

Consultation on a future model for Non-Emergency Patient Transport Services (NEPTS) for Cambridgeshire and Peterborough

27 August – 19 November 2015

End of consultation report

9 December 2015

1. Purpose of this report

This report is to inform Cambridgeshire and Peterborough Clinical Commissioning Group's (CCG) Governing Body of the responses to the 'Consultation on a future model for Non-Emergency Patient Transport Services (NEPTS) and how concerns, questions, and suggestions can be addressed

2. Background to the consultation

Patients are usually responsible for getting themselves to and from non-emergency NHS appointments e.g. attending an outpatient appointment or a visit to a minor injuries unit. In certain situations, where patients have specific medical needs and have no other way of getting to and from hospital, the NHS will provide Patient Transport Services. Cambridgeshire and Peterborough CCG has a responsibility to ensure access to NEPTS for patients who meet the eligibility criteria.

What are the issues that need to be addressed?

NEPTS services in Cambridgeshire and Peterborough are currently delivered by many providers, on different contracts, and with different service specifications.

These arrangements have been in place since before the CCG came into being, which has led to inconsistency as each contract delivers a different standard of service. This means that we cannot offer our patients equal access to NEPTS under the current arrangements. We are looking at re-commissioning the service under a single contract as we cannot continue to provide the service in the way it is being provided at the moment.

Work is taking place to look at what the new service could look like. The aim is that the procurement - the process of 'buying' a service - will be offered as 'one service' which includes patient transport and a call centre service to take the bookings.

The current contracts for NEPTS are coming to an end. This is a good opportunity for us to think about the future of these services and to improve the access to, and equity of, services for patients across the CCG's area.

Although these services are currently being run by different providers the aim is that in the future NEPTS will be one service which is managed by one provider.

We are looking for a single provider for NEPTS.

One point of call

Currently NEPTS can be booked by in a number of ways, such as your doctor's surgery and some hospitals and community clinics. In some areas of the CCG it is the patient that books the transport directly with the transport provider.

We are proposing that NEPTS should be accessed by one point of contact that patients, carers, or healthcare professionals can access.

The eligibility criteria is set nationally and will not change, however we do expect that by having a single provider the criteria will be applied equally and fairly across the whole CCG area.

3. Raising awareness of the consultation

A project team was formed in May 2015 to take this work forward. In June 2015 the project team started to raise awareness of the options for consultation. A briefing note, outlining the options under consideration, and a consultation process plan were shared with key stakeholders and patients via:

- Cambridgeshire Health Committee
- Peterborough Scrutiny Commission for Health Issues
- Northamptonshire Health Scrutiny Committee
- Hertfordshire Health Scrutiny
- CCG Patient Reference Group
- Healthwatch Cambridgeshire
- Healthwatch Peterborough
- Healthwatch Northamptonshire
- Healthwatch Hertfordshire

The consultation document was drawn up in accordance with the following requirements and guidance:

- Cabinet Office Consultation Principles July 2012
- Section 14Z2 National Health Service Act 2006
- Lansley Criteria for Significant Service Change
- Cambridgeshire and Peterborough Clinical Commissioning Group's Constitution and Communications and Engagement Strategy

4. Consultation

The consultation ran from 27 August 2015 to 19 November 2015.

4.1 Consultation documents and other consultation material

The following documents were made available in hard copy and/or on the CCG website during the consultation:

- Full consultation booklet with tear-out survey
- Summary consultation document
- Easi-read consultation document and questionnaire
- Translation of summary consultation document in:
 - Polish
 - Portuguese
 - Urdu
- Poster with public meeting dates
- Consultation process plan
- SurveyMonkey web-based survey
- Public meeting dates poster

4.2 Consultation meetings

Public consultation meetings				
	Date	Meeting	Venue	CCG attendance
1	Wednesday 16 September 10.30am- 11.30am	Public consultation meeting	March Library City Road March Cambridgeshire PE15 9LT	Kyle Cliff MaryAnn Watson Jane Coulson Alex Frisby
2	Monday 21 September 2pm-3pm	Public consultation meeting	Huntingdon Library Prince's Street Huntingdon Cambridgeshire PE29 3PA	Sarah Shuttlewood Helen McPherson Jane Coulson
3	Thursday 24 September 3.30pm- 4.30pm	Public consultation meeting	Peterborough Central Library Broadway Peterborough PE1 1RX	Kyle Cliff Amie Johnson Adam Miller
4	Tuesday 29 September 1pm-2pm	Public consultation meeting	Wisbech Library Ely Place Wisbech Cambridgeshire PE13 1EU	Sarah Shuttlewood Hazel Thomson Sarah Prentice
5	Wednesday 30 September 1.30pm- 2.30pm	Public consultation meeting	Ely Library 6 The Cloisters Ely CB7 4ZH	Kyle Cliff Hazel Thomson Sarah Prentice
6	Tuesday 6 October 11am-12pm	Public consultation meeting	Old Bull Inn 56 High Street Royston Hertfordshire SG8 9AW	Kyle Cliff Jo Hobson Julia Walsh
7	Wednesday 7 October 2pm-3pm	Public consultation meeting	Central Library 7 Lion Yard Grand Arcade Cambridge CB2 3QD	Kyle Cliff Helen McPherson Steve Nash
8	Monday 12	Public consultation meeting	Priory Centre	Kyle Cliff

	October 10am-11am		Priory Lane St Neots PE19 2BH	Sue Last Steve Nash
9	Wednesday 14 October 11am-12pm	Public consultation meeting	Chatteris Library 2 Furrowfields Road Chatteris Cambridgeshire PE16 6DY	Janet Brooks MaryAnn Watson Jane Coulson Alex Frisby
10	Monday 19 October 1pm-2pm		New Queen Street Surgery Syers Lane Whittlesey PE7 1AT	Sarah Shuttlewood Jane Coulson
11	Tuesday 10 November 3pm-4pm		Little Shelford Memorial Hall Church Street Little Shelford CB22 5HG	Sarah Shuttlewood Jo Hobson Sarah Prentice

Meetings with organisations				
	Date	Meeting	Venue	CCG attendance
10	Wednesday 14 October 1pm-2pm	Headway hub group	Block 10 Ida Darwin Fulbourn CB21 5EE	Kyle Cliff
11	Friday 16 October 12.30pm- 1pm	Punjabi Cultural Society	Arbury Community Centre The Centre Campkin Road Cambridge CB4 2LD	Sarah Shuttlewood Julia Walsh
12	Thursday 22 October 5.30pm-7pm	Mepal Parish Council	Mepal	Sarah Shuttlewood Sue Last
13	Tuesday 3 November 10am-11am	Locksley Sheltered Housing Scheme	David's Lane Werrington PE4 5BW	Kyle Cliff
14	Tuesday 10 November 1pm-2pm	Netherton Friendship Club	Church Hall at St Andrew's United Reformed Church Ledbury Road Peterborough	Kyle Cliff

			PE3 9RF	
15	Thursday 12 November 3pm-3.30pm	Isle of Ely Patients' Forum	Doddington Community Hospital Benwick Rd Doddington March Cambridgeshire PE15 0UG	Kyle Cliff

4.3 Distribution

Email:

- GPs
- Stakeholder database – email contacts
- CCG Patient Reference Group
- Bordering CCGs – communications contacts
- Bordering CCGs – Chief Operating Officers
- MPs
- Local Authority Chief Executives
- Local Authority Leaders, Deputy Leaders, Chairs, and Vice Chairs
- Patient Participation Group contacts
- Provider Chairs and Chief Executives
- Provider communications contacts
- Health and Wellbeing Board officers
- Health Scrutiny/Health Committee officers
- Healthwatch organisations
- Local Health Partnership officers
- Council of Voluntary Service Chief Executives
- Community Safety Partnership officers

Hard copies:

- GP practices – x 2 mailouts
- Dentists
- Pharmacies – x 2 mailouts
- Sheltered housing schemes
- Nursing and residential homes
- Stakeholder database – postal contacts
- Councils for Voluntary Service
- Libraries – x 2 mailouts
- Cambridgeshire Community Services NHS Trust
- Cambridge University Hospitals NHS Foundation Trust
- Cambridgeshire and Peterborough NHS Foundation Trust
- East of England Ambulance Service NHS Trust
- Hinchingsbrooke Health Care NHS Trust
- Peterborough and Stamford Hospitals NHS Foundation Trust
- Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
- Urgent Care Cambridgeshire

- Herts Urgent Care
- Lincolnshire Community Health Services NHS Trust/Peterborough Minor Illness and Injury Unit
- North Cambridgeshire Hospital, Wisbech
- Princess of Wales Hospital, Ely
- Doddington Community Hospital
- St Neots Walk-in Centre
- Brookfields
- County Councils
- District Councils
- Parish and Town Councils
- Health Scrutiny/Health Committee Councillors
- Health and Wellbeing Board Councillors
- Healthwatch organisations
- Voluntary and community sector/charities
- Health Education East of England
- Cambridgeshire Constabulary
- Cambridgeshire Fire and Rescue Service
- SUN Mental Health Network
- NHS England Area Team

4.4 Media Coverage

Articles on the consultation have appeared in the following newspapers:

- Ely Standard
- Wisbech Standard
- Peterborough Telegraph
- Cambridge News

Advertisements were placed in the following publications to advertise the public meeting dates:

- Cambridge News & Crier
- Royston Crow
- Cambridge News
- Peterborough Telegraph
- Hunts Post
- Wisbech Standard
- Cambs Times
- Ely Standard
- Ely News
- Fenland Citizen

4.5 CCG website and social media channels

A page dedicated to the consultation was created in the 'Have Your Say' section of the CCG's website. The page could also be accessed from a link on the homepage.

Documents relating to the consultation were made available on this page in .pdf format as follows:

- the full consultation document
- community language translations of the summary – Polish, Portuguese, and Urdu
- Easi-read version of the consultation document and survey.

A link to the consultation page on the website was publicised via the CCG's Facebook page and Twitter feed. We Tweeted and posted to our Facebook page to remind people of the consultation.

Data shows that the page was visited 2247 times during the consultation and the documents downloaded as shown in the table below:

Document	August 2015	September 2015	October 2015	November 2015	Total
NEPTS consultation document	129	145	87	88	449
Easi-read Patient Transport.pdf		30	31	45	106
Summary Non-emergency patient transport services consultation and survey - Polish.pdf		11	16	24	51
Summary Non-emergency patient transport services consultation and survey - Portuguese.pdf		9	17	28	54
Summary Non-emergency patient transport services consultation and survey Urdu.pdf		6	32	36	74

4.6 Response details

Attendees at public meetings	
Number of people attending	66
Enquiries received	
Email	31
Phone	16
Total	47
Consultation responses received	

Formal responses (statutory bodies)	8
Completed online surveys	418
Easi-read responses received	5
Total	431
Overall total	544

4.7 Responses from organisations

We received a number of responses from organisations, groups, and individuals. They are all included at Appendix C. The questions and comments raised are included in Section 4.8 below.

We received responses from the following groups and organisations:

- Cambridgeshire County Council – Economy and Environment Committee
- Cambridgeshire Health Committee
- East Cambridgeshire District Council
- Fenland District Council
- Fenland Transport and Access Group
- Peterborough Scrutiny Commission for Health Issues
- Peterborough System Resilience Group
- South Cambridgeshire District Council

4.8 Themes emerging from the consultation responses

The following describes the feedback we have received from the public meetings, additional meetings, comments sections on the surveys, emails, and formal responses from organisations. We have grouped the responses into themes that have emerged from all of this feedback; they are in no particular order.

The formal responses from organisations are attached at appendix C. The issues they raise are included in the themes summarised below.

Co-ordinated transport planning

Most of the responses from organisations asked Cambridgeshire and Peterborough CCG to ensure that we continued to be involved in looking at whole transport planning involving district, county, and city councils. Whole transport planning, to include community transport and public transport planning, will ensure a co-ordinated approach that avoids repetition and makes best use of the funding available. The organisations raised the issue of community transport being able to step in to provide transport for patients who may not be eligible for NEPTS. Total transport planning and funding was important to most of the organisations that responded.

In order to effect this co-ordinated approach, many of the organisations requested that Cambridgeshire and Peterborough CCG builds flexibility into the new contract so that when the Total Transport planning process is complete the NEPTS contractor could align with it.

Response: We continue to work closely with our council colleagues to ensure the best service for all people living in our area. We are dedicated to partnership working to ensure that good value and sustainable services, that meet the needs of our population, are provided. The service specification includes a section on interdependencies, with a requirement to work collaboratively with providers and commissioners on the wider scope and development of services. The new provider is to engage with voluntary and third sector organisations and support the further development of community and voluntary driver organisations to integrate with the NEPTS model. In particular the provider will be expected to engage in the 'Total Transport' project with Cambridgeshire County Council and to incorporate innovation and learning from the two-year pilot into the service delivery model and subsequent Quality Outcome Indicators.

Suitability of vehicles/vehicles that meet all needs.

People have told us that this is a very important issue for the NEPTS. Often people have to travel long distances when they are not feeling well and the suitability of the vehicle can make a real difference to that journey. We heard from people who, due to mobility issues getting in and out of vehicles, need to travel in specific vehicles. Low cars can be difficult for some, while others would prefer a journey by car as it is more comfortable for them. We heard from people who use wheelchairs and mobility aids - these particular needs must be taken into consideration in the type of vehicle that is used for the service. We heard feedback from people who have been transported in smaller cars that they shared with several others on a journey. This made the cars crowded and made for a longer journey while everyone was dropped off and collected. Vehicles also need to be suitable to transport guide dogs if necessary.

Response: The new provider would be expected to provide a range of vehicles. The service specification states that a range of vehicles to suit differing mobility and disability requirements will need to be available. Vehicles will also be available to accommodate assistance dogs. The one point of contact booking system should ensure efficient communication between the patient and the service.

The patient making the booking needs to ensure that all of their needs are clearly communicated at the point of booking, whether they do that themselves or through a clinic or GP practice. These needs can then be accommodated.

The provider will ensure that the appropriate vehicle is dispatched to the patient in accordance with the mobility categories as defined in the table below:

Patient Mobility Types

Patients are considered in the following mobility categories:

C	Car Transport	Patient is able to travel with minimal assistance; it is likely the patient will travel with a car driver in a saloon type car. The driver is able to offer some minimal help such as a stabilising arm as the patient walks to and from the car but will not involve any lifting or manual handling requirements *
---	---------------	---

C1	One crew car or ambulance	Suitable for patients who can manage their own mobility needs and require no lifting or moving or who need minimal assistance, but can walk up two or three steps. * C and C1 categories could be completed via volunteer drivers
C2	Two crew Ambulance	This is suitable for patients who need to be carried up or downstairs or may live in, or need to be taken to a difficult location. Also includes patients who may need assistance to walk.
WC1	Travels in a wheelchair with a single person ambulance crew	Access and egress at the patient's home does not require manual handling. Any manual handling requirements may indicate a WC2 category.
WC2	Travels in a wheelchair with a two person ambulance crew	All patients who for medical reasons are required to travel in their own wheelchair during the journey, are wheeled to and from the ambulance. Vehicles must have approved securing / tracking systems to secure chairs.
STR	Stretcher	All stretcher patients require two ambulance staff and the facility to lie down on the journey.
BAR	Bariatric vehicle, equipment and crew	Any patient who is clinically assessed to be 25 stone (350 pounds/ 159 kilos) or over. Or a patient that has difficult access to/from their home address and requires specialised moving and handling equipment.
HDU	High Dependency Unit	A patient (who may have a drip in situ), who needs to travel in a fully equipped vehicle, e.g. with piped oxygen, defibrillator, spinal board, scoop stretcher, suction etc. While there, on occasion, be a qualified nurse or medical escort, the crew should be fully trained in the use of specialised equipment.
ESC	Escort	Patients who are eligible for either a relative or medical escort. Escorts must not require assistance from the crew.

Eligibility Criteria.

The eligibility criteria is set nationally and cannot be changed by this consultation, however people did give us feedback and comments on this. Many people asked how the criteria would be assessed. Would this be done by medically trained personnel? There were

suggestions that the patient's GP should do the assessment and this should be recorded in SystmOne as a special patient note for the call centre operators to access. Many people wanted to find out, before they needed the transport, whether or not they would be eligible. They wanted to be sent a letter or email to inform them that they were or were not eligible. There were many questions about who could or couldn't travel with the patient in NEPTS. If the patient is eligible for NEPTS do they automatically have the right to have a carer or escort with them? All of this information needs to be communicated to the patient before the need for transport arises. The organisations that responded to the consultation welcomed consistently-applied criteria but had concerns that there may be more people who would no longer be eligible. Concerns were also raised about how people who were not eligible for NEPTS would find out about alternative transport.

Response: Eligibility can change as a patient's condition changes. A patient could be assessed as eligible at a certain point in their treatment but as they improve they may no longer be eligible for NEPTS. Each time the patient calls to book NEPTS the call handler will assess their eligibility using a set algorithm. The call handlers will be fully trained on how to assess a patient's eligibility. This will ensure that the eligibility criteria is applied fairly and equally for all bookings made to the service. If a patient has a long-term condition that ensures their eligibility then they could request that to be added to their patient record as a special patient note. The service specification states that a patient who is receiving an extended course of treatment over a specific time frame, for example chemotherapy, need only be assessed for eligibility once. The transport for this whole course of treatment can then be booked for up to three months ahead. The eligibility only applies to the patient. Their need for a carer or escort to travel with them is assessed separately. It is not automatically assumed that a carer or escort is needed. The single point of access call handlers will also be able to signpost people to alternative methods of transport.

What does the service cover?

On a similar theme people were not clear what type of journeys were covered by this service. Was it only for hospital appointments? Or could they also book transport to go to the GP, pharmacy, community clinics, walk-in centre, minor injury and illness unit etc.?

Response: The service specification covers the following journeys:

- acute and community day care inpatients services, discharges from acute inpatients services including A&E departments
- NHS funded beds in residential and nursing homes
- transport to and from outpatient clinics and appointments in both acute and community settings
- inter-hospital and inter-facility transfers
- hospices, end of life
- NHS funded intermediate beds
- community/satellite clinics
- renal haemodialysis
- bariatric patient journeys

Service Eligibility Exclusions:

- patients that do not meet the eligibility criteria
- patients requiring treatment for injury at the scene of a road accident or other accident
- patients requiring emergency transport
- patients attending appointments with their GP, dentist or to A&E, Out of Hours base, urgent care centre, minor injury unit
- intensive Care transfers
- acute Neo-natal transfer services (ANTS) and Children's Acute transfer services (CATS) patients
- patients with challenging behaviour as defined below

In no circumstances should patients who are identified within this category and have been referred to as 'violent patients' be transported using NEPTS. These patients have a history of challenging behaviour and are patients who are known to pose a threat with GP practices and as a result of the inability to resolve this pattern of behaviour are excluded from the surgery list.

Under national policy patients who have had their right to their local NHS care removed are only entitled to services if denial of treatment would cause lasting harm or put their lives at risk. There is no obligation to provide transport services or attend the home of patients identified as posing a risk, where there is no immediate clinical need.

Commissioner will be responsible for ensuring that the Patient Transport Clinical Assessment and Advice Service is advised of any such patients as soon as they are placed on their local scheme.

- transport for mental health patients to a place of safety, admission under the Mental Health Act or for any patients who have been placed on Section unless a risk assessment has been undertaken
- patients in receipt of transport benefits e.g. adapted vehicles unless any medical condition then prevents them from using the adapted vehicle.

GP appointments are not covered, however if a podiatry or other clinic is being run in a GP practice those journeys would be included.

Waiting times/time keeping

This was a big issue for many people. People are told to be ready for their transport two hours before the transport is due to arrive. People felt this was a long time to wait. Often when they were collected the transport then went on to collect other people, often further away, making their journey time even longer. People described transport coming to collect them very late so they missed their appointment time. On return journeys people described to us that they had long waits at the clinic or hospital to be collected to go home. Again the transport then had to drop off other patients, extending the time they had been away from home for what could have been a very short appointment. Waits for transport home was a big issue for elderly patients, especially those who may become anxious when away from

familiar surroundings. Clinic staff describe having to care for personal needs of elderly vulnerable patients while they are waiting for transport home, which then makes the clinic run late as staff are performing other caring roles.

Response: In the service specification it states that the provider will advise the patient of an estimated pick up time, and that the patient should be ready for collection no more than 30 minutes before that pick up time. In order to maximise the potential for each vehicle there will still be an element of waiting for all the patients included in that vehicle to be ready to go home. We hope that by having one provider the journey planning can be more efficient than it is currently so that long waits can be avoided. There are key performance indicators in the contract so that the new provider can be held to account for this element of the contract.

Consultation survey and document

We received feedback that people felt that the survey was only geared to those who had used the service. This was because the first question asked people if they had used the service. We received some feedback that the document wasn't widely available but people went on to tell us that they had seen it in a range of locations, and seen the public meeting adverts in the local press. Peterborough Scrutiny Commission for Health Issues asked why all of the public meetings were being held in the daytime, and Cambridgeshire Health Committee expressed concern that an hour for each meeting was not sufficient. Cambridgeshire and Peterborough CCG was contacted by the MP for South Cambridgeshire to ask why there was no public meeting in this area. A Patient Participation Group (PPG) from Whittlesey also contacted us to ask us to arrange a meeting in their area.

Response: It was important to us to understand whether the feedback was coming from people who had already had experience of the current service. We wanted to hear what was important to people who use NEPTS and what could be improved so that any new specification for the service retains the things that people find important and improves on the elements that are not working so well. However, we understand how this could be viewed and for our next consultation we will design the survey to be clearer. That said we received a lot of feedback from people in the comments section who had not used the service but wanted to give us their feedback.

Cambridgeshire and Peterborough CCG agreed to review the length of the consultation meetings. If experience of the first two sessions suggested it would be appropriate, the timing of subsequent sessions could be extended. The length of meetings was found to be sufficient to address all issues that were raised and for all of those attending to have their say.

Members were advised that historically attendance at evening meetings was very low. Invitations were sent to voluntary organisations and housing associations to see if they would like us to attend any of their meetings. The organisations that contacted us to arrange these meetings are detailed in section 4.2. These were in addition to the public meetings.

An additional public meeting was arranged at Little Shelford in South Cambridgeshire and it was advertised locally. A meeting in Whittlesey was arranged and hosted by the PPG at New Queen Street surgery and advertised through all of the Whittlesey practices.

One point of contact

There was a lot of positive feedback for this idea. People felt it would make it easier to book transport and that this would improve communication between the people who book the transport and those who provide it. People raised concerns about whether hospital and GP staff would still be able to book transport for those who needed it and were not able to do so themselves. People also raised concerns about online booking as there are still many people who do not use computers or who do not have access to the internet. Concerns were raised about the number of call handlers that would be needed to ensure that it was an efficient service that did not leave people waiting for calls to be answered. Suggestions were made that 111 could handle these calls, as then it would truly be one point of access.

Response: The one point of contact will ensure that the eligibility criteria is applied equally and fairly to all patients. There will be a range of methods of booking journeys, by telephone and potentially a web-based booking system. We do not insist that the patient books their own transport; clinic and GP practice staff can still do this on behalf of the patients. However, we understand from this feedback that many people will welcome being able to book their own journeys and discuss their needs directly with the service provider. The new provider will be held to account for answering calls within a set timeframe. The provider will need to ensure there is sufficient capacity to meet the needs of this element of the service.

Communication between booking and transport

This is linked to the theme above but is more detailed on how this should work. People wanted to be able to cancel their own transport if their appointment was changed at short notice or they felt unwell on the day or night before. At the moment it is difficult to cancel bookings as they would need to get back to the people who booked the transport for them; if this is a GP practice or hospital clinic then they are not always available. We were given feedback that the communication between the booking and the transport provider isn't always efficient at the moment. We were given an example of a person who used a wheelchair who was sent a vehicle that was not appropriate. Also when a carer needs to travel with the patient this isn't always communicated properly so the vehicle may already be full, or booked for other patients, leaving the carer to travel separately. People asked us if their bookings could be confirmed to them. Some wanted this in writing by letter, and some asked for a text confirmation to be sent.

Response: Having one point of contact will enable people to cancel their journeys themselves if necessary. The service specification details that the provider will contact the patient prior to the journey to confirm the booking and to ensure that the patient has everything they need. This will include discussing further requirements such as carers and escorts, mobility aids, and assistance dogs. The patient can then cancel the journey at this stage if necessary.

Expectations of the service and driver

Some of the feedback received was based around differing expectations of this service and what the driver should or shouldn't do. People made comments about drivers playing music

in the car that they didn't like and about drivers not opening car doors and assisting people from the vehicle. Some people asked why drivers couldn't drop them at different entrances at the hospitals, or why drivers didn't accompany them into the hospital to make sure they reached the right place. Equally for return journeys, some people felt that the driver should collect them from the appropriate clinic rather than near an entrance or exit.

Response: When the new contractor begins to operate this service, information for patients should be clear on what they can expect from the various different forms of transport that will be provided. The service specification sets out what is expected in terms of the class/type of vehicle, equipment for each category as a minimum and workforce requirements in terms of training and competencies. In addition it sets out expectations of the roles and responsibilities of staff. For example it states that the driver should leave the patient in a safe and secure manner, whether this is at the health venue or their own home.

The new service provider should also be clear where and how people will be dropped off and collected. The service specification states 'The Provider will transport the patient to a designated waiting area or ward/clinic at the healthcare setting. Where no such waiting area exists the Provider will transport the patient to the correct clinic or ward, and ensure the patient is handed over to the receiving unit. Under no circumstances should patients be left before the department or premises are open.'

Use of volunteer driver schemes

Most of the feedback we received about volunteer driver schemes was very positive. People felt these were a real asset and that they had good relationships with their drivers, as the same driver collected them each time and they understood their needs. This was of particular importance to people living in rural areas where the volunteer driver schemes were used not only for health appointments but for other social needs. Many people at the public meetings were concerned that these schemes would not continue under the new contract and they would lose a service that they valued highly.

Response: We will include in the contract the stipulation that the provider engages with volunteer sector organisations in order to develop the use of these services. The service specification includes a section on interdependencies, with a requirement to work collaboratively with providers and commissioners on the wider scope and development of services. The new provider is to engage with voluntary and third sector organisations and support the further development of community and voluntary driver organisations to integrate with the NEPTS model.

In addition the existing contracts with volunteer services for transport have been ring fenced and removed from this procurement. The CCG has committed to work with the councils across the area in order to develop the community and voluntary transport market over the next two years through projects like Total Transport in Cambridgeshire.

Poor public transport

People at the public meetings, and in the written feedback, told us that the NEPTS service was very important to them because of the poor public transport links across the area. We received this feedback from most areas, but mainly in our more rural areas. Bus and train services were described as better if you lived in some of our larger market towns or cities, but the smaller rural towns were not well serviced by public transport. People had to undertake long complicated journeys, or pay for expensive taxis, to reach our main hospitals. In these areas people asked us if they were not eligible for NEPTS could they pay to use the service? This would still be cheaper and more convenient than other forms of transport to get to the hospital or clinic. Our rural Fenland areas, Wisbech, and Royston were particularly mentioned in relation to poor transport links and distances to travel to access services.

Response: The NEPTS project team is working closely with colleagues at the district, county and city councils to look at transport as a whole, including community transport which could provide affordable alternatives for our more rural areas where public transport can be an issue. The eligibility criteria does not cover where a patient lives, although we do understand this can be an issue for some people who do not live in areas where there is consistent public transport. We are working with the county and district councils to look at how transport to key community infrastructure can be improved.

The service specification includes a requirement to signpost and direct people who are not eligible for NEPTS to other alternative transport options.

Service standards and local knowledge

People told us that the service varied a lot in standards. Often different vehicles and drivers would be sent. The criteria for getting transport did not seem to be equally applied even within the same area. People told us that a service with local knowledge was really important to them. In some rural areas it would be important to know which areas flood in winter when planning journeys to collect patients; satellite navigation is not always reliable for this type of information. It was felt that people with local knowledge would be able to plan journeys to collect and drop off a number of patients more efficiently.

Response: Eligibility criteria will be applied equally and fairly. The service specification states that the new provider will need to know and understand the local area. All provider vehicles, including cars, must be equipped with satellite navigation and two-way radios. Hands-free equipment must be installed in all vehicles.

Hours of operation

People told us that the current hours of operation are very limited. More people are getting early morning and late afternoon appointments and the current service is not set up for this. The hours of operation need to be extended to meet the opening times of hospitals and clinics. The Peterborough System Resilience Group supported increased hours for this service as it would support patient flow through the hospitals. Other organisations supported increased hours, as at present they felt there were concerns about transport being provided

for discharges. Some patients had delayed discharges because the current NEPTS service was not available at particular times.

Response: The new provider will operate increased hours and days of the week to ensure that patients get to the appointments being offered to them. This service will need to respond to any changes in operating hours and days of operation within the NHS. The hours of operation for this service must support the times that patients need to get to their healthcare setting, both earlier in the day and later into the evening.

Awareness of the service

People told us that not all GPs and health staff were aware of the service and more needs to be done to ensure that staff are aware of the service and understand the eligibility criteria. We also received feedback that more publicity for the service was needed to the general public. People felt that not enough people knew the service existed, how to access it, or how to find out if they were eligible. The organisations that responded raised the issue that staff across many areas of healthcare need to understand how to book and arrange NEPTS especially to avoid delayed discharges from hospital.

Response: The new provider will be asked to ensure that all staff are made aware of the service, the eligibility criteria, and how to book transport. Publicity will be part of the contract with the new provider, however if we advertise too widely this could be raising expectations as not everyone is eligible for this service. This will need to be handled carefully and sensitively.

Podiatry and Ear Nose and Throat (ENT) clinics

We had several responses from people who work in these clinics who felt the current system was not very effective for their patients. People who attend some podiatry and ENT clinics and are eligible for patient transport are often elderly vulnerable patients. The clinic staff felt that these patients should not be left to wait in the clinic for long periods before they are taken home. The suggestion was that some specific services and clinics should have dedicated drivers for those vulnerable patients who need to attend the clinic.

Response: Unfortunately we cannot provide specific transport for individual services. However, as mentioned above, in the service specification it states that the provider will advise the patient of an estimated pick up time, and that the patient should be ready for collection no more than 30 minutes before that pick up time. In order to maximise the potential for each vehicle there will still be an element of waiting for all the patients included in that vehicle to be ready to go home. The service specification states that patients should be collected within 45 minutes of their appointment, and no-one should wait longer than 90 minutes. There will be key performance indicators in the contract so that the new provider can be held to account for this element of the contract.

NHS organisations

Some people told us that they thought that the successful bidder should be an NHS organisation. They would not be happy if the successful bidder was a private company.

Response: All services commissioned by the CCG are subject to the standards set out in the NHS Standard Contract for the delivery of NHS funded clinical services. This ensures that all services commissioned by CCGs are delivered according to rigorous national standards and locally determined specifications. All providers, be they in the NHS, the voluntary or independent sectors must deliver services to the standards set out in the contract. Failure to deliver to the contractual standards are subject to penalties and ultimately termination of the contract, should a service be deemed to be unacceptable. All NHS commissioned services remain free at the point of use and contracts are let for time limited periods, usually between three-five years. The intention of all CCGs is to ensure the best quality of care and value for money for the local population. The procurement process ensures that contracts are let in a fair, open and transparent manner while subjecting potential providers to rigorous and thorough appraisal of their proposals to deliver NHS commissioned services. Following the 2012 Health and Social Care Act, further regulation in 2013 required CCGs to apply a number of tests in determining whether services should be subject to a procurement process. The CCG has followed this regulation and determined that NEPTS should be subject to a procurement process in order to ensure the following:

- (a) securing the needs of the people who use the services
- (b) improving the quality of the services
- (c) improving efficiency in the provision of the services.

5. Key changes as result of this consultation

- The new provider of this service will operate increased hours of operation, and days of the week to ensure that patients get to the appointments that are being offered to them. The service will also need to respond flexibility to any changes in hours of operation, or days of the week for NHS services.
- When a journey is booked the new provider will contact the patient before the journey is due. The patient and provider can then confirm that all the patients needs are covered, this will also allow the patient to cancel the journey if they are unwell or the appointment has changed.
- A single point of contact for booking transport will allow patients to book their own journeys if they want to, and are able. Having a variety of methods of booking transport will allow greater access and flexibility for booking journeys.
- Trained call handlers will be able to assess eligibility fairly and equitably across the whole area. They will also be trained to book the correct form of transport to meet the needs of patients.

6. Next steps

Key Milestones	Expected Timelines
Invitation to Tender	December 2015
Evaluation and Selection	February 2016
Contract Finalisation	March 2016
Service Commencement	September 2016

7. Appendices

Appendix A – NePTS online survey responses (data only).

The free text responses are not included in the survey report. They have been used to compile the themes responses listed above. Many of the responses included personal patient identifiable information.

Appendix B – Responses from Organisations.