



15 October 2025

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Dear Councillor Lawson,

RE: KIRKLEES HEALTH & ADULTS SOCIAL CARE SCRUTINY PANEL

Thank you for the opportunity to respond in more detail and please accept our apologies for not being able to attend in person at the meeting on 1 October 2025.

As a regional organisation, covering 15 individual councils and many joint scrutiny committees, we aim to attend as many meetings as possible and we have ensured that the Scrutiny team have the contact details for our Corporate Communications team for any future invites for us to appear at the panel (yas.corpcomms@nhs.net).

Background

Between April 2024 and March 2025 the Patient Transport Services at Yorkshire Ambulance Service operated 978,407 journeys. It is important to note that in North Kirklees CCG, Greater Huddersfield CCG and Calderdale CCG, missed appointments represent only 0.8% of the journeys operated.

Please find below our responses to the committee's questions regarding patient transport services.

Q1. There has been an increase and decrease in missed appointments from January 2024 to August 2025 which has not returned to zero, what is the reason for it being so low in January 2024 and what is the reason for the increases/decreases between January 2024 and August 2025?

The graph on slide 3 of the data set presented shows the data starting at one missed appointment during week commencing 1 January 2024, which is likely to be a week with reduced activity. We also consolidated our abort and cancellation codes in June 2024 and not all aborted journeys result in a missed appointment, hence the variation.

Q2. Is there a clear escalation route for patients who experience repeated transport related issues?

Yes, there is a clear escalation route for any patient who has a transport related issue that needs to be escalated, including our patient relations team and PTS Specialist Patient Engagement Officer.

Q3. What measures are put in place to ensure timely communication between transport providers and healthcare services when bookings for patient transport are made or changed?

Our transport journeys are planned based on the information we receive at the time of booking. Our scheduling team contact the patient and the hospital department to let them know if there are any problems that arise on the day. Likewise, if the hospital need to make any changes to someone's transport they contact our scheduling team and the patient.

Q4 In terms of providing transport, are there certain illnesses that are not being cared for?

The overarching principle of the national eligibility criteria set by NHS England states that "NHS-funded patient transportation is reserved for when it is considered essential for an individuals safety, safe mobilisation, condition management or recovery." This principle applies to everyone, regardless of certain illnesses.

Q5. What is the criteria for a patient to receive patient transport?

The [national eligibility criteria for PTS](#) is set out by NHS England to ensure patient transport services across the country are consistently responsive, fair and sustainable.

Q6. Has there been any recent changes to patient transport in terms of contract of provider?

There has been no recent change to our contract to provide patient transport in West Yorkshire. YAS have a framework of transport providers that support our service delivery and provide us with resilience, this includes community transport taxis, private ambulances and volunteer car drivers.

Q7. What is meant by 'wrong mobility', which equates to 60% of missed appointments?

60% of missed appointments equates to 462 journeys over a 19-month period (between 1 January 2024 and 17 August 2025), which equates to approximately 24 per month.

A patients' mobility is based on the information we are provided at the point of booking the journey, then the relevant resource is allocated. 'Wrong mobility' is recorded when the crew feels that the patient cannot be safely transported with the allocated resource (crew number and vehicle type). Wherever possible, transport is then rebooked and provided on the day.

Q8. How is it possible for patient transport to get the wrong address of patients?

This is when the address we are given on the day differs to the information and address we were provided with on the booking information. We would then attempt to contact the patient direct or through the hospital and rebook transport wherever possible.

Q9. Could the raw data of missed appointments be provided in percentages along with numbers which would make the statistics more meaningful?

Percentages are included in the data set presented, please see slide 6 for the percentage of total activity per hospital. You can also see here that the total number of missed appointments in your CCG areas equates to 0.8% of delivered journeys.

Q10. Who is responsible for ensuring the patient transport ambulance staff are physically fit to perform their duties to ensure that particular journeys are not aborted?

At Yorkshire Ambulance Service, it is the responsibility of every staff member and their line manager to ensure they are fit to perform their duties.

All PTS Ambulance Care Assistants go through a robust training and induction schedule, including refresher training on moving and handling techniques every three years. As part of this training staff are taught to carry out a dynamic risk assessment for every patient manoeuvre incorporating the task, individual capability, the load, the environment and other factors. This is to prevent injury to themselves or patients.

If a dynamic risk assessment highlights a risk of harm to patient or staff then that assessment could result in considering an aborted journey. Any such risk should have been picked up at the point of booking, ahead of transport arriving on the day.

Q11. Who is responsible for maintaining records of patients who have physical disabilities?

Our patient records are not linked to medical records on the NHS spine. The information provided to us by a patient at the point of booking is only stored for the purposes of booking transport. This is the same for every patient regardless of whether someone has a physical disability or not.

Q12. What are the underlying reasons for missed appointments in the different areas of Huddersfield Royal Infirmary? Is there an underlying problem?

No, we do not believe there is an underlying problem at Huddersfield Royal Infirmary. The figures you can see on slide 6 in the data set presented show that only 1% of Huddersfield Royal Infirmary's journeys resulted in missed appointments, which is reflective of the overall activity delivered to that hospital.

Q13. What is meant by a failed journey?

The 'failed journey' abort code is used for a journey that has been started but cannot be fully completed. For example, this could be because the patient has been taken ill whilst onboard and A&E are called in to complete the journey. Or where a patient cannot be left at the destination because of a missing care package or safeguarding concerns.

Q14. Who is responsible for booking the transport at an initial appointment?

Transport bookings can be made by patients, their friend, family or carer or by healthcare professionals involved in the patients care.

Q15. Are there any known inequalities in access to patient transport? ie disabilities, rural areas, English not first language?

The overarching principle of the national eligibility criteria set by NHS England states that “NHS-funded patient transportation is reserved for when it is considered essential for an individuals safety, safe mobilisation, condition management or recovery.” This principle applies to everyone, regardless of someone’s disability, geographic location or postcode. West Yorkshire Integrated Care Board who commission our services completed an Equality Impact Assessment prior to our implementation of the eligibility criteria.

Q16. What steps have been taken to ensure that services are inclusive, accessible and person centred?

Yorkshire Ambulance Service is focused on creating an inclusive and accessible organisation for its patients. We have a YAS Health Inequalities Framework that highlights key objectives and priorities for the year. We also recognise that Equality Impact Assessments are an essential tool to ensure that service changes, policies and procedures are fair and do not create barriers to participation or disadvantage any protected groups. Since April 2024, these assessments have become an integral part of the Trusts decision making processes.

Steps we make to ensure that our patient transport is inclusive, accessible and person centred include using language line. This is a translation service which makes our service easier to access for patients whose first language is not English. Language line also includes a mobile app for our ambulance drivers which allows them to do a video call with a British Sign Language translator, to support our deaf patients.

Q17. Are there any patients who live in deprived areas that are disproportionately affected by missed appointments or missed journeys?

The overarching principle of the national eligibility criteria set by NHS England states that “NHS-funded patient transportation is reserved for when it is considered essential for an individuals safety, safe mobilisation, condition management or recovery.” This principle applies to everyone, regardless of someone’s geographic location or postcode.

We are working with the three ICBs that commission our patient transport service to consider the impact to patients who live in areas of deprivation and would be happy to update on this work at a future date along with ICB colleagues.

Q18. Are there any costs to patients for patient transport services?

No, our contracted patient transport service is NHS-funded transport for eligible patients.

Q19. How many patient transport journeys does Huddersfield Royal Infirmary arrange each week?

On average each week, there are 465 journeys to and from Huddersfield Royal Infirmary. On average 16.7% of these journeys are booked by the patients, 10.5% by their friends, family or carer and 72.8% by a healthcare representative working at the Hospital.

Thank you again for the opportunity to provide further information and if you require any further clarification, please do not hesitate to contact us.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Chris Dexter', is positioned above the printed name.

Chris Dexter
Managing Director of PTS

Cc
Natalie Ackroyd, Kirklees Integrated Care Board