Report on a consultation about the non-emergency patient transport service

Author(s): Judy McCulloch, Communications & Engagement Manager
Status: Draft version 3
Date: 23 August 2011
# Executive Summary

## Introduction

## The engagement process

## Key finding from the consultation

## Next steps

# Background

## Non-emergency Patient Transport Services Project background

## Non-emergency Patient Transport Services Project Objectives

# Engagement

## Introduction

## Methodology

## Main findings from engagement

# Other responses

# Suggestions made by respondents

# Key learning

## Appendix 1

The questionnaire

## Appendix 2

Stakeholder briefing

## Appendix 3

Newsletter article
1. The NHS Buckinghamshire and Oxfordshire Cluster

NHS Buckinghamshire and NHS Oxfordshire have now become joined or ‘Clustered’.

NHS Clusters have been established by the Department of Health to ensure that the NHS maintains the business continuity of commissioning healthcare locally and to facilitate the change to the new structure of the NHS in 2013, including the move to Clinical Commissioning Groups (CCGs).

All NHS Clusters will have three principal functions:

- Delivery of the PCTs’ Operational Plans, driving clinical service change for 2011 to 2013 and ensuring financial stability for the handover to Clinical Commissioning Groups
- Ensuring and supporting development of Clinical Commissioning Groups and transferring of other current cluster functions to the new organisations yet to be established i.e. the National Commissioning Board, Public Health England, Health Education England, Health and Wellbeing Boards, public health to Local Authorities
- Creating the relevant commissioning support organisation for Clinical Commissioning Groups after PCT abolition.

1.1 About NHS Oxfordshire

NHS Oxfordshire is a Primary Care Trust (PCT) and serves a population of around 630,000.

We are ambitious about improving the health and wellbeing of local people. NHS Oxfordshire intends that, by 2013, the people of Oxfordshire will:

- be healthier, particularly if they are vulnerable or live in our most deprived communities
- be working with NHS Oxfordshire to promote physical and mental wellbeing and prevent ill health
- be actively supported to manage their health and care needs at home when this is appropriate
- have access to high quality, personalised, safe and appropriate health services
- get excellent value from their local health services

Oxfordshire is the most rural county in south east England and has a large geographical area to cover as well as a diverse population to serve. The population of Oxfordshire ranges from a predominantly older, white population in the rural areas to very ethnically diverse populations in Banbury and Oxford city where one third of the population are students.

NHS Oxfordshire works with our communities and our partners to improve health in the area and to make sure that local people’s needs are being met. We also work with organisations from the voluntary, private and community sectors so that we can make sure that the organisations providing health and social care services are working effectively.
Area covered by NHS Oxfordshire

Oxfordshire PCT serves a population of approximately 630,000 and covers the areas of Cherwell Vale District Council, Oxford City, South Oxfordshire, Vale of White Horse District Council and West Oxfordshire District Council.
2. Executive summary

2.1 Introduction
NHS Oxfordshire has been reviewing eligibility for non-emergency patient transport services and talking to services users, local people and the voluntary sector particularly the voluntary transport sector. The commissioning of Non Emergency Patient Transport Service (PTS) has been the responsibility of Primary Care Trusts since April 2009, prior to this it was commissioned directly by acute trusts. PTS provides a service for patients registered with a GP in Oxfordshire travelling to any NHS facility or agreed Independent Sector Treatment Centres (ISTC) within the areas of Oxfordshire, Buckinghamshire and Berkshire.

The patient eligibility for the service is assessed by either ambulance staff via a patient booking line, or healthcare professionals in treatment centres/ GP surgeries/secondary care.

Walking patients equate to the largest percentage of the total activity at 42%. There are also associated costs/ activity for escorts (e.g. carers travelling with patients) and aborted journeys (e.g. ambulances turn up to transport patient and are no longer required).

PTS is now under additional pressures due to the high increase in demand for 'same day' bookings, often late in the day due to bed pressures at the acute trusts, this then often requires the need for private providers to move patients incurring further additional costs.

2.2 The engagement process
An engagement programme was started at the beginning of June:

- A newsletter item was sent out to all the local newsletters in Oxfordshire. (Appendix 3)
- A supporting information document was produced. (Appendix 2)
- An engagement questionnaire was launched on the Talking Health pages on the NHS Oxfordshire website. (Appendix 1)
- The engagement questionnaire and supporting document were sent out on all inward journeys on non-emergency patient transport in a paper version with a freepost return address. It was also sent out on request to a number of people contacting us as a result of the newsletters.
- The questionnaire and supporting document were sent to all GP surgeries via practice managers.
- Contact was made with Oxfordshire Rural Community Council (ORCC) to discuss the issues for volunteer drivers.
- A newsletter article was produced for volunteer drivers to be sent out by ORCC.
- In all almost 5,000 people were directly contacted about the consultation and provided with information.
- We have had a small number of very detailed comments from individuals during this process.
### 2.3 Key finding from the consultation

There was clear support for the approach that transport should only be available to those who are eligible and this was true for all respondents whether they were users of the service or were other interested parties.

However there were issues raised by respondents that will need to be considered as this project moves forward:

- There was some confusion from patients being taken home from day surgery or inpatient stays. It should be made absolutely clear that this will not affect those patients.
- Concerns were raised about the provision of services for those who are elderly and/or frail, particularly those living in rural communities where transport options are restricted and bus services may be infrequent, require several changes or bus stops may be a long walk from the patient home.
- Several respondents raised concerns about those with eye problems. Some treatments for the eyes and some tests can cause visual disturbance which may mean that although an inward journey can be safely made independently the same patients would be at risk on the home journey.
- There were real worries about the issue of transport for those on a low income and for those whose only alternative might be an expensive taxi journey.
- Several respondents made comments about vetting for eligibility expressing concerns about making this process too difficult or insensitive to the needs of vulnerable people.
- Respondents reported problems that carers had with accompanying the person they care for. There seemed to be inconsistency in when carers were allowed to accompany patients as well.
- There are issues and concerns about volunteer driving schemes and the resultant pressures.

### 2.4 Next steps

NHS Oxfordshire will consider the comments and views of the respondents to this engagement in particular the suggestions made. Some of the key suggestions are given below:

- that consideration of age, frailty or infirmity is considered as part of the screening questionnaire.
- that availability of transport for patients who have had eye treatment is reviewed in the light of comments.
- that as part of the training of staff during the development of the vetting process attention should be given to simple interpersonal skills to ensure that the needs of vulnerable patients are met with sensitivity.
- that the treatment of carers should be fair and consistent
- that any further change should involve the voluntary sector – specifically the volunteer driver schemes - and the ORCC who support these schemes and have a wide rural reach.
3. Background

3.1 Non-emergency Patient Transport Services Project background:
The commissioning of Non Emergency Patient Transport Service (PTS) has been the responsibility of Primary Care Trusts since April 2009, prior to this it was commissioned directly by acute trusts. PTS provides a service for patients registered with a GP in Oxfordshire travelling to any NHS facility or agreed Independent Sector Treatment Centres (ISTC) within the areas of Oxfordshire, Buckinghamshire and Berkshire.

The patient eligibility for the service is assessed by either ambulance staff via a patient booking line, or healthcare professionals in treatment centres/ GP surgeries/secondary care.

Walking patients equate to the largest percentage of the total activity at 42%. There are also associated costs/ activity for escorts (e.g. carers travelling with patients) and aborted journeys (e.g. ambulances turn up to transport patient and are no longer required).

PTS is now under additional pressures due to the high increase in demand for ‘same day’ bookings, often late in the day due to bed pressures at the acute trusts. As a result private providers are often required to ensure that patients can be moved which incurs further additional costs.

The issues

The patient’s eligibility for the service is assessed by either ambulance staff via a patient booking line or healthcare staff in treatment centres / GP surgeries / secondary care. Patients are asked a series of questions to allow the ambulance service to identify what kind of vehicle/ number of staff is required – e.g. patient can walk on to the vehicle, patient needs a vehicle suitable for a wheelchair, patient needs stretcher transport.

The patient booking service was developed in June 2010, Patients are asked a series of questions to assess their eligibility. The questions are then scored enabling booking staff to approve the request for PTS. It is proposed that these questions are tailored further to ensure that transport is offered to those who have a medical requirement for transport. The updated eligibility questions will also be used by health professional staff who book transport to ensure equity across the county. As happens currently, patients who do not meet the required score for PTS are offered a contact number for Oxfordshire Travel Advice Line (OxTAIL) which is operated by Oxfordshire County Council – this gives Oxfordshire patients advice on the travel options available to them to attend their out patient appointment.

3.2 Non-emergency Patient Transport Services Project Objectives
The key objectives are:
- To ensure savings are made by testing eligibility for the transport services
- To provide clear criteria for eligibility for non-emergency patient transport services
To ensure that patients using or wishing the service are offered advice and support in getting alternative transport
To ensure patients are aware of the financial support available to them if they have a low income

Who can use non-emergency patient transport services?
In Oxfordshire the current criteria for patients to be eligible for this service are:

- patient requires continuous oxygen.
- patient requires a stretcher.
- patient has a disability that prevents them from travelling by private or public transport.
- patient has a medical condition that may deteriorate if they were to travel by private or public transport.
- patient is having certain types of ongoing treatment i.e. chemotherapy, radiotherapy or renal dialysis.

In addition if the patient meets any of the above criteria, they may be able to travel with an escort, if one or more of the following apply:

- patient is under 16 years of age
- patient has significant communication difficulties, including learning difficulties, impaired sight or is hard of hearing
- patient has a mental health problem that prevents them from travelling alone
- patient has a medical condition that requires constant supervision for their own safety
- patient requires a carer at their destination.

What will happen if transport is refused?
Patients will be directed to the Oxfordshire Travel Advice Line (OxTail) who can advise them about the options available to them. These include bus services and voluntary transport services. For patients on a low income there may be financial support available.
4. Engagement

4.1 Introduction

An engagement programme was started at the beginning of June:

- A newsletter item was sent out to all the local newsletters in Oxfordshire. (Appendix 3)
- A supporting information document was produced. (Appendix 2)
- An engagement questionnaire was launched on the Talking Health pages on the NHS Oxfordshire website. (Appendix 1)
- The engagement questionnaire and supporting document were sent out on all inward journeys on non-emergency patient transport in a paper version with a freepost return address. It was also sent out on request to a number of people contacting us as a result of the newsletters.
- The questionnaire and supporting document were sent to all GP surgeries via practice managers.
- Contact was made with Oxfordshire Rural Community Council (ORCC) to discuss the issues for volunteer drivers.
- A newsletter article was produced for volunteer drivers to be sent out by ORCC.
- In all almost 5,000 people were directly contacted about the consultation and provided with information.
- We have had a small number of very detailed comments from individuals during this process.

4.2 Methodology

Local Newsletters
It was identified that this was an issue that would particularly affect local communities in rural areas and local newsletters have proved very useful in the past. We are unable to identify how many have published the article but we know of at least 15 and have had responses from individuals who have learned about the consultation via local newsletters.

Supporting information and engagement questionnaire
The supporting information and questionnaire were launched via the NHS Oxfordshire on-line consultation tool Talking Health and were also made available in paper versions which were distributed direct to users of the service (see below). Over 600 members of Talking Health were directly invited to join the consultation. They were selected both by their interest and preferences.

In addition the information about this was sent to the Local Involvement Network (LINks) and the wider voluntary sector.

In all 103 people registered on-line to join the consultation and 173 responded to the questionnaire – the majority of these were paper responses.

Distribution via non-emergency transport services
From the second week in June until the middle of July the questionnaire and paper information were distributed on all inward journeys on the non-emergency patient
transport services. In excess of 4,000 were handed out during this time and prompted over half of the responses to the questionnaire.

4.3 Main findings from engagement

4.3.1 The Questionnaire

The majority of responses were received on paper with approximately a third from on-line responses. In total 179 people responded to the questionnaire and of these almost two thirds were users of the patient transport service.

Q1
Have you travelled by patient transport services provided by South Central Ambulance Service within the past year?

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>59% (106)</td>
</tr>
<tr>
<td>No</td>
<td>41% (73)</td>
</tr>
</tbody>
</table>

Of the 179 responses 106 had used the service and 73 had not. The responses to Q7 tell us more about those who had not used services and indicate that more than half of these had a direct interest in the service.

The following five questions relate to those who have used patient transport recently.

Q2

How did you book your journey?

- 33 through the direct line at the ambulance service
- 24 via my GP surgery
- 15 via the outpatient department at the hospital I attended
- 67 other. Please tell us how you booked your journey

The most common method was via the outpatient department at the local hospital. Of those who responded ‘Other’ most actually cited arrangements made on their behalf by third parties or were patients using services after discharge from inpatient care who will not be affected by these proposed changes.
A small number of patients (17) indicated journey distances that were within 5 miles of the hospital. But most were further away than that – almost half indicating a distance of 16 miles or more. Eleven had a journey of over 26 miles suggesting they live in remote rural communities and responses in relation to this will be explored later.
Q4

Please tell us your reason for using patient transport.

- I am a carer and was accompanying someone else
- I needed stretcher transport
- I needed wheelchair transport
- I was being treated with chemotherapy, radiology or renal dialysis
- I have a disability that prevents me from travelling by private or public transport
- I have a medical condition that may deteriorate if I were to travel by private or public transport
- My GP surgery advised me I could
- The hospital outpatients department told me I could
- Other. Please tell us your reason

Of those who indicated ‘other’ most indicated reasons which were covered elsewhere in the options. However we have had responses here and elsewhere that indicate that patients have been advised to travel by patient transport because of eye treatment which involves eye drops and may affect visual acuity, increasing risk on public transport.

More than a quarter of patients told us they were using public transport only because they were told they could and of these two thirds live less than 16 miles from the hospital.

Q5
If you have travelled by patient transport services do you think you will be affected by this change?

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>36% (40)</td>
</tr>
<tr>
<td>No</td>
<td>48% (53)</td>
</tr>
<tr>
<td>I do not know</td>
<td>15% (17)</td>
</tr>
</tbody>
</table>

48 %( 53) thought they would not be affected. This means that more than half either thought they would be or were not sure. Of the 57 who answered no or not sure 25 had been told by the outpatient service they could use patient transport. A further 21 described themselves as having a disability that prevented them from travelling by private or public transport.
Q6
If you answered yes or 'I do not know' please tell us more about your answer. For example if you will need to make your own way there how easy or difficult would this be for you.

52 respondents answered this question. Many of them gave responses that suggested they have sufficient disability to qualify for patient transport services. There were several responses referring to the difficulty of making their way to the hospital by public transport because of the number of changes of bus required (two or three changes).

One response from a carer indicated that she had not been allowed to travel with her husband to hospital though he is frail and confused. This response was accompanied by a detailed concern which we have asked the ambulance service to investigate as it appears that the respondent should have been allowed to travel with her husband.

Q7

If you have told us you have not used patient transport please tell us more about the reasons for your interest.

More than half of the respondents had a direct interest in the provision of the service. Of those who answered ‘other’ most indicated they are currently driving themselves or someone else to hospital but foresee a time when they would need to use transport.

We were pleased to see responses from volunteer drivers and have done some work to link up with them which is referred to later.
NHS Oxfordshire has a finite amount of money to commission (purchase) health services and treatments for everyone in Oxfordshire. The PCT has to ensure that we improve the health and well-being of the population within the resources (both staff and money) available. This means that the PCT has to make difficult choices about the services it funds. With this in mind which of these statements most closely matches your opinion?

61% (109) respondents thought that patient transport should only be available for people who need it and can prove they are eligible. Another 21% (26) gave an ‘other’ response.

In the narrative responses several respondents thought the conditions were too harsh and should be made easier to meet for elderly people. For example they expressed concern about elderly people in rural areas, first that there may not be a bus service even though they are able to use a bus and that those on a low income may not be able to make a claim for a taxi fare where a taxi may be the only option open to them.

A lot of responses were from elderly people and there was a strong sense of worry that they may not be able to continue to access transport services – several were in their 80s and 90s. Where people rely on family support this may be far away and not always readily available.

“In this area many people have to rely on their families to get to distant appointments.”
Q9
If you have any other comments you would like to make about this please indicate below.

This was answered by 79 respondents. In addition we had a number of responses by email or post some of them quite lengthy. These are all reflected in section 5.

Appreciation
It is important to say that there is considerable appreciation of this service – eleven responses were either solely or mainly to comment positively on the quality of the service. Several patients expressed their gratitude for the service. It is clearly highly valued.

“I think this is a wonderful service and pray that it can continue.”

There was a wide range of other comments and no very strong themes. These themes deal with those issues that were raised three or more time in the responses.

Access
Seven responses referred to access at the John Radcliffe Hospital or the Churchill. These have been drawn together but cover a range of points:

- Insufficient Blue Badge/disabled parking places at the John Radcliffe (2 comments)
- The distance from the car park to the hospital at the Churchill with no shuttle service (likening it to an airport) – particularly an issue if the person dropped at the drop off point needs guidance from a carer to get to the appointment. Also a problem if patient can manage a short walk but cannot manage this distance.
- The lack of a bus service at the Churchill – so long walks from buses
- Insufficient attention paid to the needs/arrangements for volunteer drivers – not enough free parking for them (at the John Radcliffe)

Volunteer drivers
There were a number of references to the issues for volunteer drivers and the following expresses this very well.

“Patient transport should only be provided for those who need it. As a volunteer driver it is becoming impossible to park at the JR and see the client safely to their appointment. Parking should be available, at no cost to the driver, could they be given pass cards to the public car parks if space is not available in the staff areas. The loss of revenue would be nothing compared with the savings that can be made in the budget for patient transport.”

The vetting process
The approach to identifying whether patients were eligible for patient transport was mentioned as a concern by four respondents. The particularly raised issues about:

- the importance of sensitivity to the patients needs
- the importance of simple clear questions
- the timing of appointments (not fitting in with transport)

There was some approval expressed about the approach to saving with four people making specific comments about this.
“This seems like a very sensible way of cutting your costs.”

There were some complaints about the timing of the service - patients commenting that they often faced long waits at different points in the system which might mean arriving late for appointments or waiting a long time after the end of the appointment. This could also mean that for some patients the journey was so long that it became a physical trial.

Carers
There were some observations that carers needed to be considered in this process and an indication that this is not consistent. One carer reported that she had not been allowed to travel with her husband although he is very vulnerable and suffering from confusion.

4.3.2 The main narrative themes

These are issues that were reflected throughout the responses.

Appointment times and transport
There were a range of comments, which included concerns about arriving in time for appointments, one carer pointing out that late arrival made the person they cared for very anxious. It could be difficult to tie in appointment times with the transport services – one respondent mentioning that, having spent a lot of time trying to tie together several appointments so that they all occurred on one day, they found that one would not fit in with the transport service and had to make further changes.

Eligibility criteria
It was felt to be important that there was clarity about the eligibility criteria so they are well understood by patients.

“What are the conditions of eligibility? It should be clear to patients who is and who is not eligible.”

Issues with understanding the supporting information
In some cases it was clear that the respondents had not understood the information in the supporting literature for Patient Transport Services.

“The eligibility criteria is crucial. Someone in their 80s, for example, attending regular radiotherapy sessions over a long period of time, can be told that they are not entitled to use PTS, presumably because they don't have much trouble walking. However, there are other factors to consider.”

NB All those receiving radiotherapy are eligible for patient transport.

Frail and elderly issues
Although a large proportion of respondent indicted that they thought it is appropriate to have eligibility criteria there were a number of comments about whether they would meet the needs of all patients.

“The question set has got to be sensitive enough to recognise frailty in old age
PT transport should be available to people who think they need it without having to prove they are eligible. They may be simply very old and frails, using a walking frame - what is there to prove? Eligibility should include age and infirmity."

Rural issues
There were also concerns about the rurality of Oxfordshire. The cost of transport was raised on a number of occasions often in conjunction with issues about living in a rural community.

"The problem in Oxfordshire is the geography. Many people live in rural areas with little or no public transport. Whilst they may be physically capable of using buses or taxis, the practicality of getting one that easily takes them to a hospital appointment can often present difficulties."

Voluntary driving schemes
A wide range of issues were raised about voluntary driver schemes. There are concerns about whether they can pick up the extra work that might be brought about by this change. There were also suggestions that there should be some funding directed towards volunteer driver schemes. Finally this report has already referred to the issues with access at the hospitals.

There were a range of suggestions for change made.
"More vol. drivers could be used with designated parking area for them close to the hospital with wheel chairs easily available. Also porters to push chairs if car driver was unable to. This service book in advance."

Fear of service loss
Some answers suggested that there was a fear that the service may be lost – not simply curtailed.

Accessible hospital sites
There were issues raised about the accessibility of the site at the John Radcliffe Hospital.
"Changes need to be made to make bus stops more accessible at the hospital, to provide more disabled parking spaces and to get more volunteer groups on board to drive people to hospital appointments."

Price of taxis
Several respondents mentioned with concern the high cost of taxi journeys they had faced when forced to travel by taxi.

5. Other responses
There were a number of direct email and letter responses and one respondent set up a blog on line. In addition we had letters from the following: ORCC community transport adviser on behalf of the rural inclusion group and David Neudegg the chief executive of West Oxfordshire District Council.

The daughter of one transport user set up a blog with an analysis of some of the issues and a closely argued case for some changes. This elicited another response

Her comments included a suggestion about ensuring ambulances have access along the High Street in Oxford which we are actively investigating.

Both letters have been reviewed by the commissioners. The ORCC letter focussed on the issues for volunteer drivers. They were particularly concerned that the service is very stretched and has little additional capacity. As a result of this letter our commissioning team have met with the representative and discussed the issues. The meeting recognised the challenges faced by rural communities and the PCT have acknowledged that these communities face additional barriers. This includes being aware that even where buses run there may be access issues due to patients potentially having to walk along busy roads. There was a useful discussion about how the voluntary driver scheme could be used as this was a more attractive option for some vulnerable patients. The PCT emphasised that the consultation was about applying existing criteria more stringently and that those who were eligible and so needed the service would still be able to use it.

The letter received from West Oxfordshire District Council has also been considered by the commissioning team. They are aware that they need to consider the rural issues that have been raised throughout this consultation.

The emails were varied two of the respondents had clearly misunderstood the explanation in the papers which were sent out. Others made suggestions that have been reflected elsewhere.

### 6. Suggestions made by respondents

A range of suggestions were made by respondents and some of these are reflected here.

- Parking should be free for volunteer drivers
- Frailty, old age and access to transport to be taken into account in the decision making criteria.
- Volunteer drivers could be given pass cards to the public car parks if space is not available in the staff areas.
- The eligibility criteria should be carefully set and piloted and consulted upon before confirming to avoid unintended consequences.
- It would increase awareness if patients were told “the cost of your journey today is…”
- The approach should be piloted to test the questionnaire for validity and interview of the people should be undertaken of those who fail the criteria to understand why they think they need transport.
- The expensive hospital transport requirement could be reduced by adding in a tier which involves combination of subsidised (patient contributes) taxi and public transport (suggested twice).
- Currently, elderly patients are able to use their local authority travel tokens when using some volunteer schemes. Tokens are being discontinued in favour of free bus passes. Someone along the line needs to be talking to the local authorities to come up with an arrangement which enables bus passes to be used in association with volunteer driving schemes so that the elderly are able to get free travel in the same way as when they use a bus.
7. Key learning

There was clear support for the approach that transport should only be available to those who are eligible. This was true for all respondents whether they were users of the service or were other interested parties. Indeed those who had used patient transport were more likely to agree with this option than those who had not.

Cross-tabulation of "Have you travelled by patient transport services provided by..." against "NHS Oxfordshire has a finite amount of money to commission..."

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient transport should only be available for people who need it and can prove they are eligible.</td>
<td>68 (38.9%)</td>
<td>41 (23.4%)</td>
<td>109 (62.3%)</td>
</tr>
<tr>
<td>Patient transport should be available to people who think they need it without having to prove they are eligible.</td>
<td>15 (8.6%)</td>
<td>8 (4.6%)</td>
<td>23 (13.1%)</td>
</tr>
<tr>
<td>Patient transport should be available to everyone but only if the journey is over a certain distance.</td>
<td>1 (0.6%)</td>
<td>0 (0.0%)</td>
<td>1 (0.6%)</td>
</tr>
<tr>
<td>Patient transport should be freely available to anyone who wants it.</td>
<td>4 (2.3%)</td>
<td>0 (0.0%)</td>
<td>4 (2.3%)</td>
</tr>
<tr>
<td>Other. Please tell us what you think</td>
<td>14 (8.0%)</td>
<td>24 (13.7%)</td>
<td>38 (21.7%)</td>
</tr>
<tr>
<td>No answer</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Total</td>
<td>102 (58.3%)</td>
<td>73 (41.7%)</td>
<td>175 (100.0%)</td>
</tr>
</tbody>
</table>

However a number of issues were raised which we would recommend are taken into consideration during the development of the next phase of the delivery of this approach.

The position of those leaving inpatient and day surgery
There was some confusion from patients being taken home from day surgery or inpatient stays. It should be made absolutely clear that this will not affect those patients.
The following suggestion is made:
- that clear information is provided to all those travelling on patient transport when the new approach is launched so that users of the service understand their position. For example a Q&A could be produced to address some of the areas of confusion.

Transport for the elderly and frail
Concerns were raised about the provision of services for those who are elderly and/or frail, particularly those living in rural communities where transport options are restricted and bus services may be infrequent, require several changes or bus stops may be a long walk from the patient home. Consideration needs to be given to how these patients may be supported to find suitable and economical transport if they are not eligible for the non-emergency transport services.
The following suggestions are made:
• every appointment invitation is accompanied by simple advice about transport options.
• that the availability Dial a Ride service is investigated - this currently does not offer transport to medical appointments but is a lifeline for those who live in rural communities.
• that consideration of age, frailty or infirmity is considered as part of the screening questionnaire.

Eye treatment
Several respondents raised concerns about those with eye problems. Some treatments for the eyes and some tests can cause visual disturbance which may mean that although an inward journey can be safely made independently the same patients would be at risk on the home journey. The following suggestion is made:
• that availability of transport for this group of patients is reviewed in the light of these comments.

Low income
There were real worries about this issue for transport for those on a low income and for those whose only alternative might be an expensive taxi journey. The following suggestion is made:
• that information about the low income scheme is freely available and particularly to find out where they can get refunds in each hospital. This might mean tailored information for each hospital.

Vetting for eligibility
Several respondents made comments about this, expressing concerns about making this process too difficult or insensitive to the needs of vulnerable people. The following suggestion is made:
• that as part of the training of staff during the development of the vetting process attention should be given to simple interpersonal skills to ensure that the needs of vulnerable patients are met with sensitivity.

Carers
Respondents reported problems that carers had with accompanying the person they care for. There seemed to be inconsistency in when carers were allowed to accompany patients as well. The following suggestion is made:
• the treatment of carers should be fair and consistent

Volunteer driver schemes
As previously mentioned there are issues and concerns about volunteer driving schemes and the resultant pressures. The following suggestions are made:
• that any further change should involve the voluntary sector – specifically the volunteer driver schemes and the ORCC who support these schemes and have a wide rural reach.
• that the issues raised by the voluntary sector are drawn together into a separate document and are investigated closely. This would enable consideration to be given to whether there are any appropriate solutions either in making the access to hospital easier or in providing some material support.
Appendix 1

The questionnaire

Non-emergency patient transport services questionnaire

We would like to ask you some questions about your use of and views on the future of patient transport services in Oxfordshire. This is not about emergency transport it is about those services which are provided to enable patients to get to appointments in outpatient departments or for minor treatments or investigations.

The patient transport service costs the NHS in Oxfordshire over £3 million a year and in the last financial year we spent £350,000 of this on patients who were able to use ‘walk on’ transport. That is patients who could travel by car and need no assistance in getting in and out of a vehicle. We think that we can save as much as £200,000 by tightening up on who can use this service.

The NHS needs to save money so that we can go on meeting the increasing demands for services. This means that even though our budgets have not been cut and our funding will increase in the next three years there are more demands being made on the pot of money we have.

These demands are increasing because:

- the population is getting older,
- there have been advances in technology,
- more new medicines are being developed,
- patients have higher expectations.

We have to make sure that we use the money we do have in new ways and to the best effect to help our patients.

Before completing this questionnaire please read our consultation document which explains this in more detail. If you would prefer to complete these questions online or have any queries please see below:

How to answer the questions on line
Take a look at the consultation pages on our website. You will be asked to register before you can get all the information. [http://bitly.com/Patienttransport](http://bitly.com/Patienttransport)
Questions

1) Have you travelled by patient transport services provided by South Central Ambulance Service within the past year?

☐ Yes
☐ No

If you have not travelled by patient transport service please go to question 7

If you have travelled by patient transport services please answer the following questions

2) How did you book your journey?

Tick all which apply to you

☐ Through the direct line at the ambulance service
☐ Via my GP surgery
☐ Via the outpatient department at the hospital I attended
☐ Other

If you have answered other please tell us how you booked your journey

3) If you have travelled by patient transport how far was your journey

☐ 0-5 miles
☐ 6-10 miles
☐ 11-15 miles
☐ 16-20 miles
☐ 21-25 miles
☐ More than 26 miles

4) Please tell us the reason for using patient transport

☐ I am a carer and was accompanying someone else
☐ I needed stretcher transport
☐ I needed wheelchair transport
☐ I was being treated with chemotherapy, radiology or renal dialysis
☐ I have a disability that prevents me from travelling by private or public transport
☐ I have a medical condition that may deteriorate if I were to travel by private or public transport
☐ My GP surgery advised me I could
☐ The hospital outpatients department told me I could
☐ Other

If you have answered other please tell us your reason
5) If you have travelled by patient transport services do you think you will be affected by this change? (Please read the information handout before answering this question)

☐ Yes
☐ No
☐ I do not know

6) If you answered yes or ‘I do not know’ please tell us more about your answer. For example if you will need to make your own way there how easy or difficult would this be for you.

If you answered no please go to question 8

7) If you have told us that you have not used patient transport please tell us more about your interest. (Please tick all that apply).

☐ I am a volunteer driver
☐ I am involved with/work for an organisation which has an interest in this work
☐ I am a member of NHS staff/work at a GP practice
☐ I have a general interest in health matters
☐ Other

If you have answered other please tell us about your interest in this

8) NHS Oxfordshire has a finite amount of money to commission (purchase) health services and treatments for everyone in Oxfordshire. The PCT has to ensure that we improve the health and well-being of the population within the resources (both staff and money) available. This means that the PCT has to make difficult choices about the services it funds. With this in mind which of these statements most closely matches your opinion? (Please choose only one).

☐ Patient transport should only be available for people who need it and can prove they are eligible.
☐ Patient transport should be available to people who think they need it without having to prove they are eligible.

☐ Patient transport should be available to everyone but only if the journey is over a certain distance

☐ Patient transport should be freely available to anyone who wants it

☐ Other

*If you have answered other please tell us what you think*

9) If you have any other comments you would like to make about this please indicate below.

If you would like to hear the outcome of this work we would be happy to send you any details. Please complete your name and address below.

Name:
Address:

Email address:
Telephone number:

When you have completed this questionnaire you can post it as follows:
Communications & Engagement
FREEPOST RRRKBZBTASXU
NHS Oxfordshire
Jubilee House
5510 John Smith Drive
Oxford Business Park South, OXFORD OX4 2LH

**ALL QUESTIONNAIRES SHOULD BE COMPLETED AND RETURNED BY 31 July 2011**

If you would prefer to complete it online or have any queries please see below:
How to answer the questions on line
Take a look at the consultation pages on our website. You will be asked to register before you can get all the information.
Insert contact details

How to find out more

Write to the above address
Email: talking.health@oxfordshirepct.nhs.uk

Phone 01865 334641
Appendix 2

Stakeholder briefing

Non-emergency patient transport services

What is this all about?
We want to understand the public point of view about changes to patient transport services which we are proposing. We would like as many people as possible to make comments or feed their view back to us.

What are non-emergency patient transport services?
They are services which are provided to enable patients to get to appointments in outpatient departments or for minor treatments or investigations. It is available for patients registered within NHS Oxfordshire travelling within the areas of Oxfordshire, Buckinghamshire and Berkshire.

This service is currently used by a wide range of patients many of whom could travel by bus or car. The patient transport service costs the NHS in Oxfordshire over £3 million a year and in the last financial year we spent £350,000 of this on patients who were able to use ‘walk on’ transport. That is patients who could travel by car and need no assistance in getting in and out of a vehicle. We think that we can save as much as £200,000 by tightening up on who can use this service.

“Eligible patients for PTS are those who have a medical condition requiring support during or after the journey and or when it would be detrimental to the patient’s condition or recovery if they were to travel by other means.” Department of Health 2007 - Eligibility Criteria for Patient Transport Services

Who can use non-emergency patient transport services?
In Oxfordshire the current criteria for patients to be eligible for this service are:

- you require continuous oxygen.
- you require a stretcher.
- you have a disability that prevents you from travelling by private or public transport.
- you have a medical condition that may deteriorate if you were to travel by private or public transport.
- you are having certain types of on going treatment i.e. chemotherapy, radio or renal dialysis. These are called “essential” journeys.

In addition if you meet any of the above criteria, you may be able to travel with an escort, if one or more of the following apply:

- you are under 16 years of age
- you have significant communication difficulties, including learning difficulties, impaired sight or are hard of hearing
- you have a mental health problem that prevents you from travelling alone
• you have a medical condition that requires constant supervision for your own safety
• you require a carer at your destination.

None of this will change

What will change?
In addition to patients who meet these criteria we have continued to agree transport for those who do not but believe they need the transport for their appointments.

In future we plan to ask a set of questions before a booking is made and the patient’s needs will be given a score. Patients who do not meet the score will not be able to access this service and will be asked to make their own way to their appointments.

The patient eligibility for the service will be assessed by either ambulance staff via a patient booking line or healthcare staff in treatment centres / GP surgeries / secondary care. In addition some of the questions asked will also allow the ambulance service to identify what kind of vehicle is needed – e.g. patient can walk on to the vehicle, patient needs a vehicle suitable for a wheelchair, patient needs stretcher transport.

What will happen if I am refused transport?
You will be directed to the Oxfordshire Travel Advice Line (OxTAIL) who can advise you about the options available to you. These include bus services and voluntary transport services. If you are on a low income there may be financial support available for you.

Why are we making these changes now?
The NHS needs to save money so that we can go on meeting the increasing demands for services. This means that even though our budgets have not been cut and our funding will increase in the next three years there are more demands being made on the pot of money we have.

These demands are increasing because:
• the population is getting older;
• more new medicines are being developed;
• there have been advances in technology;
• patients have higher expectations.

We have to make sure that we use the money we do have to the best effect to help our patients.

Where to get more information
NHS leaflet HC11 Help with health costs – available in your GP surgery or at the hospital you are attending

Oxfordshire Travel Advice Line (OxTAIL) Mon-Fri 9.00am-5.00pm
01865 323738 email: oxtail@oxfordshire.gov.uk

How to get involved
Take a look at the *Talking Health* pages on our website [http://bitly.com/Patienttransport](http://bitly.com/Patienttransport). You will be asked to register before you can get all the information.

Complete our questionnaire either on our webpage or available as a hard copy by contacting us as shown below.

**How to find out more**

Email: talking.health@oxfordshirepct.nhs.uk  
Phone 01865 334641

You can also write to us with your views at:

Communications & Engagement,  
**FREEPOST RRRKBZBTASXU**  
NHS Oxfordshire, Jubilee House, 5510 John Smith Drive  
Oxford Business Park South, OXFORD OX4 2LH
Appendix 3

Newsletter article

Changes to non-emergency patient transport services

Patients travel from all over Oxfordshire for appointments at hospitals and other health providers. Many of these patients use non-emergency transport services - these are not emergency ambulances and may be single driver vehicles or vehicles designed for wheelchair or stretcher access. NHS Oxfordshire is asking for your views on the future of these services. You may have used these services yourself, know someone who uses them or feel that any changes to this service may affect local people.

If you would like to find out more about the changes, take part in the consultation or answer the questionnaire you can take a look at what is happening online as follows http://bitly.com/Patienttransport or contact NHS Oxfordshire on 01865 334641

Further information for editors
In Oxfordshire the current criteria for patients to be eligible for this service are:

- you require continuous oxygen.
- you require a stretcher.
- you have a disability that prevents you from travelling by private or public transport.
- you have a medical condition that may deteriorate if you were to travel by private or public transport.
- you are having certain types of on going treatment i.e. chemotherapy, radiology or renal dialysis. These are called “essential” journeys.

In addition if you meet any of the above criteria, you may be able to travel with an escort, if one or more of the following apply:

- you are under 16 years of age
- you have significant communication difficulties, including learning difficulties, impaired sight or are hard of hearing
- you have a mental health problem that prevents you from travelling alone
- you have a medical condition that requires constant supervision for your own safety
- you require a carer at your destination.

None of this will change, what will change is that:
In addition to patients who meet these criteria we have continued to agree transport for patients who do not meet the criteria but believe they need the
transport to get to their appointments.

In future we plan to ask a set of questions before a booking is made and the patient's needs will be given a score. Patients who do not meet the score will not be able to access this service and will be asked to make their own way to their appointments.

The patient eligibility for the service will be assessed by either ambulance staff via a patient booking line or healthcare staff in treatment centres / GP surgeries / secondary care. In addition some of the questions asked will also allow the ambulance service to identify what kind of vehicle is needed – e.g. patient can walk on to the vehicle, patient needs a vehicle suitable for a wheelchair, patient needs stretcher transport.

For further information please contact Judy McCulloch
01865 334363 judy.mcculloch@oxfordshirepct.nhs.uk