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# Eligibility criteria for non-emergency patient transport

## A consultation

Version 1, August 2021

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# 1. Introduction

- 1.1 In August 2021, NHS England and NHS Improvement published the outcome of a review into non-emergency patient transport services (NEPTS). The review's final report sets out a new national framework for NEPTS, with the aim of ensuring that services are consistently responsive, fair and sustainable.
- 1.2 You are advised to read this consultation document alongside the overall [review report](#).
- 1.3 The first component of the new national framework is a commitment to update the national guidance on eligibility. This commitment responds to the concerns raised by patient groups and others during the review process that access to NEPTS is inconsistent between areas.
- 1.4 NHS England and NHS Improvement have therefore developed updated national eligibility criteria and is consulting on these.
- 1.5 The proposed new criteria were developed through engagement with a wide range of stakeholders, including patient groups and charities, transport providers, healthcare providers and commissioners. We are very grateful for their collaboration and input to date.
- 1.6 This consultation will allow more detailed feedback on the full criteria. It is aimed at transport providers, commissioners, and the general public.
- 1.7 The other components of the new national framework for NEPTS are as follows (full details in the overall [review report](#)).
  - Support for wider transport planning and journeys for all patients
  - Increased transparency, to incentivise patient-focused provision and enable greater learning and accountability
  - A clear path to a net zero NHS patient transport sector
  - Better procurement and contract management.
- 1.8 The consultation ends on 25 October 2021. The consultation period will also involve further detailed engagement with stakeholders in September. Please email [nhsi.neptsreview@nhs.net](mailto:nhsi.neptsreview@nhs.net) if you would like to be involved in this.

## 2. What is the issue we are trying to tackle?

- 2.1 While most people can travel to treatment independently or with support from family and friends, Non-Emergency Patient Transport Services (NEPTS) play an important role for those whose medical condition or severe mobility constraint means that other forms of transport are not suitable.
- 2.2 Non-Emergency Patient Transport Services deliver over 11 million patient journeys each year, covering around half a million miles each weekday. Almost half of all journeys are for outpatient appointments, around a third are for renal dialysis, and a fifth are for supporting discharges, transfers to other hospitals or other reasons.
- 2.3 Patient transport services are typically composed of four components:
  - **Co-ordination and triage capacity** – to assess eligibility, broker and manage journeys, and signpost people to independent transport.
  - **Specialist transport services** – for those who need adapted vehicles or support from staff with particular training. There are up to 300 CQC registered ambulance providers delivering these services.
  - **Non-specialist services** such as private hire/taxis and community transport – some areas now draw on over a hundred providers to flexibly deliver to those with less severe needs.
  - **Reimbursement** of travel costs to allow patients or their families to cover the costs of private transport. In addition, those on a low income or meeting other criteria are entitled to reimbursement through the **Healthcare Travel Costs Scheme (HTCS)**.
- 2.4 The Department of Health and Social Care (DHSC) set out the high-level criteria for NEPTS eligibility in guidance in 2007. Local areas have also, over time, developed their own sets of more detailed criteria which seek to translate these principles to the needs of their populations.
- 2.5 Stakeholders have reported that this creates variation in eligibility from place to place; an issue highlighted by Healthwatch, Age UK and Kidney Care UK.<sup>1</sup> Variation in how criteria are interpreted particularly affects patients with less

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<sup>1</sup> <https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20191016%20People%27s%20experiences%20of%20patient%20transport%20Formatted%20final.pdf>

severe needs, renal dialysis patients and patient escorts. For example, Age UK's 2018 report *Painful Journeys*<sup>2</sup> highlighted that escorts are provided for older adults in some areas but not all.

2.6 The quality of decision making was also raised by stakeholders involved in the review. For example, a Healthwatch Northumberland report from 2018 found that around 70% of appeals are successful.<sup>3</sup>

2.7 In response, the NEPTS review sets out a commitment of NHS England and NHS Improvement to develop updated national guidance on eligibility. In particular, the review sets out the aims of the new guidance:

- To provide more consistency and certainty for patients receiving haemodialysis treatment through a **universal commitment to transport support for all journeys to and from in-centre haemodialysis**. That will involve access to either specialist transport, non-specialist transport or simple and rapid reimbursement.
- To **clarify core eligibility criteria for people with a medical, cognitive or sensory, severe mobility or safeguarding need**, and for the transport of carers and escorts.
- **Reinforce the existing assumption that those with less significant mobility needs should travel independently**, while recognising the need for some discretion at individual and local level.

2.8 The terms of reference for the NEPTS review set out that improvements need to be delivered within the current resources. The review articulates how some resources are expected to be freed up for improving services from the anticipated reduction in face to face outpatient appointments. The constraint to operate within current resources will remain a factor which informs the final national eligibility criteria. The review also commits NHS England and Improvement to build on the criteria set out by DHSC in 2007.

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<sup>2</sup> Age UK (2018) *Painful Journeys*: [https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb\\_dec17\\_painful\\_journeys\\_indepth\\_report.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/active-communities/rb_dec17_painful_journeys_indepth_report.pdf)

<sup>3</sup> Healthwatch Northumberland (2018) *Insights into the non-emergency patient transport booking process for service users in Northumberland*: <https://healthwatchnorthumberland.co.uk/wp-content/uploads/2018/02/Patient-Transport-Service-Insight.pdf>

2.9 The aim of this consultation is to help us finalise a fair set of national eligibility criteria for NEPTS to deliver these objectives.

2.10 The review proposes that the final guidance is published in early 2022, so that it can be used in new contracts from April 2022 and existing services by April 2023.

Within these criteria, it will be for integrated care systems (ICSs) and their partners (including acute trusts, primary care providers and other referrers to NEPTS) to:

- Oversee any more specific local guidance necessary on the assessment process and how to determine eligibility within this national framework.
- Determine which individuals have authorisation to assess the eligibility of patients under each criterion – this includes describing the competencies required to undertake those assessments and where that assessment workload should sit.
- Determine how needs assessments should inform the provision of appropriate specialist vehicles, non-specialist vehicles or reimbursement and other forms of support.

NHS England and NHS Improvement will look to share best practice on these eligibility assessment processes, including where clinical judgement is considered as part of the criteria, during the Review implementation period.

### 3. Who is this work aimed at?

3.1 From April 2022, ICSs will assume overall responsibility for NEPTS within their area (subject to legislation on ICSs). The updated criteria should support ICSs and other commissioners with delegated powers to deliver these responsibilities fairly and effectively. Criteria will often be used by transport providers as part of their contract with ICSs.

- 3.2 The updated criteria are also aimed at patients and the public, so they can have clear expectations on who is eligible, and so they can hold ICSs to account for ensuring appropriate access to transport.
- 3.3 This consultation therefore seeks views from all stakeholders, including patients and the public more widely, charities and patient groups, commissioners, transport providers and healthcare providers.

## 4. How has NHS England and NHS Improvement approached this consultation?

- 4.1 A key element of the review process in 2020 and 2021 was understanding the issues and variation which characterises NEPTS eligibility. The review conducted a call for evidence, which received over 160 responses, held workshops with experts and patients specifically on eligibility, and conducted reviews of individual eligibility criteria in use within England and internationally. The review team also undertook a more specific analysis and engagement to support the development of proposals on renal dialysis, including surveying 64 renal units.
- 4.2 This research suggested that key areas of variation include whether haemodialysis patients are automatically eligible, the assessment of people with lower level mobility or social needs, and access for carers and escorts.
- 4.3 The review also sought some early feedback on the draft updated criteria, and have incorporated that feedback into the proposals below. This initial process included feedback from five local NHS systems, as well as from our Expert Advisory Group made up of leaders from patient groups, transport sector providers, healthcare providers and commissioners.
- 4.4 We recognise that there are challenges associated with setting national eligibility criteria, in the context of the significant differences in rural, urban, and coastal transport systems in England. However, the purpose of these updated national criteria, as far as possible, is to set more standardised core expectations on which patients should be eligible for NEPTS. It is then for NHS organisations to decide how to operationalise and adapt to local circumstances.

## 5. Structure of this consultation and how to respond

- 5.1 This survey makes up one important component of the overall consultation on the updated eligibility criteria, which lasts from August – 25 October 2021. The survey is open until 25 October 2021.
- 5.2 Other engagement activity will take place from September 2021 as part of the consultation. Dates and details will be confirmed in due course. NHS England and NHS Improvement will also seek views from the NEPTS Expert Advisory Group in considering the responses and finalising the guidance.
- 5.3 The engagement to date as part of the wider work of the NEPTS Review means this consultation is about finalising the details within the framework established by the Review. We are particularly keen to ensure that the detailed wording translates the policy intentions set out in the review into clear and operationally effective guidance.
- 5.4 In this survey we will ask you detailed questions regarding the criteria themselves, as described above. Please submit your views and comments by 25 October via our online template. It is our intention to use the outputs of this consultation to develop national guidance on eligibility criteria for NEPTS, which will supersede the 2007 DH guidance.

## 6. Draft updated eligibility criteria for NEPTS, and consultation questions

- 6.1 This section sets out the draft eligibility criteria we are consulting on. It also sets out the associated consultation questions, which are available on the CitizenSpace platform to give your input.
- 6.2 The qualifying criteria set out are intended to clarify the types of patient need which NHS-funded non-emergency patient transport is intended to address.
- 6.3 Within these criteria, it will be for local NHS services to determine the suitable mode of specialist or non-specialist transport and support required to meet the needs of those who qualify. It will also be for local NHS services (ICSSs) to determine which individuals or organisations have authorisation to assess the eligibility of patients under each criteria. They may also introduce more



specific local guidance on the assessment process and how to determine eligibility within this national framework. NHS England and NHS Improvement will look to share best practice on these eligibility assessment processes, including where clinical judgement is considered as part of the criteria, during the Review implementation period.

## Overarching principle

6.4 Most people should travel to and from hospital independently by private or public transport, with the help of family or friends if necessary. NHS Funded patient transportation is reserved for when it is essential to ensure an individual's safety, safe mobilisation, condition management or recovery.

## Reason for the appointment

6.5 Only patients who meet the reasons for appointment criteria below will be considered for eligibility for NHS Patient Transport:

- The patient will have been referred by a doctor, dentist, or ophthalmic practitioner for non-primary care NHS-funded healthcare services ie diagnostics or treatment.

or:

- The patient is being discharged from NHS-funded treatment.

## Qualifying criteria

6.6 The patient is likely to qualify for non emergency patient transport if they meet one or more of the following criteria (A-F):

## Medical need

A) They have a **medical need** for transport,<sup>4</sup> typically because they:

- Require oxygen which they are unable to self-administer during transit
- Need specialised equipment during the journey
- Need to be closely monitored during their journey
- Need to be transferred to another hospital

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<sup>4</sup> Those requiring medical support may also require a clinical escort in addition to patient transport. Commissioners and assessors will also need to consider whether needs should be met by category 4 999 services, rather than non-emergency patient transport.

- Have a medical condition, have undergone major surgery such as a transplant, and /or the potential side effects of treatment are likely to require assistance or monitoring during their journey
- Reside in a nursing home or hospice without access to suitable transport to healthcare treatment
- Have a medical condition or disability that would compromise their dignity or cause public concern on public transport or in a taxi,<sup>5</sup> and do not have access to appropriate private transport
- Have a communicable disease, for which travel on public transport or in a taxi is not advised, and do not have access to appropriate private transport.

6.7 Do you agree with our proposed criteria on qualifying medical needs?

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
Please explain your answer below:					
[free text]					

## Cognitive or sensory impairment

B) They have a **cognitive or sensory impairment** requiring the oversight of a member of patient transport staff or suitably trained driver, meaning that they:

- Have dementia or another mental health condition which requires the assistance of patient transport staff to ensure a safe journey
- Have a confused state of mind, learning / communication difficulties, hearing loss, impaired sight, to such an extent that they are unable to use public transport or a taxi, and do not have a carer who is able to transport them
- Pose a risk to themselves or others through independent travel. (please note that secure mental health transport for high-risk patients is managed separately from non-emergency patient transport).

<sup>5</sup> 'Taxi' is used in these criteria to refer to licensed taxis and private hire vehicles (minicabs).

6.8 Do you agree with our proposed criteria on qualifying cognitive or sensory impairment?

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
Please explain your answer below:					
[free text]					

### Significant mobility need

C) They have a **significant mobility need** which cannot be met through public or private transport, including the support of available family or friends or a taxi (including available mobility or assisted taxis or community transport provision). Examples are likely to include patients who:

- Need to travel lying down for all or part of the journey and/or need a stretcher or sling/hoist for their journey
- Need specialist bariatric provision
- Are unable to self-mobilise (ie unable to stand or walk more than a few steps)
- Have been clinically determined as at risk from using public transport due to being immunocompromised, and do not have access to appropriate alternative private transport (personal vehicle or taxi unless taxi travel advised against on clinical grounds)
- Are wheelchair users who do not have access to an appropriate alternative source of transport, do not have a specially-adapted vehicle (or are unable to use the vehicle for that journey), and they require the assistance of patient transport staff to undertake the journey.

6.9 Do you agree with our proposed criteria on qualifying significant mobility need?

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
Please explain your answer below:					
[free text]					

6.10 Do you have any views on the best way to define someone's ability to self-mobilise (3rd bullet point above), including whether and how to take into account the use of equipment and assistance?

Please explain your answer below:

[free text]

## In-centre haemodialysis

D) They are travelling to or returning from **in-centre haemodialysis**, in which case specialist transport, non-specialist transport or rapid reimbursement for private travel will be made available after a shared decision making process to consider the appropriate requirements of the patient.

6.11 Criterion D reflects the NEPTS review intention to introduce a universal commitment to transport support for all journeys to and from in-centre haemodialysis. Such an approach is already common in many parts of the country but not all, and surveys for the Review indicate that around a third of dialysis patients currently receive no transport support. The universal commitment would involve access to either:

- Specialist transport, when adapted vehicles or staff with particular training is required
- Non-specialist transport, when people need less support
- Simple and rapid reimbursement for the cost of journeys where people are able to drive themselves, their family or friends can take them, or they can

use public transport, including any car parking charges not covered by the existing free car parking commitment.

6.12 It proposed that the appropriate type of transport should be a shared decision, reflecting people's needs and preferences as well as the appropriate use of NHS resources. Patients should be empowered and supported to retain their independence and a personalised approach should be promoted. The review survey of over 60 dialysis units indicated that about 30% of patients are likely to require specialist transport, 40% non-specialist transport and 30% are likely to be able to travel independently if appropriately reimbursed. However, an individual's needs will vary over time and so flexibility is required to ensure that patients can level up or down the degree of support needed.

6.13 Do you agree that all patients receiving in-centre haemodialysis patients should qualify for transport support or either specialist transport, non-specialist transport or rapid reimbursement?

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
Please explain your answer below:					
[free text]					

6.14 Do you agree with a shared-decision making model between dialysis patients and the NHS to select the appropriate mode of transport?

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
Please explain your answer below:					
[free text]					

### Safeguarding concern

E) There is a safeguarding concern raised by a relevant professional in relation to the patient travelling independently, which means that the patient requires

the oversight of a suitably trained driver or other patient transport member of staff.

6.15 Do you agree with our proposed criteria on qualifying safeguarding concern?

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
Please explain your answer below:					
[free text]					

### **Wider mobility or medical needs**

6.16 The Review reinforces the assumption that those with less significant mobility needs should travel independently.

6.17 However, we have also heard that there is value in allowing some discretion to provide transport should to those with wider mobility or medical needs (outside of criteria A-E above). For example, expectations may need to vary depending on the time of day of a discharge and wider circumstances. Local areas have also highlighted that they sometimes provide additional support which reflects rurality and the needs of groups of patients with very high frequency of appointments in addition to renal patients.

6.18 This is an issue on which there are some differences of view. It adds some scope for variation in practice. Local areas would also need to agree any guidelines which authorised eligibility assessors operate. For example, a hospital discharge coordinator may be given significant discretion as part of discharge management. A transport hub operator working remotely may need to follow a more specific protocol. The Review implementation team would share guidelines found to be good practice, but we are wary of mandating exactly how discretion is implemented given that there are often already local decision-making practices in place.

6.19 The proposed approach below seeks to strike a balance between the need for discretion for some people with wider mobility or medical needs not captured in criteria A-E with the expectation that other options should always be

considered first and independent travel always promoted for those with less severe mobility needs.

F) In the opinion of an authorised eligibility assessor, no other transport is suitable or available given the patients wider mobility or medical needs (not covered in criteria A-E) and treatment or discharge would be missed or severely delayed as a consequence. Transport options which should be exhausted prior to provision of PTS include:

- The patient's own transport – eg the person does not have a car or would not be able to drive due to medical side-effects of treatment
- A relative, friend or carer who could help out
- Patient booking their own taxi, including a mobility or assisted taxi – reasonable efforts should be made to book a taxi
- Public transport, including community transport, where the public transport journey is not unreasonably complex or long
- Transport which people are entitled to as part of funded social care provision or a social security benefit

Consideration should be given to whether assistance with booking and planning the journey would increase the ability of the individual to undertake an independent journey. In these instances, eligibility assessors or other authorised transport coordinators may provide such support as an alternative to a NEPTS journey.

A local area **may also choose to add a threshold to the requirement on individuals to fund taxi travel themselves, including a mobility or assisted taxi**, if other forms of private or public transport are not available or suitable, such as:

- a very high frequency of treatment; and/or
- long distances or high costs associated with proposed taxi journey

If patients are deemed to be eligible for NEPTS under this criterion (F), appropriate non-specialist transport or reimbursement will be made available. Non-specialist transport may include community transport and support from volunteers.

6.20 Should patients in this category be offered PTS at the discretion of an authorised eligibility assessor?

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
Please explain your answer below:					
[free text]					

6.21 Do you agree that it is for local areas to decide the level of discretion given to different authorised assessors, reflecting local pathway management and transport service management arrangements, rather than seeking to set this nationally?

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
Please explain your answer below:					
[free text]					

6.22 Are there any other options which should be exhausted prior to the provision of PTS?

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
Please explain your answer below:					
[free text]					



## Escorts and carers

6.23 NEPTS is available to individuals with carers/escorts when:

- They under 16 years of age and are required to travel with an escort or carer
- An escort or carer’s particular skills and/or support are needed, and the person’s condition needs the support of someone who knows them well, and to not have so would put them at risk of not being able to access transport
- They are under the care of the patient eligible for NEPTS, cannot be left alone, do not require the support of the NEPTS ambulance care assistant when travelling, and no alternative care is available at that time.

6.24 Do you agree with our proposals on escorts and carers?

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
Please explain your answer below:					
[free text]					

## Wider support

6.25 Finally, the review intends to ensure that the coordination element of NEPTS provides better signposting to wider transport support, as well as when transport already funded by social security benefits or social care should be accessed instead of NEPTS. Such signposting may use a variety of channels as considered appropriate by local commissioners: digital, telephone or face to face. In particular, the guidance would set out:

- When receiving enquiries, NEPTS eligibility assessors and/or services provided by transport coordination hubs should consider whether a person meets the qualifying criteria for the Healthcare Travel Costs Scheme and seek to facilitate access to this scheme.
- The NHS, either through the ICS, local healthcare provider or the NEPTS coordination service, will provide patients who enquire about transport

support details of potential journey options, including community transport or taxi companies. No responsibility can be taken for such journeys.

- Patients may be entitled to receive wider transport support from other public bodies. This includes the Disability Living Allowance mobility component or equivalent. In these instances, patients are unlikely to be also entitled to funding from the HTCS, and NEPTS support would only be available if transport options usually funded by the patient's DLA are not appropriate. Support from social care or local transport schemes may also be available, and should be considered when assessing eligibility for NEPTS or signposting patients to alternative options.

6.26 While in line with patient feedback during the review, we are conscious of potential resource implications for healthcare and transport providers.

6.27 Do you agree that transport coordination mechanisms or wider healthcare systems should be obliged to provide signposting to the Healthcare Travel Cost Scheme and information on wider transport options?

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
Please explain your answer below:					
[free text]					

## General questions

6.28 The proposed criteria are likely to impact the types and groups patients accessing NEPTS, and therefore health inequalities. The aim is to reduce variation by providing greater specificity and through the universal offer of transport support for renal patients, and enhance access to the HTCS and wider transport options.

6.29 Beyond what you have already outlined in your earlier responses, are there any elements of the proposed criteria that might:

- Have an adverse impact on groups with protected characteristics as defined by the Equality Act 2010?
- Widen health inequalities?

Yes	No
Please explain your answer below:	
[free text]	

6.30 This consultation will close in October 2021. Following this, the final updated published criteria will be published in April 2022. It is our ambition that newly planned services from this date onwards reflect the new criteria, and that existing services use it by April 2023.

6.31 Do you agree with our proposed timeline?

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Don't know
Please explain your answer below:					
[free text]					

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