

# **Patient Transport Services (PTS) Eligibility Criteria Implementation OVERVIEW AND SCRUTINY COMMITTEE Briefing Paper**

## **1. Introduction**

This briefing paper seeks to inform Overview and Scrutiny Committees of the proposed service improvement for Patient Transport Services (PTS) provided by the North West Ambulance Service (NWAS). It outlines the major stages of the improvement programme and highlights its primary aim - to develop a service, proven to be of high quality and effective for all patients. The service improvement does not seek to change current eligibility criteria for access to PTS but seeks to ensure that criteria are applied consistently across the North West. It should be noted that the proposals in this paper will have no effect on the provision Emergency Ambulance Services operated by NWAS.

## **2. Background**

The North West PCT Alliance has developed and implemented a robust Performance and Governance Framework in partnership with NWAS. The aim of this framework is to ensure that all aspects of contractual requirements are met to ensure that patients get the best service possible. The Performance and Governance Framework reflects the complexity of commissioning and engagement arrangements for PTS and recognises each of the 24 North West PCTs as key partners involved in the improvement process. To ensure consistency the co-ordinating lead for the 24 PCTs with commissioning responsibilities with respect to Ambulance Services is NHS Blackpool. Improvement plan for PTS has been developed with NWAS and with the support of the Commissioning Business Service (CBS) of Greater Manchester and NHS North West. The improvement plan for PTS has also benefited from stakeholder input from the Department of Health and inputs from the following areas:

- Communications
- Patients
- Finance
- Contract monitoring
- Commissioning
- Clinicians
- Human Resource

## **3. The Requirement for service development**

### **3.1 Drivers for change**

In 2007, the Department of Health (DoH) published a national policy document entitled *Eligibility Criteria for Patient Transport Services*, which provided revised criteria for non-emergency patient transport services. This document stated that it is the responsibility of the PCTs/commissioners to ensure that eligibility criteria are rolled out across providers of PTS services. As defined by the DoH, patients are eligible for PTS in the following circumstances:

- A patient's medical condition requires the skills or support of PTS staff on/after the journey

- It would be detrimental to a patient's condition/recovery if they were to travel by other means
- A patient's medical condition impacts upon their mobility to such an extent that they would be unable to access healthcare or it would be detrimental/hinder recovery to travel by other means
- A recognised parent/guardian where children are being conveyed.

Following a comprehensive review of PTS across the North West the 24 PCTs agreed the need to improve access to PTS services as there was a high level of variation in the interpretation of the above access criteria. In early 2010, NHS Blackpool established a project implementation team to progress the consistent use of the DoH's defined eligibility criteria. This would allow all healthcare professionals to ensure equity when booking PTS journeys through NWAS.

To ensure the criteria are applied consistently work has been undertaken by the project team to devise a small number of pre-eligibility assessment questions which will be used by staff when making a PTS booking.

### **3.2 Impact of New Technology**

Currently all transport bookings are done via a variety of booking methods including booking centres, hospital administration systems, telephone, Ambulance Liaison Officers and a number of other routes.

To capitalise on the opportunities offered by new technology the access pathway to PTS will now feature a pre assessment tool which will be web based. The web based system will capture all the information required and allow booking centre staff, booking agents or healthcare professionals to take a patient through the eligibility assessment in order to book their transport. The system will speed up the process and offer a full audit trail of all bookings made.

For the small cohort of patients that self book; they will be able to book their transport by telephoning an NWAS Control Centre.

Telephone booking will still be available for staff should they not have access to a computer terminal. All telephone bookings will still be captured on the web based system via the ambulance control centre.

## **4. Current Position**

### **4.1 Early Adopters**

As members will have noted there is currently an inconsistent application of eligibility criteria across the region. The result of this is often confusion for patients, carers and staff. A single patient may use PTS services to travel to specialist centres for treatment for some elements of care and to local hospitals for other appointments. Where different interpretations of criteria have been applied this can lead to the same patient accessing PTS in one area and being denied it in another. It also means that the current mix of patients on vehicles include both those who genuinely meet the DoH's eligibility criteria for transport and those who do not.

Following the work of the project team, NHS Blackpool and NWAS are now in a position to roll out the pre assessment tool to promote the consistent application of eligibility criteria. Initially to roll out will cover five 'early adopter' sites across the North West. The aim of the early adopter sites is to test out the pre-eligibility assessment process before it is widened out across all 24 PCT areas. It is planned that the roll out will take place over a period of 6 months (1 October 2010 – March 2011) in order to

assess the impact of the assessment across all patient groups. The early adopter sites are as follows;

- NHS Bolton
- NHS Heywood, Middleton & Rochdale (for application across the NE Sector)
- NHS Central and Eastern Cheshire
- NHS East Lancashire (also incorporating Blackburn with Darwen)
- NHS Cumbria

From 1st October 2010 it is proposed that all new requests (i.e. a patient referred for treatment of a new condition defined as not having had an appointment for three months) for non-emergency patient transport services by NWAS in the early adopter areas, will be taken through this new pre-eligibility assessment process once their appointment for treatment has been confirmed.

## 4.2 Milestones

The table below illustrates the indicative dates required to take the implementation forward:

ACTIVITIES	INDICATIVE DATES
Briefing	August 2010
Early adopter engagement	September 2010
Key stakeholder engagement	September 2010
Patient group engagement	September 2010
Media engagement	September 2010
Stakeholder engagement	October 2010
Early Adopters assessment/audit	Nov/Dec 2010
Reiteration of engagement	March 2011
Implementation	April 2011

## 5. Pre-eligibility Assessment Questions

The pre-assessment questions detailed below are to ensure all patients are assessed equally and fairly and are based on the national guidance;

Pre Eligibility Assessment Questions (Pre Screening Questions)	
Is the Patient able to use their own transport to attend the hospital/clinic?	If yes advise the patient they should use their own vehicle to attend their appointment
Is the Patient able to use public transport to attend the hospital/clinic? (i.e. train, bus, taxi)	If yes but patient unsure of how to attend appointment provide contact details for travel line. If yes but patient unable to afford own transport provide information on HTCS eligibility
Could the patient make their own way to the appointment if it was at an alternative date/time?	Provide patient with contact number for booking centre and ask them to rearrange their appointment for a time convenient for them
Does the Patient have friends or family who could take them to the hospital or clinic?	If yes ask if the Patient is able to go with friends/family to attend their appointment

## **6. Key objectives of the assessment process**

**6.1 To Improve the Quality of Service** – the aim of the programme is to place the patient at the centre of the service, in accordance with the National agenda and offer the patient transport that meets their clinical needs and is based on equity.

### **6.2 Key messages**

- Patient Transport Services are for those patients whose medical condition means that they cannot attend their appointment or treatment any other way
- A patient's eligibility is determined by the healthcare professional responsible who will take the patient through an assessment before booking the transport
- If a patient is not deemed to be eligible, alternative modes of transport will be advised e.g. public transport, taxi, friends/family cars
- All patients will be eligible to the appropriate level of support by trained staff whilst travelling on NHS transport
- The eligibility criteria will be applied to all new requests for patient transport (new is defined as haven't had a appointment for three months)
- The only members of the public entitled to ride on NHS transport are parents or carers travelling with patients who are children or adults who have been assessed as vulnerable
- Although we recognise other patients would like the support of family/friends with them on their journey, places taken up this way, means that other patients with medical need cannot be transported

Additional information regarding the patient's clinical condition will also be considered, for example:

- Partially sighted or blind?
- Suffer from severe mental difficulties?
- Require medical treatment (including oxygen) en route?
- Hospital treatment likely to cause severe physical side effects e.g. for renal dialysis or oncology treatment?

## **7. Conclusion**

This paper has sought to inform the Overview and Scrutiny Committee of the intention to apply the existing PTS Eligibility Criteria in a more uniform manner. The 24 Primary Care Trust in the area covered by NWAS wish to improve both equity of access to PTS transport and the quality of this transport.

The Committee is asked to note the proposed early adoption process outlined above and agree to receive a report on the outcomes of this pilot in January 2011.

## **Possible Q and A's**

### **What is Patient Transport Service?**

*In England, Patient Transport Services (PTS) undertake planned, non-urgent transport of patients with a medical need, to and from a premises providing NHS healthcare and also between NHS healthcare provider premises. This requires transport in an appropriate vehicle and a level of care consistent with the patients' medical needs.*

### **Who commissions and provides PTS?**

*In the North West currently, PTS is commissioned by a variety of Primary Care and Acute Trusts. From April 2011, as NWS' Lead Commissioner, NHS Blackpool, will take overall responsibility for PTS in the North West and from April 2011 there will be a single collaborative contract based on the national standard contract PTS framework.*

*North West Ambulance Service NHS Trust is the largest provider of PTS in the country, with almost 70 service level agreements in place across the region. PTS is also carried out by some private providers.*

### **Who uses/accesses PTS?**

*Patient Transport is used by a variety of patients travelling to outpatient appointments, patients travelling home after being discharged from hospital and patients being transferred between healthcare sites for medical treatment. Across the North West, there is currently no consistent methodology used to assess who should and shouldn't access the treatment and there is no clear guidance for healthcare professionals when booking transport on patients' eligibility.*

### **What are the benefits to the public and patients?**

*Patient Transport Services are commissioned by NHS commissioners in order to ensure that all patients who have a genuine need to travel on an ambulance or an ambulance car with access to a trained member of ambulance staff are able to do so. This will eventually apply to everyone across the region, regardless of their location of residence. Those patients who do not need to use the service can retain their independence and travel to or from hospital by another means. When the Patient Transport Service is carrying patients who meet the eligibility criteria outlined above, it will be able to improve the service it offers to those patients and operate more efficiently. The NHS is a publicly funded body and public funds will be/should be used on those who have a genuine need for the service.*

### **How these changes will be implemented?**

*In order to manage these changes slowly and ensure that patients and the public can be supported through the process, it is proposed that these changes are done in a phased way. The pre assessment and assessment of eligibility criteria will be consistently applied to all **new** requests for patient transport within the early adopter sites from October 2010.*

*Early in 2011, when the impact on patients can be truly assessed, wider PCTs will be brought in to roll out implementation within other PCT areas.*

### **Who will be affected?**

*All patients who are referred for new treatment which results in a new booking will go through*

*this process. All patients who are currently in the system travelling with PTS for existing or long term conditions will continue to travel on PTS until such a time when their treatment has ceased or they are referred through the system for new treatment or a new condition, when they will be assessed for eligibility.*

***How will patients and the public be engaged in the process?***

*Education and awareness is currently taking place with all NHS personnel within the early adopter sites who currently book patient transport for patients regarding the pre assessment and eligibility assessment tools so that they can explain the changes fully to patients. A public information leaflet is currently being produced which will be given to all new patients going through a new referral so that they and their relatives can understand the process.*

*CBS and NWAS will also be engaging with some key patient groups to discuss the changes and how it may impact upon their members. This includes; Local Involvement Networks, NWAS' critical friends network, Age UK, the Older People's Partnership, PALS. The early adopters will also engage with their patient forums too.*