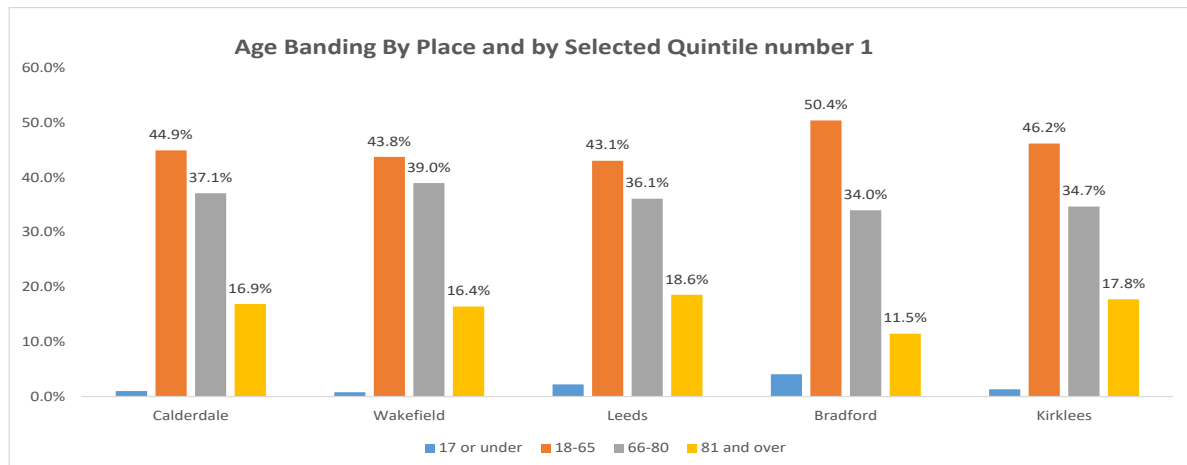


Chart 3C show the range of ages accessing the NEPTS service who reside in the most deprived areas of the region – Quintile ranking number 1 (according to English Indices of Deprivation 2019 rankings).

- 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).

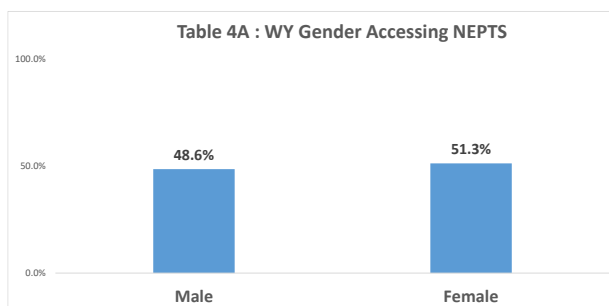
- Table 3D shows that the majority using the NEPTS service aged between 18-65 who reside in the most deprived area (Quintile 1) were in Leeds 28.1% (11,382) followed by Bradford 23.6% (9,540) and Wakefield 22.4% (9,057).
- Table 3E shows the majority using the NEPTS service aged 66-80 who reside in the 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.

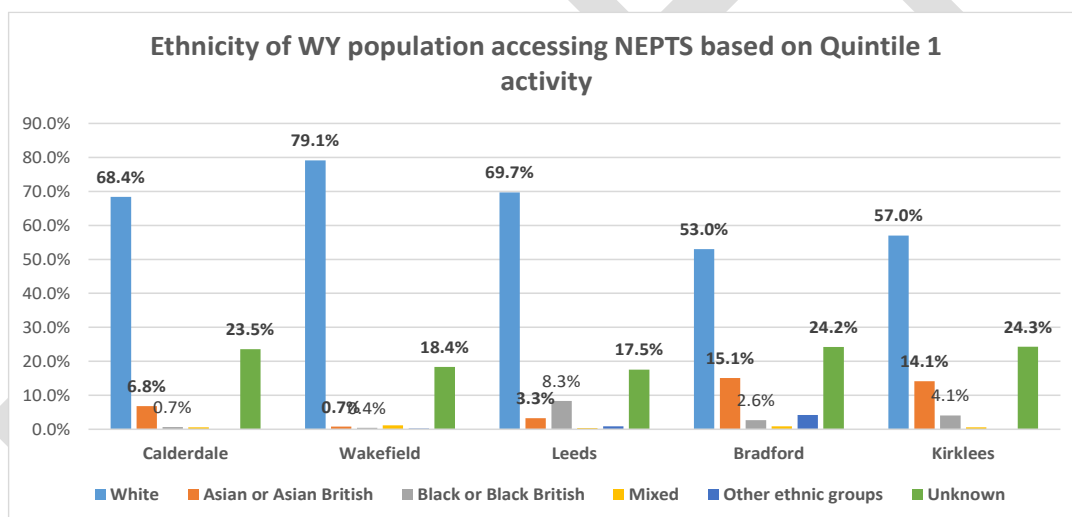
As a result of this workaround, approximately 80% of NEPTS journeys have been allocated an ethnicity. A cohort of records (21.4%) do not have a known ethnicity allocated to them. These records have been included in the Unknown category.

***For ethnicity counts we are required to apply some rules to protect patient identity. As a 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 permissible.**

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 a 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 permissible.*

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.

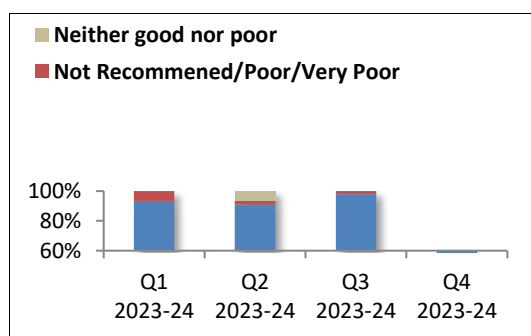
- The majority of females and males who live in the most deprived areas (Quintile 1) are accessing the NEPTS service with the greatest number of people who reside in Leeds followed by Wakefield and then Bradford.
- The age range accessing the NEPTS service the most were aged 66 and over (64%) with the 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 sparse 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	<p>The majority of service users accessing the NEPTS service are aged 66 and older and live in the most deprived areas of the regions.</p> <p>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.</p> <p>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.</p>	<p>If mobility is identified as an issue NEPTS will still be available.</p> <p>Patients who are not eligible for NEPTS will be directed towards alternative provision within the community and voluntary sector.</p> <p>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.</p> <p>Younger populations with mobility requirements will remain eligible for NEPTS.</p> <p>To consider what the specific actions for young people living in deprived areas currently using the service who might no longer be eligible.</p>
Disability	<p>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.</p> <p>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</p>	<p>NEPTS will continue to be provided for patients whose mobility or medical needs would prevent them from making their own way to their appointments.</p> <p>An appeals process will be in situ.</p> <p>What about disabled people who are no longer eligible? Particularly those living in poverty?</p> <p>Patients who are not eligible for NEPTS will be directed towards alternative provision within the community and voluntary sector.</p>

Group	Impact and evidence used	Actions / Mitigation
	<p>higher acuity mobility will be eligible for NEPTS.</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>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.</p>
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	<p>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.</p> <p>Changes to the eligibility criteria are therefore likely to disproportionately impact ethnic minority communities in the most deprived neighbourhoods.</p> <p>The service will need to be able to accommodate those patients whose first language is not English. The eligibility criteria could</p>	<p>Patients who are not eligible for NEPTS will be directed towards alternative provision within the community and voluntary sector.</p> <p>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.</p> <p>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.</p> <p>All communication by NEPTS providers must be accessible to people whose first language is not English.</p>

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	<p>A persons Sex will not influence to access this service and will have no anticipated impact.</p> <p>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).</p>	No mitigation required
Sexual orientation	No anticipated impact	No mitigation required
Carers	<p>Escort eligibility for NEPTS might be reduced under the new criteria.</p> <p>National guidance Under 16's automatically eligible for an escort which is same as the current WY criteria, therefore no impact.</p> <p>Increased length of time to use public transport might impact on carers ability to attend appointments.</p>	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	<p>Rural communities</p> <p>The criteria do not equitably consider patients living in rural locations. Should such a patient not be considered eligible for</p>	<p>Rural communities</p> <p>Patients who are not eligible for NEPTS will be directed towards alternative provision within the community and voluntary sector.</p>

Group	Impact and evidence used	Actions / Mitigation
<p>communities, homeless people, asylum seekers and refugees</p>	<p>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.</p> <p>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.</p> <p>Low Income</p> <p>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.</p> <p>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.</p> <p>The NHS service providing the treatment should be able to signpost patients on how to apply.</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>An appeals process will be available.</p> <p>Low Income</p> <p>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.</p> <p>Patients who are not eligible for NEPTS will be directed towards alternative provision within the community and voluntary sector.</p> <p>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.</p>

Group	Impact and evidence used	Actions / Mitigation
		<p>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.</p> <p>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</p> <p>What about patients who cannot afford to pay and are not eligible for HTCS?</p> <p>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.</p>
Human Rights	No anticipated Human Rights impacts	No mitigation required.
Health Inequalities Refer to Public Health Information such as Joint Strategic Needs Assessment (JSNA)	<p>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.</p> <p>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.</p>	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
<p>Age</p> <p>It is possible that some within the older population will have decreased mobility and less availability of own transport.</p> <p>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.</p>	<p>If mobility is identified as an issue NEPTS will still be available.</p> <p>Patients who are not eligible for NEPTS will be directed towards alternative provision within the community and voluntary sector.</p> <p>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.</p> <p>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.</p> <p>Monitoring of feedback by equality and health inequalities groups:</p> <ul style="list-style-type: none"> • Complaints • Compliments • Other feedback e.g. PALS, Healthwatch • What about monitoring through the contract? <p>A reporting and monitoring working group to be created to collate the feedback, DNAs, etc and share the information.</p>	<p>Timescale required for the review of community transport offer across WY and at place</p> <p>What is the timescale for this and who will oversee it and where will it get reported?</p>	<p>tbc</p>
<p>Disability</p>	<p>See above actions</p>	<p>tbc</p>	<p>tbc</p>

Impact	Action	Timescale	Lead
<p>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.</p>	<p>Monitoring of feedback by equality and health inequalities groups:</p> <ul style="list-style-type: none"> • Complaints • Compliments • Other feedback e.g. PALS, Healthwatch • Contract monitoring 		
<p>Ethnicity Changes to the eligibility criteria are likely to disproportionately impact ethnic minority communities in the most deprived neighbourhoods.</p> <p>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.</p>	<p>All communication by NEPTS providers must be accessible to people whose first language is not English.</p> <p>See above actions re community transport offer.</p>	tbc	tbc
<p>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.</p> <p>There is a risk that patients might not attend appointments.</p>	<p>See above actions re community transport offer.</p> <p>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.</p> <p>An accessible appeals process will be available.</p>	tbc	tbc

Impact	Action	Timescale	Lead
	<p>Monitoring of feedback by equality and health inequalities groups:</p> <ul style="list-style-type: none"> • Complaints • Compliments • Other feedback e.g. PALS, Healthwatch • Contract monitoring 		
<p>Low Income Groups</p> <p>The eligibility criteria could adversely affect those patients on lower incomes.</p> <p>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.</p> <p>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.</p> <p>There is a risk that patients might not attend appointments.</p>	<p>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.</p> <p>Patients who are not eligible for NEPTS will be directed towards alternative provision within the community and voluntary sector.</p> <p>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.</p> <p>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.</p> <p>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</p>	tbc	tbc

Impact	Action	Timescale	Lead
	<p>Guarantee Credit or Universal Credit and meet the criteria.</p> <p>HTCP will also be available for patients who meet the eligibility criteria for the NHS Low Income Scheme</p> <p>What about people on a low income who are not eligible for HTCP?</p> <p>An accessible appeals process will be available.</p> <p>Monitoring of feedback by equality and health inequalities groups:</p> <ul style="list-style-type: none"> • 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

DRAFT

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.

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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%

(Table 1A&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 18 to 65 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

18 to 65 - 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%

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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%

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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 setting	0.0%	0.0%	2.6%	**	0.0%	0.4%	0.4%
Rural village and dispersed in a sparse setting	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%