community transport association

CTA's response to the call for evidence on the Non-Emergency Patient Transport Service Review

About the Community Transport Association

This response is submitted by the Community Transport Association (CTA), a national charity working with thousands of other charities and community groups across the UK that all provide and support local transport services that fulfil a social purpose and community benefit.

One of our activities is to contribute to the formation of public policy where community-led solutions within transport can improve access and inclusion. Central to this is showing how better outcomes are achieved for people and communities when they have access to community transport.

Around 30 per cent of CTA's 1,300 plus members are charities whose main work is the provision of community transport and they would typically use this label to describe their work. This form of community transport helps to address the quality, affordability and accessibility of transport options for people who cannot drive and don't have access to conventional public transport, especially in rural areas. It also recognises that some needs are best met through communities doing things for themselves.

This is about providing flexible and accessible community-led solutions in response to unmet local transport needs, and often represents the only means of transport for many vulnerable and isolated people. Significant user groups are older people and disabled people.

High levels of volunteer involvement, the ability to attract charitable funds, accessible vehicles and a not-for-profit business model, all mean community transport is often a more reliable and resilient way of meeting a greater range of transport needs, especially for our more isolated and vulnerable citizens.

The other 70 per cent of CTA's members are charities, community groups and other not-for-profits who use the same permit regime to run transport to support their main charitable activities, such as scout groups, Age UK or RVS branches.

Please share your insight, examples, and data, on the challenges facing NEPT services in England

In 2017, CTA partnered with the Urban Transport Group to look in detail at the state of health transport in England and how this could be improved through a new approach – the findings of which we set out in our report *Total Transport: a better approach to commissioning non-emergency patient transport*. Building on our observations, CTA also collaborated with Arriva Transport Solutions to explore health transport further, conducting interviews with representatives of charities, third sector partners and private companies that were involved or had an interest in NEPT provision, publishing our conclusions in an *Innovations in Health Transport* report later that year. Below, we highlight some of our main findings.

Challenges for patients accessing NEPT

Our research identified the highly restrictive, and increasingly limited, eligibility criteria for NEPT as a key challenge facing patients. Eligibility for NEPT was assessed on a purely medical basis in terms of a patient's ability to walk, overlooking the social, geographic and economic factors that affect their ability to access transport to reach health appointments, such as financial status, poor public transport connectivity and mental unpreparedness to use mainstream transport.

Moreover, as similarly highlighted in the *There and back* report, there is increasing evidence that CCGs are tightening eligibility criteria to reduce calls on NEPT. While CCGs have discretion to extend eligibility and offer discretionary journeys, this further compounds inconsistencies in provision throughout England, leading to a 'postcode lottery' of sorts for NEPT users and patients confused by what services they are entitled to.

Changes to healthcare settings has further complicated patient access to NEPT. Through our interviews, we noted a growing trend of care being based outside of formal NHS sites, such as pulmonary rehabilitation groups based in a community setting. While these activities would still be recognised as 'treatment' and lead to measurable improvements in health outcomes, it is unlikely that a patient could use NEPT to access it.

As such, NEPT provision is disjointed and unable to adequately cater for the full range of patients' needs.

Challenges for commissioning NEPT

Our research identified that a culture of innovation was lacking across the NHS and was a vital challenge for improving NEPT provision for several key reasons. Firstly, budgetary constraints acted as a barrier to embracing change. Innovating requires discovery and experimentation, as well as setbacks and restarts. However, this culture of exploration does not readily fit within an NHS that must prioritise making savings and dealing with immediate and critical demands in the short-term. For example, our *Total Transport* report found that the cost to the NHS of NEPT was at least £150m per year and that if transport was organised in a more joined up way the NHS might save £74.5m per year. However, rather than investing

in new approaches, CCGs in many areas have tightened eligibility criteria to reduce the cohort of people accessing NEPT, which is counterproductive in the face of rising demand.

This was, secondly, compounded by a complicated and poorly designed commissioning environment. Meaningful change necessitates concerted effort on the part of commissioners. However, as highlighted by Better Transport's *The future of rural bus services in the UK* report, many NEPT contracts are part of collaborative agreements that cover much larger areas than a single local authority. Moreover, NEPT is commissioned by a variety of NHS bodies and delivered by different types of providers, making efforts to change complex to navigate.

This complexity is also a deterrent to smaller providers which do not have the resources or expertise to engage with complicated tendering processes. As such, while they deliver quality transport to health settings, they are not integrated into the network or remunerated to do so, reducing efficiencies and placing unsustainable pressure on their limited resources. For example, CTA's *State of the Sector* report found that while 74% of community transport operators surveyed delivered transport to health, only 24% of them were funded to do so. Conversations with members have shown a general consensus that health transport journeys are increasing year on year. In conjunction with increasingly restrictive eligibility criteria, this rise in demand essentially suggests that small, and often charitable, organisations are forced to absorb the costs of wider budget cuts.

Moreover, as outlined in our *Innovations* report, contracts are currently measured by the ability of operators only to provide basic standards, rather than their ability to deliver quality patient-centred journeys, meaning that they are ineffective in holding operators to account for their performance and do not incentivise operators to go above and beyond the bare minimum, limiting scope for improvement. Effective NEPT provision should place 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. However, current key performance indicators are limited mainly to measuring the timeliness of patient journeys which, while an important measure of quality, does not consider broader social and economic outcomes. It also leads to inefficiencies, such as single or small groups of people being transported in relatively empty vehicles to meet punctuality targets, but pushing up cost and carbon footprint per passenger. Rather, contracts could include patient satisfaction measures as key performance indicators, alongside developing a culture which encourages patient feedback on NEPT and for this to influence in-contract performance improvement.

Contrastingly, community transport operators apply a user-centred approach to transport, assisting patients from door-to-door with disability-trained drivers and passenger assistants, developing positive relationships with users, and providing transport in vehicles that are mostly wheelchair-accessible, with rear passenger lifts and convertible spaces. Journeys on community transport are about more than taking passengers from A to B and users credit it with reducing their feelings of loneliness and isolation, as well as helping them to access vital health appointments that prevent further ill health and enable them to stay at home and independent. Yet, these are not metrics that are measured by current contracts. Furthermore, the community transport operators that we interviewed in 2017 said that the

personal relationships they have with their passengers, plus the familiarity with their needs, were critical in providing successful travel, however there is little evidence that this expertise is drawn upon. Community transport should be seen as an integral part of NEPT provision to ensure that it is able to meet the full range of needs for patients accessing health settings.

Thirdly, while the health sector spends considerable sums on transport, these are insignificant in comparison with the overall budgets for other healthcare services. This means that transport is a peripheral activity, with little incentive for development and innovation. The relatively low priority given to transport within the larger healthcare matrix is reflected in the difficulty of engaging and maintaining connections with decision-making individuals in the health sector. As reported by DfT, a Total Transport pilot project in Herefordshire found that while its initial bid was supported by the health sector, a number of staff changes led to the initial engagement being lost once the project commenced. Combined with the fact that there is little research which looks at the cost of transport to individuals who need access to transport outside of formal NEPT provision, and the fact that the quality of patient transport is determined by conditions outside of the control of any one transport provider or commissioner, including delays in transfers of care, short-notice cancellations, or problems with staff availability, there lacks the drive required to make meaningful improvements to health transport.

Please share good or innovative practice examples, including use of technology, if possible with supporting links

On top of providing high-quality passenger services that prioritise the full range of a user's needs, the community transport sector is also at the forefront of health transport innovation. The below examples are of members in Scotland and Wales but the work they do has much read across to an English context.

One of CTA's members, the Pembrokeshire Integrated Voluntary Organisations Team (PIVOT) is an excellent example of this. Formed in 2014 with funding from the Welsh Government's Integrated Care Fund and initiated by the Hywel Dda Health Board and Pembrokeshire County Council, the project consists of a partnership between five different organisations who each provide a unique service that contributes to the delivery of a holistic service working to prevent unnecessary hospital admissions, to support people at home after a hospital stay, and to build people's confidence so that they can live independently within their own homes.

Each organisation involved in PIVOT has distinct expertise and a clear role:

- The **British Red Cross** provide a single point of contact for referrals into the service and can provide a case worker support service for up to six weeks
- **West Wales Care and Repair** provide a rapid response service for small adaptations to a patient's house such as key safes and grab rails
- **The Royal Voluntary Service (RVS)** provide a rota of volunteer drivers on call from 10:00-20:00, seven days a week, 365 days a year

- **Pembrokeshire Association of community Transport Organisations (PACTO)** oversee and coordinate all the transport elements of the project; while
- Overall service is coordinated by the **Pembrokeshire Association of Voluntary Services (PAVS)**

Providing a single point of contact, seven days a week and into the evening, has been transformative for health staff in Pembrokeshire, with 60% of referrals preventing hospital admission either through early intervention in the community or at the hospital itself. Furthermore, it demonstrates how having defined but connected roles, sharing resources, experience and support enables an efficient and effective transport service which prioritises the needs of its users and provides timely support which is followed up and followed through.

Meanwhile, Community Transport Glasgow is currently creating an integrated transport hub to address increasing transport needs in Glasgow and the surrounding areas, partly in response to healthcare settings changing to centralised acute services and primary care services, and the recognition that a more bespoke demand-responsive service, including community transport, would be essential to address this. CTG will be creating a digital platform to enable booking and scheduling to be carried out at a single, integrated point of contact, co-ordinating demand-responsive services with health and social transport provision. They will also be collaborating with a number of transport providers, including local authorities, CT operators and the NHS, to make better use of fleets' downtime.

A similar service is also in operation in Aberdeen – the Transport to Healthcare Information Centre (THInC) provides a dedicated telephone service offering guidance on accessing suitable transport options to get to and from appointments when patients have no means of personal transport. The centre can provide details of suitable bus or train times, contact telephone numbers and other services such as local dial-a-bus or voluntary car schemes. The centre is a joint initiative between Aberdeen City Council, Aberdeenshire Council, NHS Grampian, The Scottish Ambulance Service and Nestrans.

Please share your suggestions about how to improve services within available resources

CTA issued six key recommendations to improve health transport in our *Innovations in Health Transport* report, which can be summarised as follows:

Creating a culture of innovation in NEPT delivery

- Researching and identifying the monetised benefits of improved transport provision
- Broadening eligibility criteria to include passengers with a 'social' need for transport, and recognising the benefits that this provision provides to the local health economy
- Providing more opportunities for joint learning between NHS staff and transport providers to improve the design of future services
- Contracts that are less prescriptive and which give greater flexibility and freedom for operators to achieve a broader range of outcomes for patients
- Providing a wider range of travel options so that needs and capacity can be more closely matched and patients are able to select the mode most suited to their needs

Commissioning NEPT through contracts that support innovation

- This could start by altering KPIs to recognise and reward demonstrable improvements in service, and to include social value metrics and broader health outcomes
- Include levers which encourage:
    - Collaboration with community transport operators and other providers who work to meet social, as well as health, needs within the local area
    - Maximum efficiency in vehicle use
    - The rewarding of 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
- Trialling new approaches and re-designing services to fit with new learning

Patient involvement in co-creating their own travel solutions

- Contracts should require NEPT providers to demonstrate how service user opinion has improved services
- NEPT providers should take greater efforts to meet with users of community transport in their local area prior to deciding the configuration of vehicles

A collaborative approach to NEPT which draws on the contribution of a broader range of stakeholders

- Health bodies such as CCGs should identify and include within their commissioning process how to integrate the full range of local transport provision
- NEPT tendering exercises should require bidders to describe how they will collaborate with other providers, especially voluntary and community based organisations, and to 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

Involving community transport (CT) as a means of adding distinct value to the patient experience

- Local health bodies should identify the contributions of community transport to providing health transport and either integrate CT services into NEPT contracts or commission them directly
- CT operators should gather and share evidence of their contribution to the NEPT market to make an effective case for their integration and support
- If financial reward for CT operators is not possible, their work should be supported through other means, such as specialist parking and set-down points to enable more efficient drop-off and pick-up of passengers

Collecting and sharing more meaningful data to improve service design

- Transport operators and CCGs should develop and introduce real-time information in more places to help people understand when their journey will be ready to be made to reassure passengers and improve quality of overall care
- Integrate the booking of appointments with the booking of transport
- Distribute travel information through channels familiar to the passenger, such as through their local community transport provider or through another social service they may use

In summary, two main recommendations are as follows:

1) Seek to provide more user-friendly transport provision by developing more localised provision specifically to meet identified local needs.
2) Look to use a mix of different transport provision and suppliers that can be tailored to local circumstances and opportunities. This should include engaging with community transport providers. A Total Transport approach that seeks to integrate different types of transport provision should be adopted to ensure that the most efficient transport solutions are developed to meet the needs of users in the most effective way.