

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

Purpose and Action			
Assurance <input checked="" type="checkbox"/>	Decision <input type="checkbox"/> (approve/recommend/ support/ratify)	Action <input checked="" type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input type="checkbox"/>
Previous considerations:			
Not applicable.			
Executive summary and points for discussion:			
<p>This paper briefs the Joint Health Overview and Scrutiny Committee (JHOSC) on the approach that the NHS West Yorkshire Integrated Care Board (WYICB) is taking to assess how best a change to the new national eligibility criteria for Non-Emergency Patient Transport (NEPT) services can be made.</p> <p>This paper defines the 2 principal risks that the WYICB have identified with a change to the new national eligibility criteria, along with the 5 areas of work it is progressing to assess these risks and what mitigations there should be.</p> <p>It is the intention of the WYICB to make recommendations to its Transformation Committee in November 2024 on how the national eligibility criteria should be implemented, with a planned implementation date of the 1<sup>st</sup> April 2025.</p> <p>At the time of writing, the WYICB are still to conclude the involvement of the public (and stakeholders) in how best a change to the national eligibility criteria can be made, and are finalising the preparation of a business case to better deliver the principles of the Healthcare Travel Cost Scheme (HTCS). The findings from the public (and stakeholder) involvement, and the business case will each be part of the paper (and its recommendations) to the WYICB's Transformation Committee in November 2024.</p>			
Which purpose(s) of an Integrated Care System does this report align with?			
<input type="checkbox"/> Improve healthcare outcomes for residents in their system <input checked="" type="checkbox"/> Tackle inequalities in access, experience and outcomes <input type="checkbox"/> Enhance productivity and value for money <input type="checkbox"/> Support broader social and economic development			
Recommendation(s)			

The JHOSC is asked to:

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

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

Not applicable

### Appendices

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

### Acronyms and Abbreviations explained

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

### What are the implications for?

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

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

## **1. Introduction**

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

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

## **2. Non-Emergency Patient Transport Services (NEPTS)**

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

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

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

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

- Where the medical condition of the patient is such that they require the skills or support of Patient Transport Services staff on or after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means.
- Where the patient's medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means.
- Parent or guardians where children (under the age of 16) are being conveyed.

## **3. Commissioned services**

### **3.1 WYICB contracted services**

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

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

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

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

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

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

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

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

### **3.2 Acute hospital trust contracted services**

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

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

## **4. The national review of NEPT services**

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

[B0682-fnal-report-of-the-non-emergency-patient-transport-review.pdf](https://www.england.nhs.uk/wp-content/uploads/2022/06/b0682-fnal-report-of-the-non-emergency-patient-transport-review.pdf)  
([england.nhs.uk](https://www.england.nhs.uk))

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

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

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

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

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

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

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

### **5.1 Identified risk**

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

#### **Risk one**

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

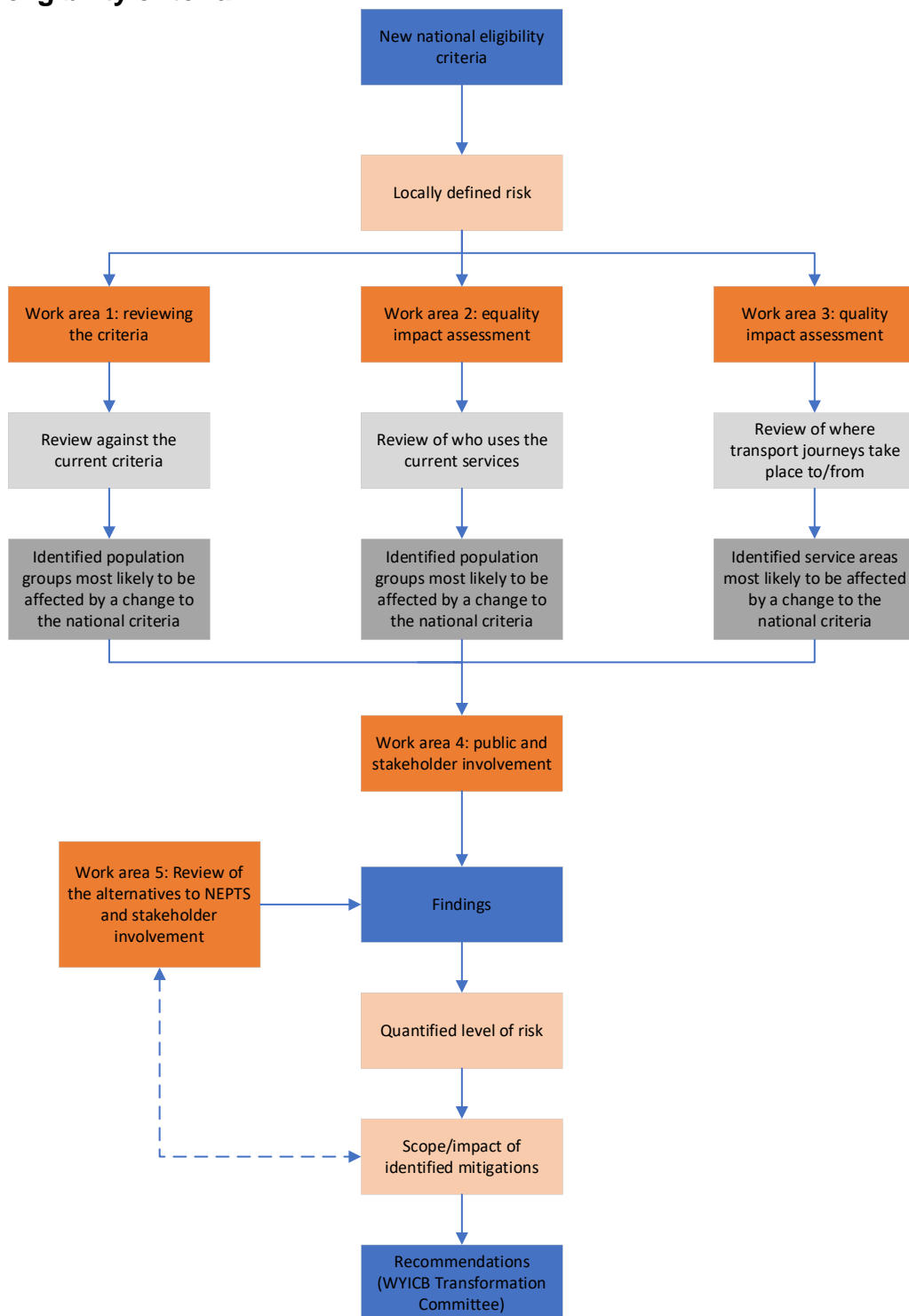
#### **Risk two**

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

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

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

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



## 5.2 Work area 1: Reviewing the national criteria

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

[B1244-nepts-eligibility-criteria.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/wp-content/uploads/2014/04/B1244-nepts-eligibility-criteria.pdf)

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

The subsequent assertions are thus:

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

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

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



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

### 5.2.1 Automatic qualification for NEPT

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

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

[NHS England » Dialysis transport support offer](#)

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

### 5.2.2 Conditional qualification for NEPT

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

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

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

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

### **5.2.3 Local discretion**

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

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

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

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

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

#### 5.2.4 Bringing all of work area 1 together

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

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

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

The table shows:

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

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

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

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

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

### **5.3 Work area 2: Equality impact assessment**

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

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

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

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

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

#### 5.4 Work area 3: Quality impact assessment

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

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

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

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

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

## **5.5 Identified population groups for public involvement**

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

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

## **5.6 Work area 4: Public and stakeholder involvement**

### **Public involvement**

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

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

<https://re-url.uk/WO7D>

The second of the two approaches is the use of focus groups. These will be promoted across West Yorkshire to give individuals the opportunity to discuss with the WYICB how the national eligibility criteria are implemented.

The WYICB will be monitoring the uptake of the questionnaire and the attendances at the focus groups to ensure that we are hearing from the right people. This specifically concerns the groups identified on page 24 of the equality impact assessment (appendix D).

### **Stakeholder involvement**

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

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

The aims of working with stakeholders are:

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

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

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

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

### **5.7.1 Additional, local eligibility criteria**

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

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

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

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

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

### **5.7.2 Use of community transport alternatives**

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

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

A community transport alternative can be defined as either:



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

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

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

### **5.7.3 Healthcare Travel Cost Scheme**

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

[Healthcare Travel Costs Scheme \(HTCS\) - NHS \(www.nhs.uk\)](http://www.nhs.uk)

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

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

#### **Reviewing the HTCS**

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

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

Yorkshire (i.e. in other ICBs) will provide direct reimbursement for West Yorkshire patients.)

- Where an individual patient does not receive on-day financial reimbursement, then there is a requirement to complete and send a specific form (the “HC5(T)” form) to the NHS Business Services Authority. (There is a requirement that claims on an HC5(T) form has to be submitted within 3 months of the respective dates of the journeys.)

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

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

### **Developing the basis for change**

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

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

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

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

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

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

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

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

## 6. Next Steps

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

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

## 7. Recommendations

The JHOSC is asked to:

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

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

## 8. Appendices

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

## Appendix A: Local eligibility criteria (YAS NEPT service)



West and South  
Screening Questions

## Appendix B: Acuity types (within NEPT services)

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

**Appendix C: Local eligibility criteria (Lakeside NEPT service)**



PTS eligibility  
criteria.doc

**Appendix D: Equality and quality impact assessments**



WYICB NEPTS  
Eligibility EIA Draft v1.



QIA NEPTS Eligibility  
v19 DRAFT (26.9.24).

## Appendix E: Alternatives to the national eligibility criteria

