

# Innovations in Health Transport





# Foreword

**I**mproving the quality and availability of patient transport should make our NHS more accessible and better placed to address important issues like no-shows for appointments and delayed transfers of care.

By understanding the economic and social costs of such issues we can also see how modest investments and changes in culture and practice could lead to massive benefits for both patients and commissioners alike. Such innovation will rely on us all to become more creative and collaborative in finding new ways to commission and provide these services.

In the spirit of working creatively and collaboratively we are delighted to have partnered with Arriva, who are well placed to lead the way on innovation given their prominent place in the NEPT market. We are also pleased that they see community transport as integral to offering something distinct and valuable that can meet many more needs and give people the transport they deserve.

**Bill Freeman**

Chief Executive, Community Transport Association

**I** am delighted that Arriva has been able to support the CTA, our valued partner, in the creation of this report.

There is a compelling case not only for a greater role for community transport in the provision of high quality specialist transport to healthcare, but also for a radical change in the commissioning environment so that this potential can be unlocked. We will continue to strive for progressive change in patient transport commissioning and for an ever greater role for community transport operators in the delivery of these services, and I hope that this report provokes some reflection and review by key decision-makers.

**Ed Potter**

Managing Director, Arriva Specialist Mobility

# Introduction

## ABOUT THE PROJECT

**T**he Community Transport Association (CTA) and Arriva Transport Solutions (ATSL) have worked in partnership to explore how patient transport provision could be improved through more innovative delivery models that build on the experiences of patients and the expertise that exists within local communities.

This report brings together what we found out and what we think this tells us about the future of innovation in health transport.

CTA's initial ideas on innovation in patient transport commissioning can be read at, *Total Transport: A Better Approach to Commissioning Non-Emergency Patient Transport*<sup>1</sup>, authored alongside Urban Transport Group in March 2017. When CTA published that earlier paper it was felt that more could be done to explore innovation in non-emergency patient transport (NEPT). This starts with more intelligent commissioning, but goes beyond it by examining other practical ways to make the design and delivery of services more effective. Arriva Transport Solutions (ATSL) shared this view and both organisations agreed to collaborate to see what progress could be made in creating more innovative approaches to health transport.

Taken together, these two reports will be important contributions to improving the culture and practice of health transport for the benefit of those who need these services most.

## STRUCTURE OF THE REPORT

**T**his report is in four sections. The first section summarises NEPT provision in England, focussing on how it is delivered, by whom, and how it is accessed by service users.

Sections two and three draw on desk based research and interviews conducted by CTA to gain insights on the effectiveness of current NEPT delivery. This report does not define patient transport as either 'good' or 'bad' but looks at the characteristics of effective patient transport provision. By 'effective' NEPT we mean provision which is likely to aid the improvement of a patient's health outcomes and is reliable, timely, accessible, and appropriate to patients' needs. As one participant said to us, an effective NEPT service is one which 'gets the basics right'.

Section four of the report makes a number of recommendations for improving the design and delivery of NEPT. These will help develop the conversation with central Government about how it can reset the tone and terms of how patient transport is viewed by public service providers. It will also be a useful tool for framing local conversations between community transport providers, health professionals, transport commissioners, and patient transport providers.

## OUR METHODS

**W**e interviewed representatives of charities, third sector partners and private companies that are involved in, or have an interest in, patient transport. We used their contributions to develop our thinking on more innovative approaches to non-emergency patient transport (NEPT) provision. We are incredibly grateful that such a wide range of organisations took time to contribute.

These conversations looked at five propositions we felt needed to be tested further which informed our analysis and recommendations. These were:

- 1 Through developing more innovative models of patient transport provision it is possible to improve both the quality, and efficiency, of health transport.
- 2 NEPT provision is most effective where it involves a range of providers working collaboratively at a local level, drawing on the best of the public, private, and third sector.
- 3 There is an under-utilisation and under appreciation of assets within local communities, particularly community transport operators, which could improve NEPT provision if included as part of the overall system.
- 4 The provision of NEPT should be centred on the experience of patients ensuring services are neither over-specified nor too general to ensuring transport is; expedient, high quality, and suited to their needs.
- 5 Care starts and ends at the patient's front door. This means transport should be integral to the care experience, with the associated attention to quality and not something that happens before and after the care.

**Our recommendations will help develop the conversation with central Government and provide a useful tool for framing local conversations between community transport providers, health professionals, transport commissioners, and patient transport providers.**

<sup>1</sup><http://www.ctauk.org/UserFiles/Documents/UTGCTATotalTransportReport.pdf>

# Who we are

## Community Transport Association

The Community Transport Association (CTA) is a national charity working with thousands of other charities and community groups across the UK that all provide local transport services that fulfil a social purpose and community benefit. We are for, and about, accessible and inclusive transport. Our vision is of a world where people can shape and create their own accessible and inclusive transport solutions so everything else in life can be accessible and inclusive too.

## Arriva Transport Solutions Limited

Arriva Transport Solutions is a specialist non-emergency patient transport provider which carries out more than a million journeys across the UK every year. ATSL prides itself on its dedicated and highly-trained staff who use the latest technology, and a modern fleet of ambulances, to ensure each patient's journey is tailored to their individual medical needs. Arriva Specialist Mobility, which includes ATSL, is part of the Arriva family. Its core values support ATSL in delivering safe, compliant and high-quality transport for patients and efficient, innovative, services for the people who commission them.

# Section One: What is Non-Emergency Patient Transport?

**T**he 2007 Department of Health document, *Eligibility for Patient Transport Services (PTS)*, describes non-emergency patient transport as:

*'...the non-urgent, planned, transportation of patients with a medical need for transport to and from a premises providing NHS healthcare and between NHS healthcare providers. This can and should encompass a wide range of vehicle types and levels of care consistent with the patient's medical needs.'*<sup>2</sup>

Patient transport is required when medical or mobility needs would make it difficult for people to travel by other means, such as public transport. NEPT is most commonly commissioned either by a Clinical Commissioning Group (CCG) for patients registered in their geographical area, or by the NHS Trust directly.

NEPT is delivered using a wide range of vehicles. The accessibility needs of patients means these services are often run using specially adapted vehicles to provide enhanced accessibility compared to conventional minibuses. For patients who require less mobility assistance, transport operators will often use car schemes<sup>3</sup>. Vehicles are often not medicalised but depending on patient need may contain medical equipment such as oxygen tanks and therefore need staff trained in its use.

Although patient transport is primarily for planned transportation it is also used to manage demand, both through getting people away from hospital, and to manage unplanned trips. For example, the North West Ambulance Service will receive bookings up to 90 minutes prior to collection/ready time, and they are then targeted to collect the patient within 60 minutes<sup>4</sup>.

## WHO IS ELIGIBLE TO USE NON-EMERGENCY PATIENT TRANSPORT?

**T**he national criteria describes which patients are eligible for an automatic entitlement to patient transport, although each CCG is free to offer their services to people who don't fit within these criteria.

As eligibility is based on medical need patients who may be inhibited from accessing health services by other factors, such as their financial status or poor public transport connectivity, have no automatic entitlement to patient transport services. The NHS Choices website explains that NEPT is designed for:

- People whose condition means they need additional medical support during their journey
- People who find it difficult to walk
- Parents or guardians of children who are being transported<sup>5</sup>

As each CCG has flexibility to extend eligibility and offer discretionary journeys, significant variances in what is available and for whom is largely determined by where you live. As one interviewee explained, the national guidelines do not account for 'frailty', or mental unpreparedness to use mainstream transport, even if a patient can physically access it.

This means the current formalised NEPT provision caters for a 'medical' need, rather than focussing on 'social' factors. A more effective NEPT system should consider both.

Through our interviews we also noted a growing trend for care being based within a community setting. For example, a patient attending a pulmonary rehabilitation group in a community setting would still recognise this activity as 'treatment' for their condition and lead to measurable improvements in health outcomes, but if this was not delivered in an NHS Hospital it is unlikely that they could use NEPT to attend.

The NHS bases the transport needs of patients based on their mobility from a 'Walking Case' to a 'Stretcher patient'<sup>6</sup>. These documents help guide hospital staff in designating the correct transport modes, ensuring that patients can access the transport most suitable for them.

There is increasing evidence that CCGs are tightening eligibility criteria to cope with cuts to funding and increased demand for services. For example, in their Joint Health Overview and Scrutiny Committee of 2014, the Oxford Clinical Commissioning Group noted that:

*"The Oxfordshire Clinical Commissioning Group proposes to consult on applying our eligibility criteria more highly, in line with some Clinical Commissioning Groups elsewhere, to those patients that do not require management during transit or specialist transportation. If agreed after public consultation these changes will reduce the majority of the journeys for the 2 mobility types of 'Walker' and 'Single Crews'. The proposed eligibility criteria will build on the previous 2011 consultation that sought to tighten eligibility criteria for 'Walkers'."*

The NHS Choices website highlights this issue, "PTS may not be available in all areas. To find out if you are eligible for PTS and how to access it, you will need to speak to your GP or the healthcare professional who referred you to hospital."<sup>7</sup>

## HOW IS IT PROVIDED?

**S**ince the Eligibility for Patient Transport Services document was published in 2007 there have been significant changes to the way the NHS is organised, coupled with increasing financial pressures on its services as a whole.

The Health and Social Care Act 2012<sup>8</sup> introduced a greater range of NHS services to market competition allowing more private companies to tender for these services.

Contracts are put out to tender for patient transport services by NHS commissioners who then find the provider, or providers, which can offer the service which most closely fits the contract specification.

Across patient transport this has meant an increase in competition between companies, and NHS in-house services, to manage patient transport contracts.

Each provider of transport services will have a slightly different model through which their services are run. Organisations such as Arriva Transport Solutions (ATSL) operate a service which will in many ways be unrecognisable to patients from a traditional hospital run NEPT scheme. ATSL centrally manages requests for transport from patients through their call centre. These journeys are then planned, taking into account any additional medical need, and delivered by Arriva staff, where they will then take patients to a range of medical appointments<sup>10</sup>. These services can be one-off medical trips or repeat medical journeys. Dialysis patients for example may

require three non-emergency trips per week. This model is similar to many other private providers operating in the non-emergency patient transport market.

NHS 'in house' NEPT providers are closely tied to one of the ten ambulance trusts which also provide emergency medical transport. The North West Ambulance Trust (NWAT), for example, provides approximately 1.2m<sup>11</sup> passenger journeys per year to patients in Cumbria, Merseyside, Lancashire, and Greater Manchester<sup>12</sup>. NWAT competes for patient transport contracts in the same way a private provider does. NWAT also provides a specialist service for people with recurrent treatments, such as dialysis, where they will have to visit a hospital regularly<sup>13</sup>. In addition, the Trust also utilises third party providers, and volunteers, to cope with spikes in demand<sup>14</sup>. This is accompanied by a dedicated section of their website which points patients to other service providers, including community transport, should they be unable to access patient transport. There are also examples of different aspects of patient care being run by separate providers within the same geographical area<sup>15</sup>.

In addition to the above models there are organisations which manage capacity from other providers on behalf of a CCG. 365 Response for example, describe their model as:

*... an integrated and total transport model that promotes cross sector collaboration. Technology underpins and facilitates this 'shared economy' model to use latent capacity from other sectors for services such as NEPT, community, home to school and social care transport to work cooperatively.*

## The current formalised NEPT provision caters for a 'medical' need, rather than focusing on 'social' factors. A more effective NEPT system should consider both.

<sup>2</sup>[http://webarchive.nationalarchives.gov.uk/20130124040549/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/en/documents/digitalasset/dh\\_078372.pdf](http://webarchive.nationalarchives.gov.uk/20130124040549/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/en/documents/digitalasset/dh_078372.pdf)

<sup>3</sup>These are often voluntary run car pools which will transport people around their area. An example can be found here: <https://ctablog.org/2017/02/07/north-herts-cvs-and-health/>

<sup>4</sup><https://www.nwas.nhs.uk/media/997565/briefing-document-healthcare-professionals-lancashire-final.pdf>

<sup>5</sup><http://www.nhs.uk/chq/Pages/1079.aspx?CategoryID=68>

<sup>6</sup><http://www.wales.nhs.uk/sitesplus/documents/862/FOI-203b-14.pdf>

<sup>7</sup>[https://mycouncil.oxfordshire.gov.uk/documents/s25192/JHO\\_MAY0114R09.pdf](https://mycouncil.oxfordshire.gov.uk/documents/s25192/JHO_MAY0114R09.pdf)

<sup>8</sup><http://www.nhs.uk/chq/Pages/1079.aspx?CategoryID=68>

<sup>9</sup><https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

<sup>10</sup><https://www.arrivatransportsolutions.co.uk/>

<sup>11</sup><http://www.nwas.nhs.uk/our-services/patient-transport-service/#.WbGKC1GGPIU>

<sup>12</sup>[https://www.nwas.nhs.uk/media/989800/EXTERNAL-Facing\\_Operational-Plan-Narrative-2016-17\\_Final.pdf](https://www.nwas.nhs.uk/media/989800/EXTERNAL-Facing_Operational-Plan-Narrative-2016-17_Final.pdf)

<sup>13</sup><http://www.nwas.nhs.uk/our-services/patient-transport-service/renal-dialysis-and-cancer-patients/#.WbGNUVGGPIU>

<sup>14</sup>[https://www.nwas.nhs.uk/media/989800/EXTERNAL-Facing\\_Operational-Plan-Narrative-2016-17\\_Final.pdf](https://www.nwas.nhs.uk/media/989800/EXTERNAL-Facing_Operational-Plan-Narrative-2016-17_Final.pdf)

<sup>15</sup>[https://www.bristolccg.nhs.uk/media/medialibrary/2016/09/Strategy\\_and\\_Planning\\_1.pdf](https://www.bristolccg.nhs.uk/media/medialibrary/2016/09/Strategy_and_Planning_1.pdf)

This is often technology led, as they state on their website: 'The 365 SmartPlatform is our specialist logistics platform that plans, tracks, traces and reports on the movement of people, vehicles and goods.'<sup>16</sup>

For patients who do not qualify for NEPT there is a parallel network of transport providers which get people to and from medical settings. These services are not delivered through a contract but delivered by people who work to fulfil unmet travel needs. Often these needs are met by community transport operators that run not-for-profit services for people in their local community. Community transport operators provide accessible trips for people in their local communities using a range of vehicles, which have a distinct social benefit. These services specialise in transporting people who are older, have disabilities, or are isolated due to their rurality.

The CTA's State of the Sector 2014 report found that only 24% of community transport organisations that provide health transport receive any funding directly from the health service for this activity<sup>17</sup>.

CCGs widely recognise the benefits of using community transport operators which often operate at a lower cost than other services, and utilise volunteers as a key part of their service delivery. For example, Community Transport Glasgow's community car scheme aims to:

*'Reduce missed appointments and make it easier for older people who have transport or other difficulties to access health services so that they can maintain their health and independence and avoid hospital stays in the long run. Community transport may be someone's only transport option where they cannot use or access public or private transport e.g. due to distance from bus stops and/or journey time, accessibility, cost and safety concerns.'*<sup>18</sup>

As community transport operators provide journeys to and from hospitals as part of their routine work they play a key role in reducing demand for other services. There is evidence that Ambulance Trusts are tapping into this informal support network, for example, the East of England Ambulance Service NHS Trust recently advertised for volunteer drivers<sup>19</sup>. In addition, there has been ongoing discussion between private transport providers, and community transport operators, to explore how community transport can deliver some hospital services as part of an integrated hospital contract.

## WHO PAYS AND HOW MUCH?

**F**ormal NEPT is free for patients while journeys outside of the formal transport network have a range of charges. One participant explained:

*'The issue with patient transport is that there are only two options. It is either free, or it is too expensive'*

Community transport is often low-cost. In addition, as with Glasgow Community Transport and North Herts CVS, some community transport operators are able to provide free, or very inexpensive, hospital transport owing to grants from other agencies such as local authorities or third sector funders.

Community transport operators also run regular bus services which improve hospital connectivity. Community transport operator HCT Group for example, runs a service in Bristol under contract with the local authority which aims to connect the hospital to the local community<sup>20</sup>.

There is little research which looks at the cost of transport to individuals who need to access transport which exists outside of formal NEPT provision. This will largely depend on local transport markets which exist outside of formal NHS transport commissioning.

The cost of Non-Emergency Patient Transport to the NHS is at least £150m per year<sup>21</sup>. The report by CTA and UTG, *Total Transport: A Better Approach to Commissioning Non-Emergency Patient Transport* found that the NHS could save up to £74.5m per year if transport was commissioned in a more joined up way. It is difficult to assess whether the current spend is sufficient to meet demand, and whether the way money is spent enables the most effective use of existing resources.

**The report by CTA and UTG, *Total Transport: A Better Approach to Commissioning Non-Emergency Patient Transport*, found that the NHS could save up to £74.5 million per year if transport was commissioned in a more joined up way.**

<sup>16</sup><http://www.365response.org/services-2/>

<sup>17</sup><http://www.ctauk.org/UserFiles/Documents/In%20Your%20Area/England/State%20of%20the%20Sector%20for%20inhouse%20print.pdf>

<sup>18</sup><https://www.ctglasgow.org.uk/services/>

<sup>19</sup><http://www.yourthurrock.com/2017/09/07/enjoy-driving-want-help-patients-community/>

<sup>20</sup>[http://hctgroup.org/bus\\_services\\_5](http://hctgroup.org/bus_services_5)

<sup>21</sup><http://www.ctauk.org/UserFiles/Documents/UTGCTATotalTransportReport.pdf>

# Section Two: How effective is current NEPT provision?

There is insufficient research into what effective Non-Emergency Patient Transport provision looks like. This report does not attempt to define whether NEPT is 'good' or 'bad' but instead looks at whether the current design and delivery of NEPT can be arranged in a way which allows for innovations which can improve patient care.

We are aware the NHS frequently consults patients on the effectiveness of their provision. Work by Crawley Clinical Commissioning Group and Horsham and Mid Sussex Clinical Commissioning Group<sup>22</sup>, reports by the South East Commissioning Support Unit<sup>23</sup>, Healthwatch West London<sup>24</sup>, North East Lincolnshire CCG<sup>25</sup>, and the London Ambulance Service<sup>26</sup> as far back as 2007, shows waiting times, and the appropriateness of vehicles, are key to a successful NEPT provision.

There is little evidence that the NHS has so far enthusiastically engaged with transport trends such as Mobility as a Service<sup>27</sup> or Total Transport<sup>28</sup>. In conducting our research we saw some evidence that consideration was increasingly being given to how broader transport innovations could improve patient transport but this was limited to a small number of places.

Transport Systems Catapult, one of eleven technology and innovation centres established and overseen by the UK's innovation agency Innovate UK, highlight in their paper, *Mobility as a Service, Exploring the Opportunity for Mobility as a Service in the UK*, the public health benefits of integrated travel modes, as well as touching on the idea that mobility as a service could have wider applicability to delivering hospital transport<sup>29</sup>. Atkins in their paper, *Journeys of the Future*, state that Mobility as a Service could:

*'Integrate access to health by automatically providing a journey plan and booking to correspond with a health appointment when it is booked. Additionally, if the platform could also warn of any potential disruption to the user as well as warning the hospital or surgery if a patient is delayed on their journey, to minimise cancellations and the number of missed appointments'*<sup>30</sup>

A number of the Government's Total Transport pilots looked at integrating local authority fleets and dispatch with hospitals in their local areas. One example of success is Network Northamptonshire which draws together a range of partners across health transport and provides a new model of how cross partnerships can be made possible through effective governance<sup>31</sup>. Another example is Devon County Council which has looked at integrating dispatch services across health and local authority transport<sup>32</sup>.

These innovations focus on the organisation of patient transport but there is currently little exploration of how to improve the quality of the journey and overall experience of patient transport users. The quality of patient transport provision is largely determined by conditions outside of the control of any one transport provider or commissioner, which includes delays in transfers of care, short-notice cancellations,

or problems with staff availability. Perhaps the biggest challenge of all as one interviewee stated:

*"Everyone has different needs; we need to have a service that meets the needs of everyone who has to use it. Patient transport is simply not a one size fits all."*

The key to developing effective patient transport provision is therefore about finding the ways in which innovation can be made possible against a backdrop of logistical difficulties. Although patient transport often feels like a regular service its success faces a unique set of challenges with every new passenger.

With this in mind we identified six themes which underpin effective NEPT delivery and need to be developed further to see wide-scale improvements in the availability, quality and efficiency of patient transport. These are:

- 1 Creating a culture of innovation in NEPT delivery
- 2 Commissioning through contracts that support innovation in transport provision
- 3 Patient involvement in co-creating their own travel solutions
- 4 A collaborative approach to NEPT which draws on the contributions of a broader range of stakeholders
- 5 The involvement of community transport as a means of adding distinct value to the patient experience
- 6 The collection and sharing of better and more meaningful data to improve service design and improvement

<sup>22</sup><http://www.crawleyccg.nhs.uk/EasySiteWeb/getresource.axd?AssetID=430200&type=full&servicetype=Attachment>.

<sup>23</sup><http://www.southkentcoastccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=416962>.

<sup>24</sup><http://healthwatchcwl.co.uk/wp-content/uploads/2014/03/Patient-Transport-Report-August-2014.pdf>

<sup>25</sup><http://www.northeastlincolshireccg.nhs.uk/data/uploads/publications/patient-transport-engagement-full-report-2015-.pdf>

<sup>26</sup>[http://www.londonambulance.nhs.uk/talking\\_with\\_us/freedom\\_of\\_information/classes\\_of\\_information/doc.ashx?docid=06a85d30-1f83-4baa-a1cd-54f7b3ff06c4&version=1](http://www.londonambulance.nhs.uk/talking_with_us/freedom_of_information/classes_of_information/doc.ashx?docid=06a85d30-1f83-4baa-a1cd-54f7b3ff06c4&version=1).

<sup>27</sup><http://maas.global/maas-as-a-concept/>

<sup>28</sup><https://www.gov.uk/government/speeches/total-transport-working-together-for-our-communities>

<sup>29</sup>[https://ts.catapult.org.uk/wp-content/uploads/2016/07/Mobility-as-a-Service\\_Exploring-the-Opportunity-for-MaaS-in-the-UK-Web.pdf](https://ts.catapult.org.uk/wp-content/uploads/2016/07/Mobility-as-a-Service_Exploring-the-Opportunity-for-MaaS-in-the-UK-Web.pdf)

<sup>30</sup>[http://www.atkinsglobal.co.uk/~media/Files/A/Atkins-Corporate/uk-and-europe/uk-thought-leadership/reports/Journeys%20of%20the%20future\\_300315.pdf](http://www.atkinsglobal.co.uk/~media/Files/A/Atkins-Corporate/uk-and-europe/uk-thought-leadership/reports/Journeys%20of%20the%20future_300315.pdf)

<sup>31</sup>[http://www.atkinsglobal.co.uk/~media/Files/A/Atkins-Corporate/uk-and-europe/uk-thought-leadership/reports/Journeys%20of%20the%20future\\_300315.pdf](http://www.atkinsglobal.co.uk/~media/Files/A/Atkins-Corporate/uk-and-europe/uk-thought-leadership/reports/Journeys%20of%20the%20future_300315.pdf)

<sup>32</sup><http://www.networknorthamptonshire.co.uk/index.html>

<sup>33</sup><http://webcache.googleusercontent.com/search?q=cache:efX7HmOtQQYJ:travelwatchsouthwest.org/wp-content/uploads/2013/02/Devon-TCS-Total-Transport-Travelwatch-2016-1.pptx+&cd=1+&hl=en&ct=clnk&gl=uk>

# Section Three: Our findings

## CREATING A CULTURE OF INNOVATION IN NEPT DELIVERY

**Participants in this project felt there was a lack of innovation in the culture and practice of patient transport provision for two main reasons.**

Firstly, there is a lack of incentive for operators to provide innovative models of transport and secondly, since NEPT is peripheral to clinical care and other demands on NHS budgets, addressing shortcomings in the availability and quality of experience of patient transport gets insufficient attention at the right levels within NHS institutions.

Measures to increase the effectiveness of NEPT therefore tend to focus on tightening eligibility criteria to reduce the cohort of people able to access the service, which is counterproductive at a time when demand continues to grow<sup>33,34</sup>. When the overriding measure of effectiveness is financial metrics insufficient account is taken of the broader social and economic benefits and outcomes that these services enable.

Innovation requires discovery and experimentation as well as anticipating setbacks and re-starts. This does not readily fit within an NHS that has to prioritise making savings and dealing with immediate and critical demands in the short-term. There may be longer term savings to be made through working to new models and enabling more beneficial health outcomes to be achieved that reduce spend elsewhere but services are not organised to bring about such changes.

If NEPT is to become more effective it is necessary to investigate further and include in service design how NEPT provision leads to measurable benefits to health and well-being. It is also important to consider how investment in these services can make significant cost savings elsewhere, which should be achievable given that the NHS can readily monetise the impact of problems such as 'no-shows' for appointment and delays to transfer of care. This would lead to a culture of more strategic investment and design of contracts to enable this desirable and necessary social return on investment in addition to fulfilling the immediate needs of the passengers.

This in turn will help to reframe patient transport as a key part of patient care. The potential for savings directly in transport may always be relatively small, but the potential to save money elsewhere, could be significant.

## COMMISSIONING THROUGH CONTRACTS THAT SUPPORT INNOVATION IN TRANSPORT PROVISION

**The nature and content of a specification and the process for procuring a NEPT contract will determine the potential for different and more innovative models to be adopted.**

Through CTA's interviews with stakeholders, NEPT contracts were described as, 'lumping' patients together, while one participant told us that 'a lot of things don't get specified very well, or are missed out completely.' There is evidence that these views are shared by CCGs when they have reviewed their current contracts. A 2014 review by NHS Crawley, and NHS Horsham and Mid Sussex Clinical Commissioning Groups,

identified that their contracts needed improvements to ensure they were 'guaranteeing that every booked journey will be provided' and that services should be 'providing consistently timely, punctual transport, minimising late arrivals and waits for pickup after healthcare appointments<sup>35</sup>'. Another NHS Trust noted that their current contracts prior to retendering 'contain few KPIs or contractual levers<sup>36</sup>'. Where contractual levers do exist they are often based on financial penalties for delays in providing transport outside of agreed parameters<sup>37</sup>.

At the moment contracts are designed to ensure basic standards are met but there is little evidence they provide an effective basis for innovation, growth, or incentivise going above and beyond to deliver great patient care. It was a recurring theme of interviews with participants that contracts were not sufficiently reflective of the realities of delivering patient transport, and therefore, ineffective in holding operators to account for their performance.

Effective NEPT provision places a premium on designing contracts which hold providers to account for their performance while being flexible enough to allow for them to trial new modes of delivery. At present, key performance indicators are often based on the timeliness of patient journeys<sup>38,39</sup>.

This is clearly an important measure of quality, and a key issue raised by patients. However, when used alone such targets will inevitably lead to inefficiency in the system. For example, the punctuality targets will lead to single or small groups of passengers being transported in relatively empty vehicles with spare, unused seats, which pushes up the cost and carbon footprint per passenger for these journeys.

## PATIENT INVOLVEMENT IN CO-CREATING THEIR OWN TRAVEL SOLUTIONS

**There is significant evidence that patients and the public are consulted about the NEPT provision in their area<sup>40,41</sup> and when commissioners are designing contracts<sup>42</sup>, which is common with many other aspects of NHS practice.**

One example of patient consultation can be found in the 2015 NHS South East Commissioning Support document, *Patient Insight Report on Patient Transport Service in 2015*, which gathers a range of views from service users into the quality of their patient transport<sup>43</sup>.

Patient involvement in service design primarily uses consultation to gather feedback on current services to inform the design of the next one. There is less emphasis on engaging patients in co-designing their own travel solutions. As one participant in our interviews remarked 'getting the patients involved in the design is the only way a service can work for patients.'

It is important to acknowledge that CCGs/NHS Trusts can only commission within finite financial resources, which inevitably limits the nature and scope of services they can design. Some of the better and more innovative practices are seen when designing services to meet the needs of specific user groups, such as those that need to attend regular kidney dialysis or chemotherapy sessions.

There was a range of feedback which suggested patients expected their NEPT to be more flexible than is possible within current provision. Being able to meet as many needs as possible by pooling them into the most efficient means of delivery means it is unlikely that services could ever be as responsive as a single-user solution, such as a taxi.

Therefore, it is necessary to engage patients in designing a NEPT service with a very clear problem definition, where patients are aware of the possibilities with the financial constraints they are working in, and are aware of the extent to which their feedback can have an impact.

An effective NEPT provision draws regularly on patient feedback in designing, reviewing, and commissioning services. This can only be achieved through exploring how 'co-design' of services could be made more meaningful. Co-design would involve bringing together a range of providers and patients to shape services, and importantly, share experiences.

It's important not to expect users involved to either represent all users, or for them to require any technical expertise in order to inform the service design. Users need to be recognised and treated as experts in their own experience. It is critical that consultations are balanced against the technical expertise of people in the relevant field whose views clearly have a place in designing services.

Users of community transport operators often face the most acute travel needs owing to their rurality, age, or disability. This will therefore also mean that they whilst they are likely to be eligible, they may find it the most difficult to use NEPT services.

Within contracts there should be more emphasis on NEPT operators having a degree of accountability to their service users. This could include using patient satisfaction metrics as a key performance indicators (KPI), alongside developing a culture which encourages patient feedback on NEPT and for this to influence in-contract performance improvement.

#### A COLLABORATIVE APPROACH TO NEPT WHICH DRAWS ON THE CONTRIBUTIONS OF A BROADER RANGE OF STAKEHOLDERS

**As detailed elsewhere in the paper, the NHS benefits from a network of parallel transport providers that are enabling people to get to and from health settings, often working beyond the scope of formal NEPT services and therefore outside of its sphere of influence.**

On one hand NHS commissioners get a good deal from this, through having people transported into hospitals and other settings that they themselves have not had to specify or spend any money on. However, by operating outside of their sphere of influence the contributions of these alternative providers are not recognised or planned for in determining what the NHS will provide, which means there will be inefficiency in the system as a whole.

The NHS may get a better deal from intervening in this alternative market by enabling those providers to be more sustainable and better placed to effectively reduce the burden on formal NEPT provision. By taking a more co-ordinated and collaborative approach to meeting more fully the range of medical and social needs for transport there could be a closer match between what is needed and what is provided, for example vehicles types and driver specialisms.

Outside of NEPT there is a strong trend towards more

collaborative and integrated approaches to transport provision as a means of meeting a bigger and more diverse ranges of needs in a more efficient way.

There is limited evidence that the NHS is currently engaging effectively in wider transport trends. Whether this is investigating the use of electric vehicles which could lower costs, engaging in Mobility as a Service to explore new mobility options for patients, or embracing Total Transport as a means to share resource and expertise. We believe the NHS has to engage with these trends and consider how they can improve their own transport provision.

In England the Total Transport Pilots<sup>44</sup> started new conversations about how local authorities and health services could share vehicles and booking infrastructure.

Examples drawn out through CTA's report with *UTG, Total Transport, A Better Approach to Commissioning Non Emergency Patient Transport*, illustrate that where the NHS was a willing partner in Total Transport they were able to realise a wide range of agglomerate benefits from cost saving, to better transfers of care for patients. It is clear that the future of transport more broadly will be collaborative; this means that the future of NHS transport should be collaborative as well.

**Users of community transport often face the most acute travel needs owing to their rurality, age, or disability. This will therefore also mean that they are likely to be eligible, but find it difficult to use, NEPT services.**

<sup>33</sup><http://www.northamptonchron.co.uk/news/wheelchair-bound-patient-from-northampton-has-free-transport-to-hospital-withdrawn-1-6439062>

<sup>34</sup><https://www.thelondoneconomic.com/must-reads/nhs-crisis-wheelchair-bound-pensioner-cancer-no-longer-qualifies-free-hospital-transport/23/08/>

<sup>35</sup>[www.crawleyccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=412558](http://www.crawleyccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=412558)

<sup>36</sup><http://basildonandbrentwoodccg.nhs.uk/about-us/board-meetings-papers/2016-board-meetings/march-24th-2016-board-meeting/2011-5-1-patient-transport-services-procurement/file>

<sup>37</sup><https://solihullccg.nhs.uk/about-us/our-governing-body/governing-body-papers/2015/april/1486-agenda-item-455-nept/file>

<sup>38</sup>[https://www.neas.nhs.uk/media/98763/foi.15.194\\_-\\_patient\\_transport\\_and\\_associated\\_services.pdf](https://www.neas.nhs.uk/media/98763/foi.15.194_-_patient_transport_and_associated_services.pdf)

<sup>39</sup>[https://www.bristolccg.nhs.uk/media/medialibrary/2016/04/govbody\\_26april2016\\_item13\\_1.pdf](https://www.bristolccg.nhs.uk/media/medialibrary/2016/04/govbody_26april2016_item13_1.pdf) p.51

<sup>40</sup><http://www.nwsurreyccg.nhs.uk/Get-involved/PublishingImages/Pages/Patient-transport-service/PTS%20FAQs%20Full%20Version%20July%202015.pdf>

<sup>41</sup><http://carers-network.org.uk/review-of-patient-transport-services/>

<sup>42</sup>[https://www.bristolccg.nhs.uk/media/medialibrary/2016/04/govbody\\_26april2016\\_item13\\_1.pdf](https://www.bristolccg.nhs.uk/media/medialibrary/2016/04/govbody_26april2016_item13_1.pdf)

<sup>43</sup>[www.southkentcoastccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=416962](http://www.southkentcoastccg.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=416962)

<sup>44</sup><https://www.gov.uk/government/speeches/total-transport-working-together-for-our-communities>

There are some examples of good practice where the NHS is collaborating with other public agencies to improve NEPT delivery, such as West Berkshire Council which provides accessible minibuses to deliver NEPT journeys. Using this extra resource they have enabled clients' health-related travel needs to be met, reduced pressure on the NHS Trust at a time of greater demand and restricted resources, while improving utilisation and bringing in some additional revenue for the Council<sup>45</sup>.

A recurring criticism we heard of the Total Transport Pilots was that the NHS were not engaged enough in the idea of shared services. During the stakeholder interviews, we heard from participants who felt that transport operators were 'territorial' and did not engage with each other in a collaborative spirit. Inevitably, this can mean that patients are provided with a worse service as pressure increases on formal NEPT, vehicle utilisation can be poor, and the parallel network of operators are working without understanding of how their services can have more impact.

If more effective collaboration is to take place the NHS could also have a greater role to plan services, recruit volunteers, support local authorities with shared services, and support community transport operators by including them in contracts and service delivery.

#### THE INVOLVEMENT OF COMMUNITY TRANSPORT AS A MEANS OF ADDING DISTINCT VALUE TO THE PATIENT EXPERIENCE

**Community transport operators across the UK provide a wide range of transport services to individuals and groups within the community that are unable to use or rely on other forms of transport to make local journeys.**

They are supporting individuals with a range of travel needs into different settings, who may have a different quality of experience when using NEPT from the other journeys they make to other settings. The advantages of involving community transport in this work are numerous but include already established relationships with patients, they are often innovative with the benefits they offer and services they operate. What can often appear as complex and time-consuming transport problems to non-specialists are seen as everyday work to community transport.

There are many good examples of community transport bringing benefits to the NHS, complementing the formal NEPT provision through projects and services.

Welcome Home is a service provided by Volunteer Cornwall, who operate community transport, in partnership with British Red Cross, to support people who are being discharged from hospital, leave hospital, or who have recently returned home. They aim to help reduce preventable re-admissions and reduce the demand for social care. They do this through trained volunteers who conduct home visits to provide a range of safety checks, providing practical help such as collecting shopping or prescriptions, referring to other services, and arranging other support<sup>46</sup>.

North Herts CVS manage a busy community car scheme with a team of volunteer drivers who use their own vehicle to take less mobile people to health care appointments, physio, day centres, care homes and GP practices<sup>47</sup>. Last year, they significantly expanded their service when they took over the voluntary car scheme at their local NHS Trust, Lister Hospital, in Stevenage.

Their transport co-ordinator Jon Brown told CTA that:

*"We undertook this work as we believed we had something unique to offer; through our expertise in working in the local community we could build on the existing service, reach out to new service users, and most importantly ensure more people in our community could get to and from treatment in a timely manner."*

CTA's own research has highlighted that the vast majority (three out of four) of community transport operators, are not financially rewarded or recognised by hospitals through formal contracts. If there was better recognition of this interdependency, and community transport operators' contributions were recognised and rewarded, it could be better coordinated reducing inefficiencies in the whole system.

A system of NEPT which is able to satisfactorily meet the full range of needs people have in accessing health settings should see community transport as an integral part of that system. This would include working with commissioners and commercial operators to see their contribution understood and rewarded from the outset in service design.

This would be distinct from what exists currently where many community transport services helping people access health setting are unrecognised or are only included to pick up short-term demands and capacity issues. It may also address the potential for these organisations to be 'asset-stripped' of volunteers when private companies and the NHS recruit them directly.

#### THE COLLECTION AND SHARING OF BETTER AND MORE MEANINGFUL DATA TO IMPROVE SERVICE DESIGN AND IMPROVEMENT

**Effective NEPT should provide information to prospective users so they can access services with confidence. There must be a wide range of public information which improves access to services, and targets new users.**

This should include up to date information which gives confidence about travel times, and potential waiting times. During our interviews it was expressed to us on several occasions that patients may not mind waiting for services, but they do lose confidence in a service if they do not know when they are going to arrive.

The community transport operators we spoke to said that the personal relationships they have with their passengers, plus the familiarity with their needs, were critical in providing successful travel. It is not possible to provide effective NEPT where patients are unsure of what support is available and which service is right for them, or make an informed decision if they do not know when their services will arrive. It was also stated to CTA that staff on the wards who were acting as mini-commissioners in physically organising transport, were often not given the requisite information to refer people to the full range of appropriate services.

Nationally, guidelines on NEPT have not been regularly updated<sup>48</sup>. There is insufficient national guidance on what an effective NEPT service should look like, which means that data on the effectiveness of NEPT is poor. Effective NEPT clearly cannot be built where operators are unsure of what they are bidding for, staff are unsure about the services they are referring to, and patients do not feel confident they can rely on services to collect them and to arrive on time.



As there is no central collecting of data on delays of transfer of care due to transport, the ability to improve patient transport provision is further affected. We were told in many cases that the data available to potential contract bidders was old and incomplete, which would later lead to problems in providing an effective patient transport provision.

Effective NEPT should encourage the sharing of information and place a premium on its accuracy and comprehensiveness. Community transport operators know their users very well but there is little evidence this expertise is being drawn upon. Effective NEPT would use information to inform future practice, and develop rigorous benchmarks and KPIs for the validity of information from private operators. As one participant stated to us effective NEPT would build a culture which places a premium on good information while supporting technological information which could enhance its dissemination.

**Community transport organisations said that the personal relationships that they have with their passengers, plus the familiarity with their needs, were critical in providing successful travel.**

<sup>45</sup><http://www.ctauk.org/UserFiles/Documents/UTGCTATotalTransportReport.pdf>

<sup>46</sup><https://www.volunteercornwall.org.uk/Pages/Category/welcome-home>

<sup>47</sup><https://ctablog.org/2017/02/07/north-herts-cvs-and-health/>

<sup>48</sup>[http://webarchive.nationalarchives.gov.uk/20130124040549/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_078372.pdf](http://webarchive.nationalarchives.gov.uk/20130124040549/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_078372.pdf)

# Section Four: Our Recommendations

Based on our analysis we have arrived at a number of recommendations to develop more effective NEPT.

## CREATING A CULTURE OF INNOVATION IN NEPT DELIVERY

To achieve a culture of greater innovation within NEPT the following practices and promising solutions need to be developed further:

- More investment at national and local level in researching and identifying the monetised benefits that can be achieved through improving the breadth and quality of NEPT provision.
- A greater appreciation in service design of the distinct value to the local health economy of meeting the needs of those who have a 'social' need for transport within the same framework of providing for those who have a medical need, as defined by core eligibility criteria.
- Providing more opportunities for joint learning between NHS staff and transport providers on how NEPT is organised and delivered with a view to making everyday improvements in practice and identifying lessons for future service design.
- Less focus on specifying all needs and demands within a contract, for the lifetime of that contract, to enable a greater focus on achieving a broader range of outcomes for patients and passengers with some freedom and flexibility for how that can be achieved.
- Consideration of how to provide greater choice in travel options so that needs and capacity can be more closely matched and patients are enabled to select the mode most suited to them.

**NEPT providers should take greater opportunity to meet the users of community transport in their patch prior to deciding their vehicle configuration to deliver services, allowing them to cope with a predictable demand more easily.**

## COMMISSIONING THROUGH CONTRACTS THAT SUPPORT INNOVATION IN TRANSPORT PROVISION

To achieve a culture of greater innovation within NEPT the following improvements in contracts need to be developed further:

- Commissioners should consider how they can design specifications that build in the scope for innovative practices, which could start by altering the KPIs to recognise and reward demonstrable improvements in service, and consider a broader range of performance indicators than timeliness alone, including social value metrics and an assessment of the broader health outcomes the journey has enabled.
- To encourage innovation in NEPT, contracts should include levers which encourage:
  - Collaboration with community transport operators and other providers meeting a 'social' need within the local area
  - Maximum efficiency in vehicle use
  - Reward practices which tackle key public policy concerns, such as reducing 'no-shows' and delayed transfers of care.
  - Consideration of whether some categories of patients' needs (for example, dialysis or chemotherapy patients) would be better served within a general NEPT contract or commissioned separately.
- Including a greater degree of experiential learning within contracts, where new practices are designed in following successful trials of new approaches to service delivery.

## PATIENT INVOLVEMENT IN CO-CREATING THEIR OWN TRAVEL SOLUTIONS

To achieve a culture of greater innovation within NEPT the following improvements in patient involvement need to be developed further:

- Co-creation needs to be adopted more comprehensively across NHS institutions as a means of creating patient-centred patient transport, that is perceived as being integral to the package of care.
- Within contracts, NEPT providers should be required to demonstrate how service user opinion has improved services as key performance indicator.

- NEPT providers should take greater opportunity to meet the users of community transport in their patch prior to deciding their vehicle configuration to deliver services, and thereby, allowing them to cope with a predictable demand more easily.

A COLLABORATIVE APPROACH TO NEPT WHICH DRAWS ON THE CONTRIBUTIONS OF A BROADER RANGE OF STAKEHOLDERS

**To achieve a culture of greater collaboration within NEPT provision for the benefit of patients the following improvements need to be developed:**

- Local health bodies such as CCGs should identify and include within their commissioning process how the range of local alternative provision could be better integrated into NEPT contracts or commissioned directly to complement them.
- NEPT tendering exercises should require bidders to describe how they will collaborate with other providers, especially voluntary and community based organisations and share a proportion of the contract delivery with these third parties.
- Local health bodies and NEPT contracts should create opportunities for operators that are taking people into health settings to share experiences and ideas for improvement.

THE INVOLVEMENT OF COMMUNITY TRANSPORT AS A MEANS OF ADDING DISTINCT VALUE TO THE PATIENT EXPERIENCE

**To achieve greater involvement of community transport within NEPT provision for the benefit of patients the following need to be developed:**

- Local health bodies such as CCGs should identify the contributions of community transport in getting people to and from appointments and find ways to enable it to be better integrated into NEPT contracts or commissioned directly to complement them
- Community transport operators should gather and share evidence of their contribution to the NEPT market to make an effective case for support to enhance their participation in it.
- Even if it were not possible to financially reward the work of community transport operators it is possible to encourage their work through designating for their use specialist parking and set-down points, to enable the speedy drop off and pick up off passengers.

THE COLLECTION AND SHARING OF BETTER AND MORE MEANINGFUL DATA TO IMPROVE SERVICE DESIGN AND IMPROVEMENT

**To achieve better collecting and sharing of data to improve NEPT provision the following developments need to be made:**

- Transport operators and CCGs should develop and introduce real-time passenger information in more places to help people understand when and how their journey will be ready to make.
- Integration of booking transport at the same time as appointments are made.
- Information to patients should be distributed through the sites where they would usually access travel information. This could be through their local community transport provider or another social service they may use.

**Community transport operators should gather and share evidence of their contribution to the NEPT market to make an effective case for support to enhance their participation in it.**

# Conclusion

**The initial purpose of this paper was to examine how formal non-emergency patient transport could be improved through innovative methods of delivery.**

Through conversations with participants it became clear that to improve NEPT it was necessary to look at what goes on around it and see how that could be integrated into the system better with benefits for those who make that provision as well as the patients. There is much more we can do to improve patients experience of getting in and out of hospital, but to do so, it needs the public and private sectors and community transport providers, to work together.

NEPT can be community based, accessible, and improve health outcomes. This paper can be used as a tool for all parties involved in the patient transport ecosystem to look again at the purpose and effectiveness of our current NEPT provision.

This report is CTA's second look at NEPT. Across our reports in commissioning, and in provision, we have started to amplify existing good practice to promote some new ideas and approaches to improving NEPT. We have covered a range of issues across these reports but clearly we could not cover every issue. In particular, as technology realises new opportunities across transport and connects more people than ever, there is clearly scope to look more at how technology could enhance NEPT.

Staff across the NHS work every day to ensure patients receive the greatest level of care. It is our collective responsibility whether we are transport providers, commissioners, or third sector partners, to look again at how NEPT can form an integral part of patient care. This paper lays out some of the ways we can get there.

This report is the start of a conversation on the future of NEPT. As we did in compiling this report we are keen to speak to organisations who work in NEPT to reimagine what services could look like. If you are interested in being part of this conversation, and share our vision of a NEPT provision with accessibility at its heart, you can contact us at: [hello@ctauk.org](mailto:hello@ctauk.org)

**Staff across the NHS work every day to ensure patients receive the greatest level of care. It is our collective responsibility whether we are a transport provider, commissioners, or third sector partners to look again at how NEPT can form an integral part of patient care.**

# Thanks to Participants

**We** are grateful to all of the participants who spoke to us and provided written submissions as part of our evidence gathering process.

This report does not represent a combined view of our participants but their responses helped to expand our thinking and inspire us to think of Non-Emergency Patient Transport in a new way.

## INTERVIEW PARTICIPANTS

Ann Lewis: Age UK Cornwall  
Arriva Transport Solutions Ltd  
Ben Seamarks: Volunteer Cornwall  
Brendan Fatchett: 365 Response  
Community Transport Association  
Donna Norman: HCT Group  
Emily Dunford: Cornwall Council  
Fiona Loud: Kidney Care UK  
Jemma Moulard: Centre for Ageing Better  
John Sykes: Transformation Manager Societal Travel CIC  
Jon Brown: North Hertfordshire CVS  
Lesley Hargreaves: Access Plymouth  
Mandy Smith: Community Transport Calderdale & Kirklees  
Neil Moore: NHS Mansfield and Ashfield Clinical Commissioning Group  
Peter Hardy: Systra  
Sara Nelson: Evolving Communities CIC- Supporting the work of Healthwatch Wiltshire and Healthwatch Gloucestershire



## More information

### Community Transport Association

So much of what we do is achieved through building partnerships and projects with like-minded people and organisations that care about the same things we do. If anything strikes a chord with what you are trying to achieve through your work then please get in touch.

Email: [hello@ctauk.org](mailto:hello@ctauk.org)

Website: [www.ctauk.org](http://www.ctauk.org)

### Arriva Transport Solutions

Email: [arrivatransportsolutions@arriva.co.uk](mailto:arrivatransportsolutions@arriva.co.uk)

Website: [www.arrivatransportsolutions.co.uk](http://www.arrivatransportsolutions.co.uk)

**Community Transport Association**

[hello@ctauk.org](mailto:hello@ctauk.org)

[ctauk.org](http://ctauk.org)

 [@CTAUK1](https://twitter.com/CTAUK1)

**Arriva Transport Solutions Limited**

[arrivatransportsolutions@arriva.co.uk](mailto:arrivatransportsolutions@arriva.co.uk)

[arrivatransportsolutions.co.uk](http://arrivatransportsolutions.co.uk)