

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	18,456 (49%)	8,749 (47%)	9,707 (53%)	3.6	66,597 (37%)
Local discretion for NEPTS					

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

<p>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 <i>Error! Reference source not found.</i></p> <p>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:</p> <ul style="list-style-type: none"> • 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. 	<p>Yes</p>
<p>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.</p>	<p>Yes</p>
<p>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.</p>	<p>Yes</p>

DRAFT

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)	<ul style="list-style-type: none"> • 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

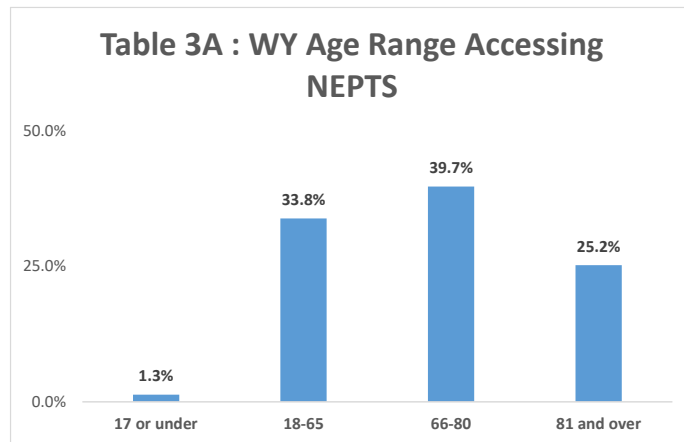
WY Place	Completed	Aborted	Cancelled	Grand Total
Calderdale	21,604	1,651	3,637	26,892
Wakefield	46,381	2,651	7,008	56,040
Leeds	69,191	5,349	11,930	86,470
Bradford	40,178	3,522	7,950	51,650
Kirklees	42,799	3,139	6,941	52,879
Grand Total	220,157	16,312	37,466	273,935

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)

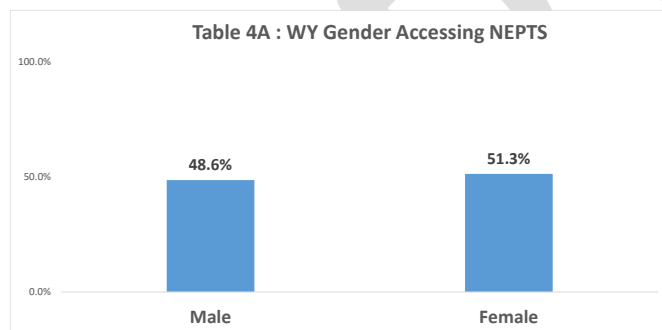
Cancelled Journey = NEPTS transport is cancelled in advance over 2 hours before the journey start time

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	Details																														
Consultation / involvement	<p>Following the publication of the review NHSE launched a public consultation to seek feedback on the patient eligibility recommendations they had outlined.</p> <p>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.</p> <p>Consultation response</p> <p>1. Do you agree with our proposed criteria on qualifying medical needs?</p> <table border="1"> <thead> <tr> <th>Strongly agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly disagree</th> <th>Not answered</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td>33.33%</td> <td>35.26%</td> <td>10.26%</td> <td>8.97%</td> <td>10.90%</td> <td>0.64%</td> <td>0.64%</td> </tr> </tbody> </table> <p>2. Do you agree with our proposed criteria on qualifying significant mobility need?</p> <table border="1"> <thead> <tr> <th>Strongly agree</th> <th>Agree</th> <th>Neutral</th> <th>Disagree</th> <th>Strongly disagree</th> <th>Not answered</th> <th>Don't know</th> </tr> </thead> <tbody> <tr> <td>40.38%</td> <td>33.33%</td> <td>10.90%</td> <td>7.69%</td> <td>5.77%</td> <td>0.64%</td> <td>1.28%</td> </tr> </tbody> </table> <p>For full details see Consultation Feedback report</p>	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%	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%		
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Experience of care, Patient Experience intelligence, knowledge and insight - (Complaints, Compliments, PALS, National and Local Surveys, Friends and Family Test, consultation outcomes)	<p>YAS WY NEPTS Patient Experience Survey Results from 1st April 2023 to 31st December 2023.</p> <table border="1"> <thead> <tr> <th colspan="5">Thinking about the service YAS provide, overall patients experience of YAS NEPTS service April 2023 to December 2023 %</th> </tr> <tr> <th>WY PTS</th> <th>Q1 2023-24</th> <th>Q2 2023-24</th> <th>Q3 2023-24</th> <th>YTD</th> </tr> </thead> <tbody> <tr> <td>Very Good/Good</td> <td>93.5%</td> <td>91.1%</td> <td>98.0%</td> <td>94.5%</td> </tr> <tr> <td>Poor/Very Poor</td> <td>6.5%</td> <td>2.2%</td> <td>2.0%</td> <td>3.1%</td> </tr> <tr> <td>Neither good nor poor</td> <td>0.0%</td> <td>6.7%</td> <td>0.0%</td> <td>2.4%</td> </tr> <tr> <td>Total</td> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> <td>100.0%</td> </tr> </tbody> </table> <p>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".</p>	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%
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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	<p>Full mitigation would require consideration of DNA risk to be included within Local Discretion criteria. TBC</p> <p>Partial mitigation via signposting NEPTS eligibility assessors can provide people with information concerning HTCS.</p> <p>Partial mitigation via provision of subsidised "day pass" for use on public transport TBC</p>

G. Impact Assessment	Description of impact:	Impact: Positive / Negative / Neutral	What action will you take to mitigate any negative impacts?
	<p>Potential Increase of DNA (System Impact) There is a risk that revised eligibility criteria might lead to an increase level of DNAs.</p> <p>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.</p>	Negative	<p>Full mitigation would require consideration of DNA risk to be included within Local Discretion criteria. TBC</p> <p>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.</p> <p>Partial mitigation via provision of subsidised “day pass” for use on public transport TBC</p>
	<p>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.</p>	Negative	<p>Booking team to receive training and support to familiarise with the changes and embed the new starters.</p> <p>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.</p> <p>Telephone and messaging will advise of queues.</p> <p>Additional call handling and support staff might be needed initially.</p>
	<p>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</p>	Negative	<p>TBC ? Inclusion within local consideration</p>
	<p>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.</p>	Positive	N/A
	<p>Consistency of Appeals Currently there is no standardised approach across West Yorkshire (or Yorkshire and Humber) to hear appeals.</p>	Positive	<p>Positive on the basis on an agreed appeals process TBC</p>
	<p>Patient Discharges and Patient Transfers Patients requiring transport for discharges will not be affected.</p>	Neutral	NA
Equality	<p>Please see full Equality Impact Assessment (including deprivation impact).</p>	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
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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.

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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	

DRAFT

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**

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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**

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

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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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