

Wiltshire Clinical Commissioning Group Update for
Wiltshire Council Health Select Committee:

Patient Transport Eligibility Survey - Findings

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Report Produced by

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1 INTRODUCTION

This report provides information for the Committee on the local findings from a recent patient transport eligibility survey that was carried out by a number of CCGs across the South West.

2 REASON FOR SURVEY

The survey was conducted in order to inform CCGs on the public's views regarding how best to provide fair access, for NHS funded non-emergency patient transport. Patient transport is an NHS-funded non-emergency service offered to people who cannot get to hospital appointments because their health condition impacts on their ability to use routine transport (car/bus/taxi/wheelchair taxi, etc).

CCGs across the SW spend in excess of £31M per year (Wiltshire CCG c.£2.7M) on non-emergency patient transport. Initially 11 CCGs across the SW decided to work together to review their policies and to try to ensure equality of access so that the limited resources available were used to support those who truly needed support.

All CCGs recognised that the extant national guidance is somewhat general and non-specific, and is now over 10 years old. In the period since it was published, this has resulted in differences of interpretation in different CCG areas, resulting in variation and inequality between different patient groups, based either on their clinical diagnosis and/or the CCG to which their GP practice belongs.

3 PARTICIPATING CCGS

Cornwall conducted a patient transport review in 2016/17 so did not participate in the survey; although their experience helped shape the work carried out by the other CCGs across the SW.

11 CCGs across the SW worked collaboratively during 2017 to design the survey and agree the questions.

Prior to go-live, those CCGs in Bristol/N Somerset/S Glos, and those in Devon, embarked on a series of other higher priority initiatives not directly related to patient transport but which led to their decision not to go live with the survey at the same time as the remaining CCGs:

- Bath & NE Somerset
- Dorset
- Gloucestershire
- Somerset
- Swindon
- Wiltshire

4 SURVEY DATES AND DISTRIBUTION

The survey was open from 11 October to 10 November 2017 for electronic responses and 16 October to 17 November for hard copy responses. Each CCG was responsible for local distribution, working through their comms teams. In Wiltshire, distribution was as follows:

Hard copy (1,500, together with A4 posters, including the weblink address for e copy):

- 82 GP surgeries, satellite surgeries and all care coordinators
- Outpatient Clinics at SFT (Swindon to cover GWH, B&NES to cover RUH)
- Dialysis Unit at SFT (Swindon to cover GWH, B&NES to cover RUH, NBT, Frome)
- Community hospitals (OP/IP/diagnostics)
- 9 Citizens Advice Bureaus

Soft copy: electronic alert with e address for the questionnaire, on CCG website, and to all the above, plus:

- County Council
- Parish Councils
- VCS Alliance (for distribution to VCS community) – via WCC co-ordinator
- Carers – Wiltshire Parent Carer Council, Wiltshire Carers Action Group
- Wiltshire Council's Voice and Influence Team
- Community Engagement Managers attached to each of Wilts Council Area Boards
- Healthwatch
- NHS partners and WCC staff briefings
- Patient Participation Group Network (through Practice Managers)
- PPG event on 12 October
- Wilts Service User Network
- Kidney Care UK (sent by Somerset CCG on behalf of whole footprint)
- LMC
- MPs
- Community Transport volunteer driver organisations, via Community First

FINDINGS

The Findings of the survey for Wiltshire CCG are shown at Appendix 1. Also shown, where there is any notable variance between the Wiltshire and the South West results, are the results from across the South West. Of note, the Wiltshire results are generally very similar to those of the other CCGs and all the overall South West results.

NEXT STEPS

The findings are being used to inform discussions between and action by, the CCGs regarding equity of access to PTS services, for all patient groups, and for patients across the SW. This includes determining eligibility based on a patient's need for NHS-funded transport, not their diagnosed condition. To this end a targeted communications approach will be taken for those patient groups most likely to be impacted by this change, and appropriate support provided during transition for any patients thus affected.

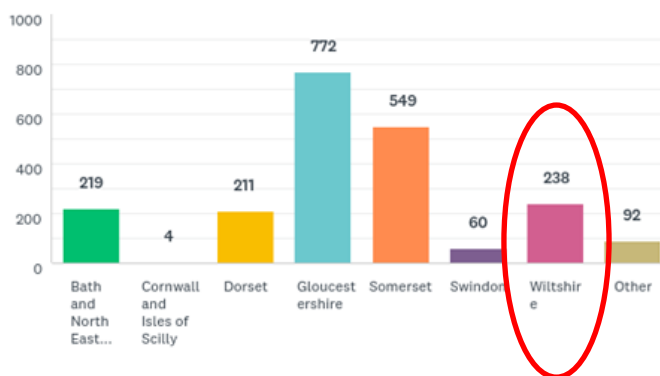
For Wilts and other CCGs currently using Arriva as their PTS provider, the findings are also being used to inform work being done now, to develop a new service specification for the replacement PTS contract in 2019.

APPENDIX 1 – WILTS CCG SURVEY RESPONSES

Q1: If you are a patient or responding on behalf of a patient please provide us with the first part of your postcode e.g. GL3 or TA9.

SN1_{SN3} SP4_{SN4} BA15_{SP2} SN8_{SN13} SN15_{SN12} BA12
 SN10 SN14_{SN11} SP3_{SP11} BA14_{SN126HH} SN9_{SP1} SN16
 BA13

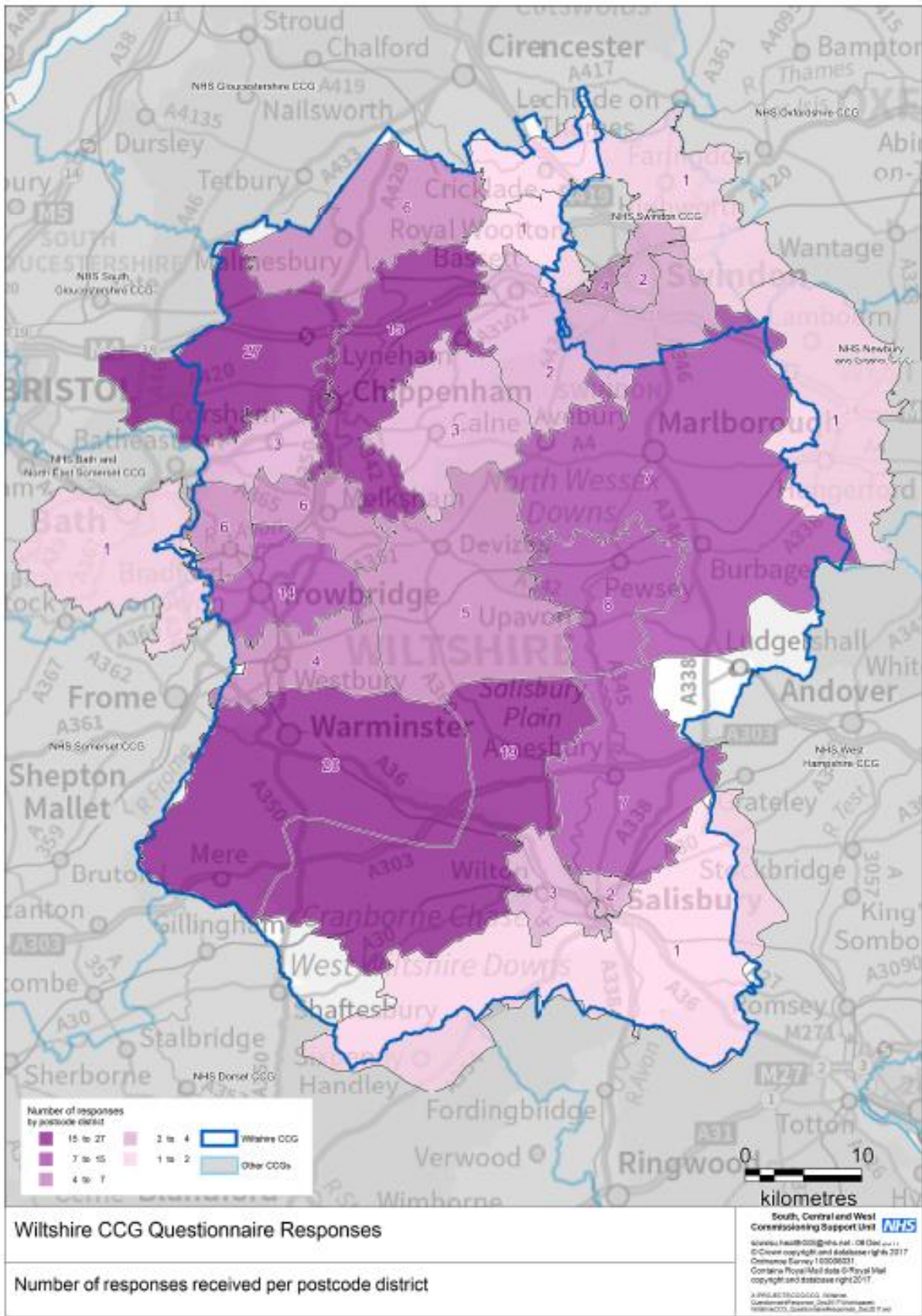
Q2: In which area is your GP practice based?



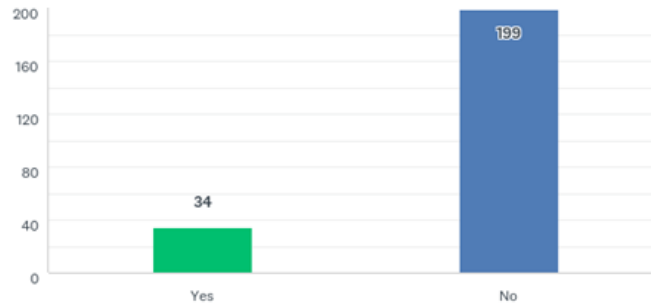
Total 2159 responses across the SW including 238 specific to Wilts CCG

Hard copy /soft copy split for overall responses was 475 / 1,684

Wilts responses covered patients from across the county although some areas were much more fully represented than others (darker shading = greater proportion and number of responses):



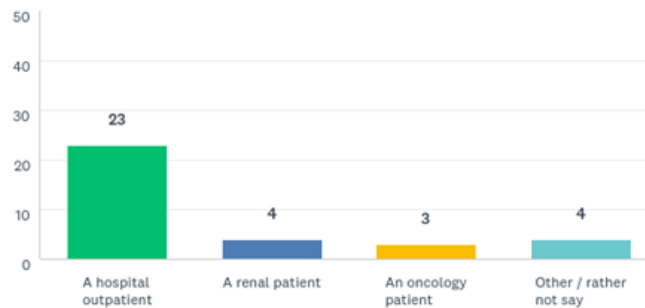
Q3: Are you someone who has used NHS funded non-emergency patient transport in the last year



Wilts CCG responses match SW overall proportions

Majority of respondents had not used NHS-funded non-emergency patient transport in the last year

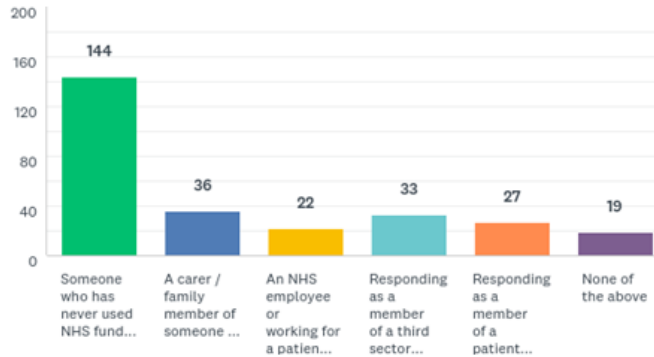
Q3a: If you have said yes to Q3 are you:



Of those who had used NHS-funded non-emergency patient transport in the last year, most had done so as outpatients

Renal patient representation was lower in Wilts than across the SW

Q4: Are you? (you may tick more than one box)

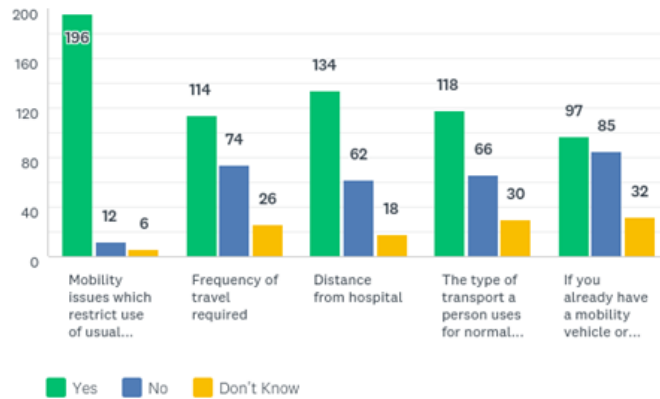


Options read, in full,

- Someone who has never used NHS funded non-emergency patient transport - 144
- A carer/family member of someone who uses NHS funded non-emergency patient transport - 36
- An NHS employee or working for a patient transport service - 22
- Responding as a member of a third sector organisation or community group - 33
- Responding as a member of a patient group - 27
- None of the above - 19

Wilts CCG responses match SW overall proportions

Q5: Eligibility is currently based on medical condition, what other factors do you think need to be taken into consideration? (for each factor please select yes, no or don't know)



Options read, in full:

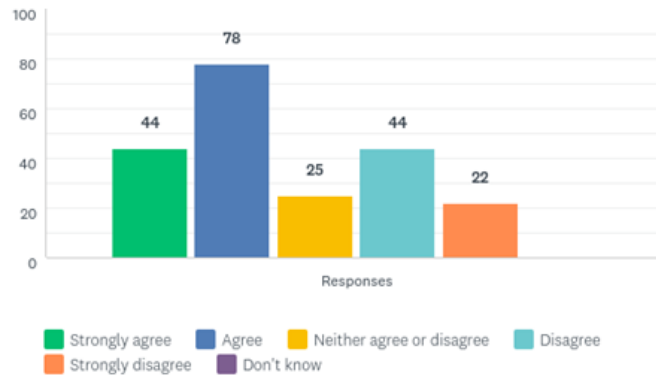
- Mobility issues which restrict use of usual forms of transport
- Frequency of travel required
- Distance from hospital
- The type of transport a person uses for normal daily living
- If you already have a mobility vehicle or other similar benefit

Wilts findings were:

- Strongest support was for **mobility** issues which restrict use of usual forms of transport to be taken into account
- Strong support for **distance** from hospital to be taken into account
- Strong support for type of transport a person uses for **normal daily living** to be taken into account
- Support for **frequency** of travel required to be taken into account
- Ambivalence whether having a **mobility vehicle or other benefit** should be taken into account

Wilts CCG responses match SW overall proportions

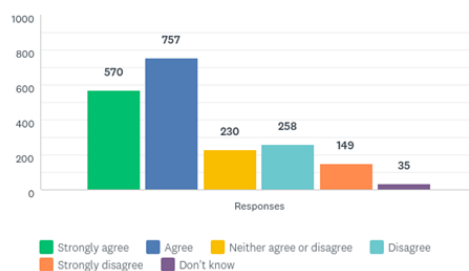
Q6: People who are able to make their own way to or from other appointments including hospital (e.g. driving themselves, being driven by friends, neighbours, family or voluntary services, or able to use public transport) should normally be assessed as NOT eligible for NHS funded non-emergency patient transport (tick one)



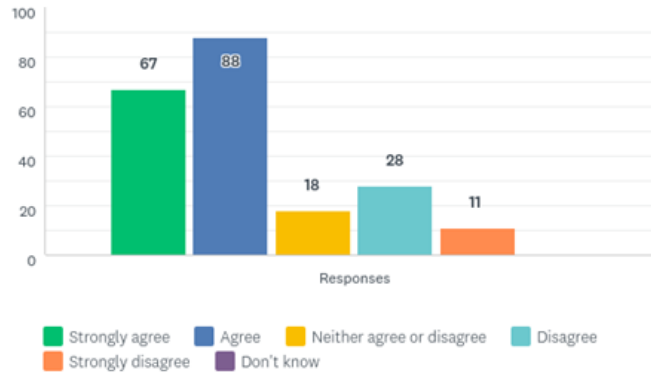
Clear overall Wilts support for the view that people who are able to make their own way to or from other appointments including hospital, should not normally be assessed as eligible for NHS-funded non-emergency patient transport

SW showed slightly stronger positive support for the view that people who are able to make their own way to or from other appointments including hospital, should not normally be assessed as eligible for NHS-funded non-emergency patient transport:

Q6: People who are able to make their own way to or from other appointments including hospital (e.g. driving themselves, being driven by friends, neighbours, family or voluntary services, or able to use public transport) should normally be assessed as NOT eligible for NHS funded non-emergency patient transport (tick one)



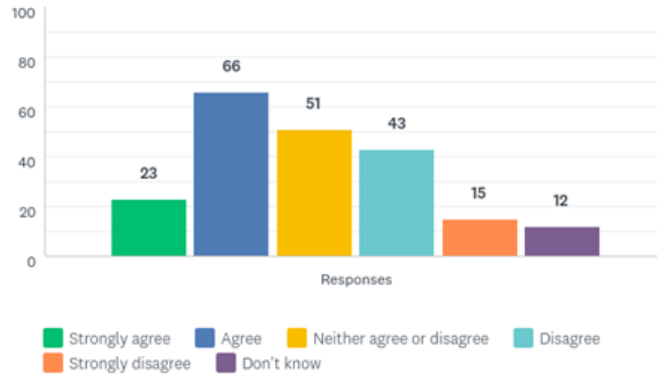
Q7: NHS funded non-emergency patient transport should be available only to people who need it for a medical reason, that is, they cannot travel safely by any other means (tick one)



Clear overall Wilts support for the view that NHS-funded non-emergency patient transport should be available only to those with a medical reason ie cannot travel safely by other means

Wilts CCG responses match SW overall proportions

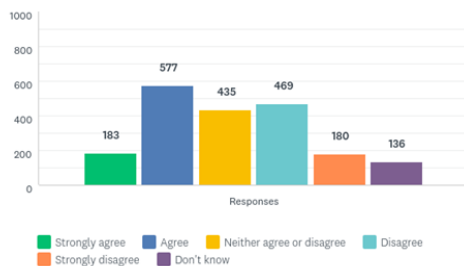
Q8: People should be entitled to NHS funded non-emergency patient transport if they need help getting to and from the vehicle, that is, they have no particular medical or mobility need for the transport journey itself (tick one)



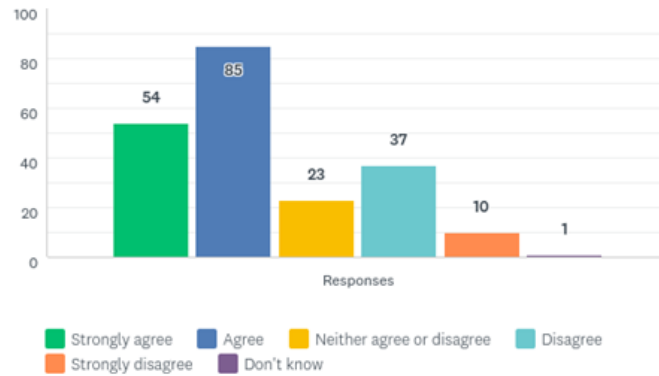
Slight Wilts preference for the view that NHS-funded non-emergency patient transport should also be available for those who only need help getting to/from the vehicle, rather than needing support for the transport journey itself

SW showed slightly less support for the view that NHS-funded non-emergency patient transport should also be available for those who only need help getting to/from the vehicle, rather than needing support for the transport journey itself

Q8: People should be entitled to NHS funded non-emergency patient transport if they need help getting to and from the vehicle, that is, they have no particular medical or mobility need for the transport journey itself (tick one)



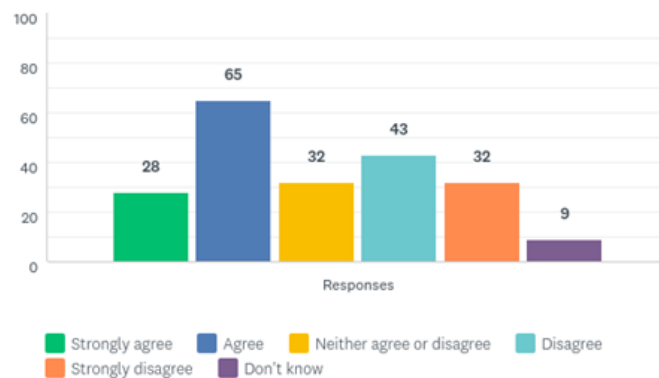
Q9: NHS funded non-emergency patient transport should not be available to people if they are able to travel safely by private car or public transport (tick one)



Strong Wilts support for the view that those who are able to travel by private car or public transport should not normally be eligible for NHS-funded non-emergency patient transport

Wilts CCG responses match SW overall proportions

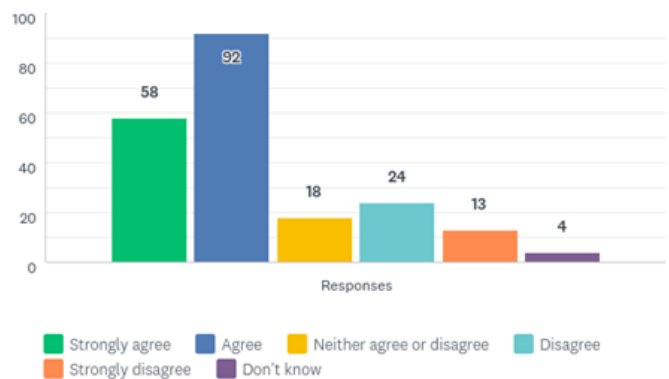
Q10: People who have a mobility vehicle, or similar, or who are in receipt of a higher level mobility payment should also be eligible to receive NHS funded non-emergency patient transport (tick one)



Overall, Wilts support for the view that those with access to a mobility vehicle or higher level mobility payment should not be eligible for NHS-funded non-emergency patient transport

Wilts CCG responses match SW overall proportions

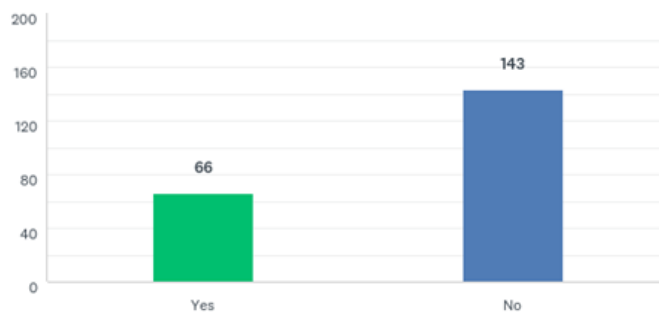
Q11: The same eligibility assessment for NHS funded non-emergency patient transport should be applied equally to all (tick one)



Very strong Wilts support for the view that the same eligibility assessment should be applied to all (ie no protected groups/excluded groups)

Wilts CCG responses match SW overall proportions

Q12: Some people who are not eligible for NHS funded non-emergency patient transport but who are either on a low income or in receipt of specific benefits may be eligible to claim travel costs under the Healthcare Travel Cost Scheme (HTCS). Are you aware of this scheme?



Generally low level of awareness of the Healthcare Travel Costs Scheme: awareness 31% in Wilts, 26% across SW

Q13: If you have any suggestions or comments, including how we can support people to make alternative plans to get to their hospital appointment rather than rely on NHS funded non-emergency patient transport, please note them here.

NHS Funded survey Drive Flexibility is Required Scheme Miles
Appointments Ability Patient Transport
Low Income Public Transport Benefit
Service Treatment Bus Taken into Consideration Local Wheelchairs
Difficult

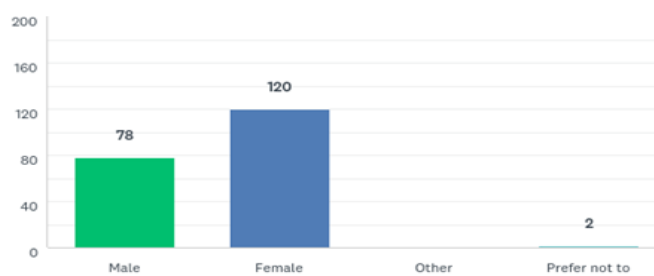
Size of writing denotes frequency of response

Many individual comments were received from Wiltshire respondents, common themes include:

- Make maximum use of Link schemes
- Public transport is poor particularly for more rural/remote communities
- There are no realistic alternatives to PTS for many people
- Reinstate the Hopper to RUH; introduce hospital busses Warminster to SFT; get more Swindon busses to go to the GWH front entrance
- Need more in the way of local treatment centres – centralisation of NHS services results in greater demand for transport, and over longer distances (Comment – care closer to home is a key part of the WCCG strategy and we already make and continue to promote further use of existing independent sector providers closer to home than the main acute trusts for appropriate patients, for the diagnosis and treatment of various conditions)
- Consider funding local minibusses and drivers for particular areas; fund Link schemes (Comment – funding of Link schemes is not currently the responsibility of WCCG. Improved cohorting of patients from a local area is currently being investigated by WCCG's PTS provider)
- Reduce unnecessary face to face hospital appointments – use phone/skype/email/text etc to reduce transport demand (Comment – WCCG is already successfully pursuing this with all main acute and independent sector providers, in particular to remove the need for many follow-up appointments)
- Ensure if patients have multiple appointments they are all on the same day (Comment – some specialties in some providers do offer “one stop” services and we encourage this; but it is often not practical, nor necessarily predictable. We will continue to promote this sort of approach wherever appropriate)
- Consider introducing a small charge per patient to use NHS transport (Comment – this would be a fundamental change to the current NHS mandate to provide services free at the point of need, but may be worthy of further consideration)
- Reduce hospital parking charges for those on low income / for carers

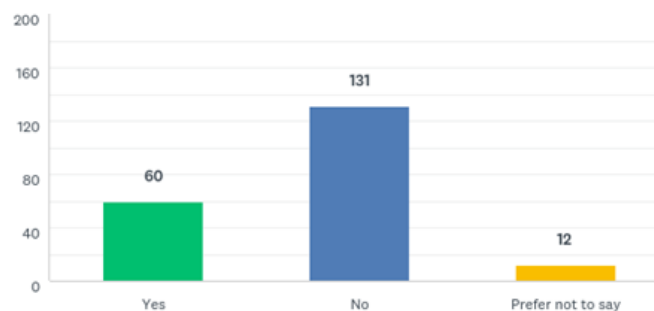
- promote Healthcare Travel Cost Scheme (Comment – we will be promoting the HTCS more widely)
- Car sharing arrangements by patients from similar areas?
- Time hospital clinics to match up with known bus timings (Comment – we are seeking to introduce a version of this with acute trust colleagues and current PTS provider although not yet with universal success)
- Give dialysis patients control to arrange their own transport and provide funding not transport (Comment – this is actively being considered for eligible frequent high users of PTS, alongside implementing a common eligibility assessment for all patients regardless of the clinical diagnosis)

Q14: What is your Gender?



Wilts CCG responses match SW overall proportions

Q15: Do you have a disability?(This means a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities.)



Wilts CCG responses match SW overall proportions

Q16: If you ticked yes and are happy to, please very briefly describe the nature of the disability

Deaf_{short} Depression_{Limited} Pain_{Wheelchair} Walk_{Spinal}
Arthritis_{Osteoarthritis} Heart_{Impairment}
Problems_{Disease} Eyesight_{Mobility} Cancer
Travelling by Public Transport

Size of writing denotes frequency of response

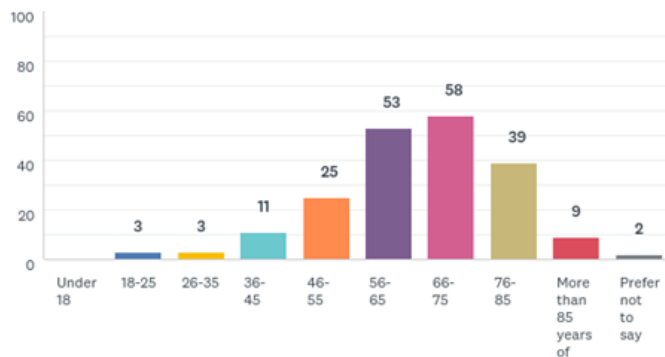
SW:

Q16: If you ticked yes and are happy to, please very briefly describe the nature of the disability

Disease_{Right Ankle} Pain_{Hip Replacements} Cancer_{Registered Blind}
Leg_{Heart Failure} Mobility_{Renal Failure} Arthritis_{Sighted}
Walk_{Dementia} Problems_{Stroke} Knee_{Heart Condition}
Diabetes_{Blood Pressure} COPD_{Hearing Loss}
Spinal_{Peripheral Neuropathy} Kidney Failure

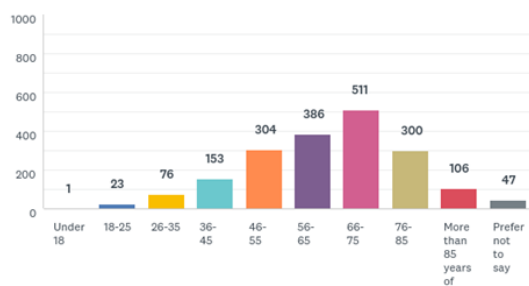
SW showed a wider range of disabilities

Q17: What is your age?



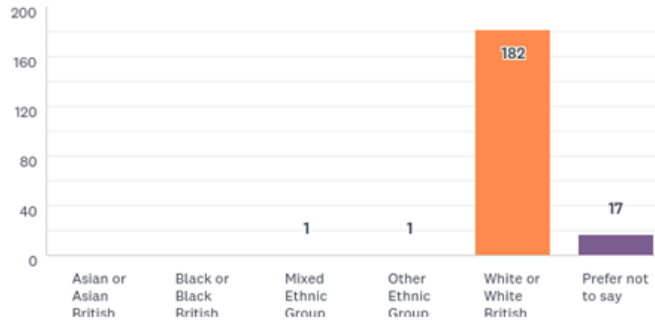
SW:

Q17: What is your age?



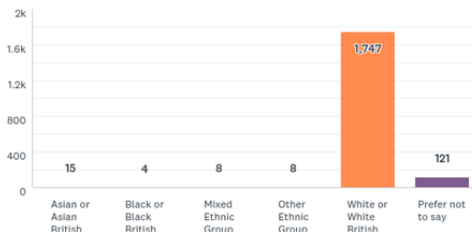
Wilts had a smaller proportion of respondents at younger age bands; and a greater proportion age 76+

Q18: How would you define your ethnic origin?



SW:

Q18: How would you define your ethnic origin?



SW had a wider range of ethnic origin. White or white British remained the predominant ethnic origin