



**Community  
Transport  
Association**



## **Total Transport: a better approach to commissioning non-emergency patient transport?**

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## Introduction

This paper has been written by the Urban Transport Group (UTG) and the Community Transport Association (CTA) working in partnership to explore the potential of taking a Total Transport approach to commissioning non-emergency patient transport (NEPT).

It describes how NEPT is currently commissioned and how a Total Transport approach could lead to improvements in efficiency, value for money and passenger experience.

In doing so, it draws on good practice and lessons learnt from those who have already taken a more coordinated approach to NEPT.

Although this paper is not intended to focus on innovations in provision it does discuss ideas on how the Total Transport approach could also lead to creative and collaborative improvements in provision through cross-sector partnerships. This would mean medical services focussing on those who need that level of support and a better defined role for the community sector and those services which sit outside formal NEPT but are nevertheless part of the ecosystem of transport that gets people into health settings safely and comfortably.

## Who we are

### Urban Transport Group

The Urban Transport Group brings together and promotes the interests of Britain's largest urban areas on transport. Our full members are Transport for West Midlands, Merseytravel (Merseyside), North East Combined Authority, South Yorkshire PTE (Sheffield City Region), Transport for Greater Manchester, Transport for London, West Yorkshire Combined Authority. We also have associate members which are Bristol and the West of England Partnership, Nottingham City Council, Strathclyde Partnership for Transport and Tees Valley Combined Authority. Between them our members serve over 24 million people.

### 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.

## What is NEPT?

1. Non-emergency patient transport (NEPT) services provide eligible patients who require non-urgent and planned treatment with free transport to an NHS site. It is intended for patients where medical or mobility needs mean that it would be detrimental to their condition or recovery if they were to travel by other means. This may be, for example, because they need staff support during or after the journey or because their level of mobility means they would be otherwise unable to access healthcare.
2. Often NEPT is door-to-door transport shared with others. It can involve the use of mini-buses, ambulances, cars and taxi schemes.
3. Clinical Commissioning Groups (CCGs) receive funding for NEPT and tend to pass the running of it to a combination of NHS Ambulance Trusts and private companies, but the supply chain can include community transport as well.

## How effective is NEPT?

4. The cost to the NHS of non-emergency patient transport is at least £150 million<sup>i</sup> per year. Evidence suggests that there is considerable scope for improvement in terms of efficiency, value for money and passenger experience.
5. A survey of patient transport users in London found that 37% had missed an appointment due to patient transport in the last two years<sup>ii</sup>. Equivalent data is not available at national level but given that 7.1 million patients across the country received planned hospital transport in 2012/13<sup>iii</sup>, the cost to the NHS of missed appointments caused by patient transport problems could be immense even if proportions were just a fraction of that found in London.
6. A Department for Transport report suggested that:  
*“Most NHS staff with a commissioning remit have no transport expertise, and do not have the time, budget or energy to go looking for it – hence, for example, they tend to hand the running of PTS over to the Ambulance Service, which has little interest in or incentive to change, given that the performance indicators they are challenged to meet are almost exclusively focused on urgent or emergency services.”<sup>iv</sup>*
7. Furthermore, evidence suggests that NEPT can be over-specified compared to what the patient actually needs, resulting in unnecessary costs to the sector. The Department for Transport refer to:

*“the present tendency for many low-need users to be provided with high cost ambulance service transport.”<sup>v</sup>*

8. On the other hand, many patients who are eligible for NEPT may choose not to use it for a variety of reasons, including uncertainty around return times.
9. Even where patient transport is able to support the majority of patients, for those who miss a trip or are unable to access NEPT, a prolonged stay in hospital is often an unwanted inevitability.

## The potential for savings

10. With health budgets under strain, these inefficiencies should be urgently addressed. Looking at the potential for reducing missed appointments alone, there is considerable scope for savings.
11. The Department of Health reports that in 2014/15, around 5.6 million NHS outpatient appointments were missed in England<sup>vi</sup>. The cost to the NHS of missed hospital appointments has been put at £750 million per year<sup>vii</sup>. This suggests that each missed appointment costs the NHS an average of £133. The aforementioned survey of London patient transport users (where 37% had missed an appointment due to patient transport in the last two years)<sup>viii</sup> indicates that patient transport problems will account for a proportion of missed appointments nationally.
12. If, by providing patient transport in a more efficient way we could prevent just 10% of the 5.6 million missed hospital appointments in England<sup>ix</sup>, the NHS could save £74.5 million per year.
  - An annual saving of £74.5 million would be enough to pay for, for example:
  - 83 new MRI scanners (£895,000 each<sup>x</sup>) or...
  - 8,793 heart bypass treatments (£8,470 each<sup>xi</sup>) or...
  - 13,252 hip replacement treatments (£5,620 per treatment<sup>xii</sup>).
13. In 2016, the NHS and local councils came together to develop proposals for Sustainability and Transformation Plans (STPs)<sup>xiii</sup>. STPs are arranged across 44 geographical areas which cover the whole of England. The plans look at how health and services can be improved whilst ensuring ‘maximum value from every penny available’. 2017 will see further action to strengthen collaboration around STPs. Given the potential for savings, it is vital that transport is part of this discussion and is taken account of in future iterations of the STPs.
14. At present, actions relating to transport within STPs varies across geographical areas. Many STPs make no reference to NEPT at all (around 1/3 in the North alone)<sup>xiv</sup>, whilst areas such as Humber Coast and Vale make explicit reference to providing more integrated transport services with a variety of providers<sup>xv</sup>.

## What is Total Transport and how can it improve NEPT?

15. Taking a 'Total Transport' approach to delivering NEPT could offer the opportunity to provide patient transport more efficiently and deliver on the potential savings outlined above whilst also improving passenger experience.
16. A more coordinated, cross sector Total Transport approach to the provision of patient transport could help ensure that patients are provided with vehicles suited to their needs; that fleets owned or commissioned by the public sector are fully utilised; and that patients get to and from where they need to be in a timely manner.
17. Total Transport involves working across different areas of public policy and spending divides to deliver better outcomes for communities and taxpayers through the sharing of resources and expertise.
18. Beyond health, the wider public sector provides and funds collective transport in a variety of forms, including conventional bus services, school transport and social services transport. In addition, there are services provided by the community transport and voluntary sectors. Under Total Transport, these vehicles and services could be an asset to the health sector.
19. Total Transport would see these multiple fleets (including NEPT vehicles) bought together into a shared pool (and potentially a single budget) under a single point of access catering for a wide range of passengers (from patients to school children). The pool of vehicles would be coordinated and scheduled centrally, taking into account different modes and capacity on the mainstream network. It would ensure that the entire vehicle fleet is put to maximum use throughout the day and that the right vehicle is deployed for the right job (avoiding over-specification). Vehicle downtime could also be utilised and even coordinated with appointment times (see example below), better matching unmet needs with unused capacity within the whole system.
20. A Total Transport approach coordinated by local authorities could bring a wealth of expertise and experience to the delivery of NEPT. Local authority transport teams are specialists in transport planning and have an extensive knowledge of what transport services are in operation across the piece.
21. They are also experienced in procuring and managing cost-effective accessible transport, including that requiring a care component. Indeed, whilst it is usually commissioned by the NHS, NEPT has more in common with the social care transport commissioned by local authorities or with Community Transport than it does with emergency ambulances.
22. In addition, Total Transport also offers the opportunity to satisfy a greater level of demand. It has been reported that local CCGs are managing demand through increasingly strict eligibility criteria for NEPT<sup>xvii xviii xix</sup>. If resources are allocated in a more rational way it may be possible to cope with a greater degree of demand, rather than managing demand through further restricting service use.
23. As far back as 2009, a DfT guide to providing transport in partnership stated:

*"The integrated organisation of local authority and NHS transport provision of non-emergency transport services offers efficiency for number of reasons; the overlap in clients; the differences in times of peak demands; the similarity in needs in terms of vehicle design and escort provision"*
24. A further DfT report, published in 2013<sup>xx</sup>, found that despite the potential benefits, integrated approaches to organising local authority transport and NEPT were still largely 'non-existent'.
25. This is something that the Department for Transport is trying to address through its £7.6 million Total Transport Pilot Fund<sup>xxi</sup> which allows local authorities to try new and better ways of delivering joined-up local transport. Many of the 37 schemes funded are seeking to improve integration with NEPT and the health sector.

### Case study: Coordinating appointment times to vehicle capacity<sup>xxii</sup>

TfGM coordinated an initiative with the then Stockport PCT, who wanted to offer a concentrated number of client assessments and fittings of digital hearing aids. By offering clinic appointments during the middle of the day, the PCT could utilise the spare vehicle capacity of a local authority owned accessible fleet operating company to provide transport support to those who needed it, scheduled to suit the transport available and reduce the risks of non-attendance.

## Good practice examples

### Devon County Council

Devon County Council has an established Transport Coordination Service which manages public transport support, the National Bus Pass, education transport, social care transport and an in house fleet.

Through their Total Transport funding the Council has recently added non-emergency patient transport to their remit. In addition the Council is also providing a Patient Transport Advice Service on behalf of the CCG, where they assess eligibility for patient transport, and signposting non-eligible patients to other options.

This had led to better vehicle utilisation and a more joined up service. It is projected the project will also achieve financial efficiencies.

### West Berkshire Council

West Berkshire Council is now providing accessible minibuses from their in-house fleet and trained driver resource to deliver NEPT journeys to and from hospitals and other health care facilities in Berkshire, Oxfordshire and Swindon, as a subcontractor to the South Central Ambulance Service NHS Trust (SCAS).

This initiative has ensured that clients are able to attend appointments at diverse health care facilities in West Berkshire and adjoining areas; achieved increased utilisation of vehicles in between the existing peak travel times for Adult Social Care and school transport; and bolstered SCAS' existing NEPT driver and vehicle resources.

Joint working has enabled clients' health-related travel needs to be met, reduced pressure on SCAS at a time of greater demand and restricted resources, while improving utilisation and bringing in some additional revenue for the Council.

### Network Northamptonshire

Northamptonshire County Council used their share of Total Transport funding to identify synergies which can be achieved by coordinating effectively the current disparate efforts of a large number of organisations in the public, voluntary and private sectors.

Their 'Network Northamptonshire' model involved the creation of a voluntary partnership of all the stakeholders using a memorandum of understanding setting out the objectives to be achieved by working together.

In the longer term, based on the project work undertaken to date, Northamptonshire predict a saving of at least 5% on the overall council transport budget within the first five year fully operational period.

## Barriers and Obstacles

26. The DfT has identified several challenges facing local authorities seeking to develop Total Transport approaches with the health sector, including<sup>xxiii</sup>:
  - The perceived minor impact of transport on NHS service delivery and budgets, despite the substantial sums being spent.
  - The division of responsibilities – and funding – between the NHS and local authorities.
  - The sheer scale and complexity of the NHS, combined with frequent restructures and staff changes.
  - A reluctance within the NHS to consider non-NHS transport options.
  - Difficulties in reconciling different service standards and scheduling constraints e.g. “timing outpatient appointments around transport is alien to most NHS cultures”<sup>xxiv</sup>.
27. Additional barriers include:
  - Administrative difficulties associated with the harmonisation of working conditions, staffing, systems, standards and targets held across different agencies<sup>xxv</sup>.
  - Negotiation of legal, contractual and financial relationships<sup>xxvi</sup>.
  - Reconciling potentially differing needs of clientele<sup>xxvii</sup>.
  - The lack of systematic data collection on how many hospital appointments are missed owing to patient transport problems.
  - Differing commissioning cultures between the NHS and local authorities.
  - Mismatches between NEPT contract geographies and local authority geographies.
28. Despite these difficulties, the DfT concludes that “coordination offers valuable benefits on both sides”<sup>xxviii</sup>. Indeed, through the Total Transport pilots and a number of long-standing integrated transport schemes, there is now a growing bank of good practice and experience to draw upon which should assist in overcoming many of the challenges identified. Annex one summarises some of the key lessons learned so far.

## Rethinking provision

29. Alongside the mainstream of NEPT there is a parallel network of largely community-led provision which needs to be better understood if integration in commissioning is to leverage more needs to be met through integration in provision, with a more prominent role for community organisations.
30. The involvement of charities providing transport has been a long-standing benefit to the health service and patients. CTA's own "State of the Sector" research has consistently shown that journeys into health settings are the second largest purpose given for using community transport.
31. Much of this will be off the radar of health service commissioners, evidenced by the disconnection between the number of charities helping people to reach health settings and those that are remunerated for the work by those commissioners.
32. CTA's survey in 2014 found 74 per cent of operators in England worked in health settings but only 24 per cent were remunerated by any local NHS body.
33. Creating value for public services that have not made a financial contribution to receive those benefits is not in itself problematic. However the lack of remuneration is indicative of transport operators having little direct and formal engagement with health bodies which means services in and around health settings risk being inefficiently co-ordinated. It also means the services that are commissioned take little account of existing capacity and assets within the community which could be leveraged to create a better network of provision.
34. The quality and efficiency of health related transport could be markedly improved through more innovative models of commissioning delivery which build cross-sector partnerships and networks of provision where people are transported in a vehicle and service most appropriate to their own circumstances and needs.
35. Community transport's contribution to the health service, however, is much more than helping manage demand and capacity. It is about giving people who are already feeling anxious one less thing to worry about through a service they trust and is more personal to them, meaning care starts at the front door of their home and not the waiting room.

## The Total Transport opportunity

36. This paper has summarised the huge opportunity presented by Total Transport as a way of delivering NEPT more efficiently and effectively.
37. Currently, NEPT is frequently commissioned by staff with little transport expertise and delivered by providers who have little incentive to seek improvements and savings. It is often over-specified compared to patient needs and evidence suggests problems with patient transport lead to a significant number of missed appointments.
38. If, by providing patient transport in a more efficient way we could prevent just 10% of missed hospital appointments in England, the NHS could save £74.5 million per year – enough to pay for thousands of life-changing treatments.
39. Evidence suggests that taking a Total Transport approach to NEPT has the potential to deliver these savings through the sharing of expertise and resources. It could help ensure that patients are provided with vehicles suited to their needs; that fleets owned and commissioned by the public sector are fully utilised; and that patients get to and from where they need to be in a timely manner.
40. With a growing base of evidence and experience to draw upon and at a time when public funding is particularly tight, Total Transport is an opportunity that needs to be embraced at the highest levels of Government, the NHS and local authorities.

## Annex One: Taking a Total Transport approach to delivering NEPT - lessons learned

The following key learning points have been gathered from practitioners who have worked towards implementing Total Transport approaches<sup>xxix</sup>.

### Integration, coordination or something else?

There is no set model or scale for taking a Total Transport approach to NEPT. Some approaches retain separate fleets but coordinate these centrally through a joint booking line. Others aim to fully integrate their fleets and budgets into a shared pool. Ultimately, the model selected should fit local circumstances, taking account of where NEPT is coordinated and who manages the NEPT budget.

### A new way of thinking

Successful Total Transport projects often take a 'softly, softly' approach. They may have a big, long-term strategic vision but they do not expect that this will be easy or quick to achieve. Instead, they aim for small pilots and easy wins to demonstrate early savings and build the confidence of partners or potential partners. Once the small steps have been taken, these can be built upon to support the achievement of the long term vision.

Part of this exercise can involve considering where it is possible to build on existing local capacity. By building a supply chain of local commissioners and travel providers, it is possible to utilise local knowledge effectively to provide an integrated transport service, across quite often large and complex NEPT contracts.

### Don't fixate on what can't be done

It may not be possible to secure the participation from all desired stakeholders. Focus on what can be done without them – take along those who are willing and start to build an evidence base that can be used to convince others to come on board later.

### Consider the user experience

Often making savings and efficiencies are among the key motivations for exploring Total Transport. In doing so, ensure the user experience is not forgotten – could merging two journeys, for example, result in unacceptably long or circuitous journeys for passengers? How will users feel after treatment and how can the journey experience be a supportive one?

### Get to know your stakeholders

It is important to take time to get to know desired stakeholders in order to gain their trust and buy-in. This means:

- Understanding who they are and who can really make a difference.
- Involving them from the outset in developing a shared vision.
- Being clear about aims, objectives and expectations.
- Ensuring each stakeholder is talking about the same thing – the health and transport sector have their own languages and terms could have different meanings for each.
- Taking time to understand stakeholder priorities and show how the plan can help them meet their goals.
- Being sensitive to the fact that each stakeholder will probably think that they know best in terms of how to deliver transport to their clients. Value and find ways to retain their knowledge of client groups and the local area.
- Gaining a thorough understanding of each stakeholder's terms and conditions, vehicle specifications and standards and looking for common ground.
- Being willing to share information on costs and demand.
- Recognising that compromises are sometimes necessary.
- Maintaining dialogue with stakeholders as the project progresses.

### Take account of the wider policy landscape

Given the long timescales often involved, a lot can change as a Total Transport project develops. Successful projects monitor the wider policy landscape (e.g. NHS restructuring) and consider how it might impact on their work.

## More information

### Community Transport Association

In May 2017 CTA will be publishing another paper which looks in greater depth at innovations in provision and exploring ideas for creating a stronger role for community transport organisations.

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)

You can also see what we're doing and saying via our blog: [www.ctablog.org](http://www.ctablog.org)

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## Endnotes

- <sup>i</sup> 'Total Transport: working together for our communities' Speech by Andrew Jones MP, 23 October 2015 <https://www.gov.uk/government/speeches/total-transport-working-together-for-our-communities>
- <sup>ii</sup> Transport for All (2014) Sick of Waiting: A report into Patient Transport in London
- <sup>iii</sup> House of Commons Written Answers, 15 July 2014: Column 667W, Patients: Transport
- <sup>iv</sup> DfT (2013) Tendering Road Passenger Transport Contracts: Best Practice Guidance
- <sup>v</sup> Department for Transport (2009) Providing transport in partnership – a guide for health agencies and local authorities (p.18)
- <sup>vi</sup> Department of Health (2016) A zero cost way to reduce missed hospital appointments
- <sup>vii</sup> 'Personal responsibility' Speech by Health Secretary Jeremy Hunt to the Local Government Association annual conference, 1 July 2015 <https://www.gov.uk/government/speeches/personal-responsibility>
- <sup>viii</sup> Transport for All (2014) Sick of Waiting: A report into Patient Transport in London
- <sup>ix</sup> 560,000 missed appointments at a cost of £133 each.
- <sup>x</sup> 'Is a hospital a useful unit of spending?' BBC News, 17 September 2016 <http://www.bbc.co.uk/news/magazine-37383918>
- <sup>xi</sup> 'How much have I cost the NHS?' Guardian online tool <https://www.theguardian.com/society/ng-interactive/2016/feb/08/how-much-have-i-cost-the-nhs>
- <sup>xii</sup> 'How much have I cost the NHS?' Guardian online tool <https://www.theguardian.com/society/ng-interactive/2016/feb/08/how-much-have-i-cost-the-nhs>
- <sup>xiii</sup> <https://www.england.nhs.uk/stps/faqs/>
- <sup>xiv</sup> <https://www.england.nhs.uk/stps/view-stps/>
- <sup>xv</sup> [http://humbercoastandvale.org.uk/wp-content/uploads/2016/12/HCV-October-Submission\\_v.3.1-updated.pdf](http://humbercoastandvale.org.uk/wp-content/uploads/2016/12/HCV-October-Submission_v.3.1-updated.pdf) (p.13)
- <sup>xvi</sup> Department for Transport (2009) Providing transport in partnership – a guide for health agencies and local authorities
- <sup>xvii</sup> <http://www.kentonline.co.uk/tunbridge-wells/news/terminally-ill-people-face-isolation-99686/>
- <sup>xviii</sup> <http://northamptonchron.co.uk/news/wheelchair-bound-patient-from-northampton-has-free-transport-to-hospital-withdrawn-1-6439062>
- <sup>xix</sup> [http://www.edp24.co.uk/news/health/sick\\_north\\_walsham\\_widow\\_told\\_to\\_take\\_60\\_taxi\\_to\\_hospital\\_1\\_4661273](http://www.edp24.co.uk/news/health/sick_north_walsham_widow_told_to_take_60_taxi_to_hospital_1_4661273)
- <sup>xx</sup> DfT (2013) Tendering Road Passenger Transport Contracts: Best Practice Guidance
- <sup>xxi</sup> '£7.6 million for local transport in rural and isolated areas.' DfT new story, 27/03/15.
- <sup>xxii</sup> Department for Transport (2009) Providing transport in partnership – a guide for health agencies and local authorities
- <sup>xxiii</sup> DfT (2013) Tendering Road Passenger Transport Contracts: Best Practice Guidance
- <sup>xxiv</sup> DfT (2013) Tendering Road Passenger Transport Contracts: Best Practice Guidance (p.86).
- <sup>xxv</sup> *pteg* (2011) Total Transport: Working across sectors to achieve better outcomes
- <sup>xxvi</sup> *pteg* (2011) Total Transport: Working across sectors to achieve better outcomes
- <sup>xxvii</sup> *pteg* (2011) Total Transport: Working across sectors to achieve better outcomes
- <sup>xxviii</sup> DfT (2013) Tendering Road Passenger Transport Contracts: Best Practice Guidance (p.86)
- <sup>xxix</sup> Many of these learning points were gathered during a Total Transport event for practitioners held by *pteg* (now Urban Transport Group), Community Transport Association, Local Government Association and ATCO on 24<sup>th</sup> October 2012.