

Meeting name:	Joint Health Overview and Scrutiny Committee
Agenda item no.	
Meeting date:	25 th February 2025
Report title:	National eligibility criteria for non-emergency
Report presented by:	Ian Holmes, Director of Strategy and Partnerships
Report approved by:	Ian Holmes, Director of Strategy and Partnerships
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Purpose and Action

Assurance <input type="checkbox"/>	Decision <input checked="" type="checkbox"/> (approve/recommend/ support/ratify)	Action <input type="checkbox"/> (review/consider/comment/ discuss/escalate)	Information <input type="checkbox"/>
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Previous considerations:

How the national eligibility criteria could be best adopted across West Yorkshire has been presented to the Joint Health Overview and Scrutiny Committee (JHOSC) on two prior occasions, in October 2024 and in December 2024.

This paper presents an updated approach to any adoption of the national eligibility criteria across West Yorkshire, which has not been previously shared with the JHOSC.

Executive summary and points for discussion:

In this paper to the JHOSC, the NHS West Yorkshire Integrated Care Board (WYICB) would wish to inform members of the progress made in two regards.

- The updated approach that has been developed, through discussion between the ICB, the Yorkshire Ambulance Service (YAS) and wider stakeholders, for how the national eligibility criteria could be best adopted across West Yorkshire.

This consists of the addition of further detail to ensure that those individuals with a significant physical mobility, or a medical need, that prevents their safe independent travel to/from hospital, are eligible for Non-Emergency Patient Transport Services (NEPTS). In this regard, independent travel is defined as the private arrangements that an individual could make to/from hospital, which may include the support of family/friends.

The key output from this updated approach towards the national criteria is that the adoption of this would reduce the number of differences between it and the current local eligibility criteria to one. This is when an individual, who does not have a significant mobility need, (or is in receipt of renal haemodialysis), says that friends or family are available to enable them to get to/from hospital safely.

This has then informed the scope of the equality/quality impact assessments, in terms of assessing the impact of any change with the adoption of the national eligibility criteria, and what reasonable mitigations there should be.

- The progress made against each of the points that were agreed at the JHOSC meeting in December 2024. The progression towards each of these points has been shaped by the updated approach to

the adoption of the national eligibility criteria, and what mitigations are required and proportionate to the identified change.

The progress made against each of these points is listed in the below table.

A further key output from the updated approach to the adoption of the national eligibility criteria has been to distinguish between reasonable and proportionate mitigations to the identified change from the current local criteria, and the need for an overall vision/plan for how transport is part of the planning of healthcare services.

In addition to the updates on the points that the JHOSC requested in December 2024, this paper seeks the thoughts on what an overall vision/plan could look like.

Agreed points	Update
The costs in relation to call handling which would ensure a robust system.	<p>Prior discussions between the ICB and YAS had concerned whether there was a need for additional call handlers with the introduction of the national eligibility criteria.</p> <p>It has been mutually agreed, between the ICB and YAS, for the latter to manage this need, in accordance with the overall financial sum it receives and the planned efficiencies in the use of call handlers. This includes further work to maximise clinicians' use of the online booking system, rather than ringing the call centre.</p>
The proposal for an independent right of appeal.	This has been developed by the three ICBs across Yorkshire and the Humber. The independent right of appeal will exist when a matter cannot be resolved directly by the provider of NEPTS.
The business case for payment of volunteer drivers.	Given the singular change, between the current local eligibility criteria and the updated approach to the national criteria, this work has been paused. Attention since the December 2024 meeting of the JHOSC has been to ascertain the use of volunteer drivers, whether through ICB commissioned schemes, or those from partners within the West Yorkshire Integrated Care System.
The standardisation of mileage payments.	This is part of the contract discussions between the ICB and the acute hospital trusts for the 25/26 financial year. NHS England have confirmed that this is a matter for local determination between the ICB and the acute hospital trusts.
The results of the pilot for the pre-paid bus tickets.	This pilot has yet to progress. Discussions with the West Yorkshire Association of Acute Trusts (WYAAT) and the West Yorkshire

	Combined Authority are ongoing to release the pre-paid bus tickets.
The difference in uptake between postcodes for travel claims, and whether these were areas of deprivation or other recordable factors.	Information on who is eligible for the Healthcare Travel Costs Scheme is not held by the ICB, or local partners within the West Yorkshire Integrated Care System. Information is held by various government departments/agencies, dependent on the type of benefit/tax credit Following the December 2024 meeting of the JHOSC, the ICB submitted several Freedom of Information request to these government departments/agencies to identify the difference, by postcode, between the number of individuals eligible for HTCS and those claiming through it.

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

- Improve healthcare outcomes for residents in their system
- Tackle inequalities in access, experience and outcomes
- Enhance productivity and value for money
- Support broader social and economic development

Recommendation(s)

The JHOSC is asked to:

1. Note the updated approach to how the national eligibility criteria could be best adopted across West Yorkshire.
2. Specifically note that the updated approach would ensure that the capacity of NEPTS would be safeguarded for those individuals where a physical mobility, or medical need, prevents their safe independent travel to/from hospital.
3. Note the distinction made between the reasonable mitigations that are listed within the paper to minimise the impacts from any adoption of the national criteria, and the need for an overall vision for how transport is part of the planning of healthcare services.
4. Provide any specific points of feedback to help develop a draft vision/plan for transport and its role within the planning of healthcare services.
5. Note and support the 'town hall' engagement sessions to explain to the public why there is a need for national criteria, how it is considered that the national criteria can be best adopted across West Yorkshire, and what the alternatives are to NEPTS.

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

Not applicable.

Acronyms and Abbreviations explained

1. NEPT – Non Emergency Patient Transport
2. HTCS – Healthcare travel costs scheme

What are the implications for?

Residents and Communities	<p>There is a risk that a change to the national eligibility criteria could mean that some individuals – who were previously in receipt of NEPT – are no longer eligible for it.</p> <p>The updated approach to the adoption of the criteria has identified that this risk is minimal, and that there are reasonable mitigations in-place.</p>
Quality and Safety	<p>There is a risk that individuals no longer eligible for NEPT, and without the means for independent travel, could miss (or face delays) in their secondary care treatment.</p> <p>The updated approach to the adoption of the criteria has identified that this risk is minimal, and that there are reasonable mitigations in-place.</p>
Equality, Diversity and Inclusion	<p>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.</p> <p>The updated approach to the adoption of the criteria has identified that this risk is minimal, and that there are reasonable mitigations in-place.</p>
Finances and Use of Resources	<p>The approach of the WYICB is one to ensure that the capacity of NEPTS, when faced with increasing demands, is safeguarded for those individuals where safe transportation to/from hospital is unfeasible via independent means.</p>
Regulation and Legal Requirements	<p>The WYICB has a legal duty (within its ‘standing rules’) to secure the needs of its patients.</p>
Conflicts of Interest	<p>Not applicable.</p>
Data Protection	<p>Not applicable.</p>

Transformation and Innovation	The new national eligibility criteria follow a national review to improve the sustainability of NEPT services.
Environmental and Climate Change	There is a link between the method of transport (whether via NEPTS or independent travel) and carbon emissions, therefore any change in the eligibility criteria could impact on this.
Future Decisions and Policy Making	This paper to the JHOSC details the further work that has been undertaken to assess how best the national criteria can be adopted across West Yorkshire, and what further actions are planned.
Citizen and Stakeholder Engagement	Public engagement is planned for March 2025. This concerns ‘town hall’ engagement sessions to explain to the public why there is a need for national criteria, how it is considered that the national criteria can be best adopted across West Yorkshire, and what the alternatives are to NEPTS.

1. Introduction

In this paper to the JHOSC, the NHS West Yorkshire Integrated Care Board (WYICB) would wish to inform members of the progress made in two regards.

Firstly, the updated approach that has been developed, through discussion between the ICB, the Yorkshire Ambulance Service (YAS) and wider stakeholders, for how the national eligibility criteria could be best adopted across West Yorkshire.

Secondly, 2. The progress made against each of the points that were agreed at the JHOSC meeting in December 2024. The progression towards each of these points has been shaped by the updated approach to the adoption of the national eligibility criteria, and what mitigations are required and proportionate to the identified change.

2. The updated approach to the national eligibility criteria

2.1 Background and context

Since the inception of the project group to consider the national eligibility criteria and how it could be adopted across West Yorkshire there has been an ongoing comparison between:

- The content of the current eligibility criteria used across West Yorkshire for Non-Emergency Patient Transport Services (NEPTS). (Across West Yorkshire there are two providers of NEPTS: the Yorkshire Ambulance Service (YAS), who are the principal provider of NEPTS across West Yorkshire, and Lakeside, who are specifically commissioned for Bradford District and Craven.)

And

- How best to interpret the national eligibility criteria, and how it can be fairly and consistently applied across West Yorkshire.

The previous papers to the JHOSC – in October and December 2024 – raised the possibility that there could be several differences between an adoption of the national eligibility criteria across West Yorkshire and the current criteria used by providers of NEPTS.

2.2 Discussions since December 2024

Since December 2024 (when there was the most recent discussion with the JHOSC) discussions between the WYICB, YAS and wider stakeholders have resulted in an updated approach for any adoption of the national criteria across West Yorkshire. These discussions centred on the two key principles taken from the national eligibility criteria.

- NHS-funded patient transportation is reserved for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery.
- When an individual, who does not have a significant mobility need, or require renal haemodialysis, says that friends or family are available to enable them to get to/from hospital safely, then independent travel should be prioritised.

2.2.1 Significant mobility need

As part of the updated approach, and for the purpose of defining a 'significant mobility need', an individual will be eligible, or continue to be eligible for patient transport, if any one of the following apply:

- The individual resides in a care home (residential/nursing).
- The individual receives more than 2 visits from a carer per day.
- The individual receives GP home visits.
- The individual is a wheelchair user, who cannot safely via independent means and needs the support of more than just a driver to be able to safely enter/exit a vehicle.

The above is not less than what is currently within the local eligibility criteria.

2.2.2 Renal haemodialysis

The eligibility of those individuals receiving renal haemodialysis to either choose NEPTS, or the financial reimbursement of their independent travel is because of a specific national policy directive.

This does not represent any change from what is written in the current local eligibility criteria.

2.2.3 Pre-existing condition/impact of a medical intervention

Discussions between the ICB, YAS and wider stakeholders have concerned what is sufficient and clear level of detail about eligibility for NEPTS because of a pre-existing condition/impact of a medical intervention. These would be considered when an individual is not eligible because of a significant mobility need, or because they are not in receipt of renal haemodialysis.

The outputs from these discussions are that:

- The adoption of the national criteria in West Yorkshire must have a specific point regarding when an individual is unable to travel home safely after hospital treatment. An individual, for example, could be assessed to be able to travel safely to hospital, but following medical intervention their independent travel could then be assessed to be unsafe, making them eligible for NEPTS.

- There should be a clear list of the factors that could prevent safe independent travel. The national criteria provide a list in this regard that provides a greater level of detail than the current eligibility criteria,

2.2.4 Conclusion

The key conclusion from this updated approach is that the adoption of this would reduce the number of differences between it and the current local eligibility criteria to one. This is when an individual, who does not have a significant mobility need, (or is in receipt of renal haemodialysis), says that friends or family are available to enable them to get to/from hospital safely.

2.3 Demand trends

This conclusion is of importance to ensure that there is neither no difference between the demand for NEPTS and the available capacity of services, or that this is minimised. The absence of such a difference, or where such a difference is minimised, supports the overall sustainability of NEPTS, and the responsive of it to individuals who cannot travel safely to/from hospital via any other means.

The below table, as an illustrative example for the YAS NEPTS, shows that the yearly demand growth for renal haemodialysis and significant mobility need is 7.5%. A figure of 7.5% for these two areas of demand could then result in a growth for all demand of close to 5% in 25/26. Any mitigation of this, to support the overall sustainability of NEPTS and to ensure it is responsive to those individuals who cannot travel safely to/from hospital via any other means, would concern the impact that the updated approach to the national eligibility criteria could have on total demand.

Given that the updated approach would not impact on all of the in-scope demand, then a just over 14% reduction in it would cancel the close to 5% growth in all demand for 25/26.

Table 1: Analysis of YAS NEPTS demand

Area of NEPTS demand	Within the scope of the eligibility criteria	Percentage of yearly service demand (Average 2022/23 to 2024/25 inclusive)	Average annual growth (2022/23 to 2024/25 inclusive)
Renal	Out-of-scope	65%	7.5%
Significant mobility need			
Other	In-scope	35%	-1%

*Includes all journey classifications, types and journeys with escorts.
Forecast outturn for 24/25.*

2.4 Groups affected

In the previous papers to the JHOSC it was stated that up to 20% of in-scope journeys with YAS could be impacted with the use of the national eligibility criteria, affecting c.3,600 individuals. These numbers were outputs from a modelling exercise that predates the updated approach to the national eligibility criteria that is described within this paper.

Further to the points raised in the above section on 'demand trends', a 14% reduction in in-scope demand could affect c.2,600 individuals who have been assessed to be able to travel safely to/from hospital without NEPTS.

From the equality impact assessment, it has been identified that such individuals, when considering the overall use of patient transport services, are most likely to:

- To live within an urban area within West Yorkshire, as this applies to nine-tenths of users.
- To be white, as this applies to seven-tenths of users. (Two-tenths of the data did not have an ethnicity recorded.)
- Within the older age cohort aged 66 and above, as this applies to two-thirds of users.
- To live within an area of high deprivation, as this applies to four-tenths of users, noting that this is disproportionate for ethnic minorities, where this applies to two-thirds of users.

It is not possible, however, to directly state who such individuals (within the estimated 2,600) would be.

2.5 Mitigations

For the c.2,600 individuals there would be two principal mitigations, where required.

1. The first of these are community transport schemes. The WYICB shall be presenting to its Transformation Committee in February 2025 a full list of these schemes, including those funded by the Voluntary and Community Sector.
2. The second is the Healthcare Travel Costs Scheme, which is a national means-tested approach to financially reimburse. The WYICB shall also be presenting to its Transformation Committee in February 2025 the latest analysis it has been able to complete to show the current utilisation of this scheme and who could be eligible for it.

The first of these mitigations, in other words, provides an alternative to the use of family and friends, or sole independent travel to hospital; whilst the second does not offer a means of alternative travel, but the financial reimbursement of private travel.

3. Updates on the points requested by the JHOSC in December 2024

The below table provides a summary of the progress made against each of the points requested by the JHOSC.

Agreed points	Update
The costs in relation to call handing which would ensure a robust system.	<p>Prior discussions between the ICB and YAS had concerned whether there was a need for additional call handers with the introduction of the national eligibility criteria.</p> <p>It has been mutually agreed, between the ICB and YAS, for the latter to manage this need, in accordance with the overall financial sum it receives and the planned efficiencies in the use of call handers. This includes further work to maximise clinicians' use of the online booking system, rather than ringing the call centre.</p>
The proposal for an independent right of appeal.	This has been developed by the three ICBs across Yorkshire and the Humber. The independent right of appeal will exist when a matter cannot be resolved directly by the provider of NEPTS.
The business case for payment of volunteer drivers.	Given the singular change, between the current local eligibility criteria and the updated approach to the national criteria, this work has been paused. Attention since the December 2024 meeting of the JHOSC has been to ascertain the use of volunteer drivers, whether through ICB commissioned schemes, or those from partners within the West Yorkshire Integrated Care System.
The standardisation of mileage payments.	This is part of the contract discussions between the ICB and the acute hospital trusts for the 25/26 financial year. NHS England have confirmed that this is a matter for local determination between the ICB and the acute hospital trusts.
The results of the pilot for the pre-paid bus tickets.	This pilot has yet to progress. Discussions with the West Yorkshire Association of Acute Trusts (WYAAT) and the West Yorkshire Combined

	Authority are ongoing to release the pre-paid bus tickets.
The difference in uptake between postcodes for travel claims, and whether these were areas of deprivation or other recordable factors.	Information on who is eligible for the Healthcare Travel Costs Scheme is not held by the ICB, or local partners within the West Yorkshire Integrated Care System. Information is held by various government departments/agencies, dependent on the type of benefit/tax credit Following the December 2024 meeting of the JHOSC, the ICB submitted several Freedom of Information request to these government departments/agencies to identify the difference, by postcode, between the number of individuals eligible for HTCS and those claiming through it.

4. Developing a vision

An output from the discussions on the updated approach to the adoption of the national eligibility criteria has been to distinguish between reasonable and proportionate mitigations to the single, identified change from the current local criteria, and the need for an overall vision/plan for how transport is part of the planning of healthcare services.

In addition to the updates on the points that the JHOSC requested in December 2024, this paper seeks the thoughts on what an overall vision/plan could look like.

5. Next Steps

The next steps concern:

- The preparation of the presentation to the WYICB's Transformation Committee, which is scheduled to meet on the 27th February 2025 to review the proposed adoption of the national eligibility criteria across West Yorkshire. This shall concern the updated approach to the adoption of the national eligibility criteria that has been detailed in the this to the JHOSC.
- The undertaking of the 'town hall' engagement sessions in March 2025 to explain to the public why there is a need for national criteria, how it is considered that the national criteria can be best adopted across West Yorkshire, and what the alternatives are to NEPTS.
- The specific contract discussions with the acute hospital trusts across West Yorkshire regarding the standardisation of mileage payments in 25/26.

6. Recommendations

The JHOSC is asked to:

Note the updated approach to how the national eligibility criteria could be best adopted across West Yorkshire.

Specifically note that the updated approach would ensure that the capacity of NEPTS would be safeguarded for those individuals where a physical mobility, or medical need, prevents their safe independent travel to/from hospital.

Note the distinction made between the reasonable mitigations that are listed within the paper to minimise the impacts from any adoption of the national criteria, and the need for an overall vision for how transport is part of the planning of healthcare services.

Provide any specific points of feedback to help develop a draft vision/plan for transport and its role within the planning of healthcare services.

Note and support the 'town hall' engagement sessions to explain to the public why there is a need for national criteria, how it is considered that the national criteria can be best adopted across West Yorkshire, and what the alternatives are to NEPTS.

7. Appendices

Not applicable.