NHS
Birmingham CrossCity
Clinical Commissioning Group

Equality Analysis Report on the Non-Emergency Patient Transport

Table of contents

1. Introduction

The general equality duty set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
2. Advance equality of opportunity between people who share a protected characteristic and those who do not.
3. Foster good relations between people who share a protected characteristic and those who do not.

By undertaking, recording and publishing this equality analysis on the proposed eligibility criteria and patient charter for the provision of non-emergency patient transport Birmingham CrossCity Clinical NHS Commissioning Group is able to demonstrate due regard to the general equality duty.

2. Background

Since 1 April 2013, Clinical Commissioning Groups (CCGs) have been responsible for funding ambulance services, which include non-emergency patient transport (NEPT). CCGs must ensure that appropriate services are in place to enable those patients that meet the Department of Health Patient Transport Services eligibility criteria to access NHS healthcare services.

The four CCGs in Birmingham and Solihull have taken over responsibility for funding NEPT services. The project is being led by Birmingham CrossCity CCG, in partnership with Birmingham South and Central, Sandwell and West Birmingham and Solihull CCGs. It will also involve other CCGs and populations within the wider West Midlands area, who use NEPT services.

A review of NEPT services has shown that there is significant variation in delivery of these services between NHS hospital trusts across Birmingham and Solihull. There is also insufficient evidence available to CCGs about the quality of these services, or the extent to which they are meeting the needs of patients. The current NEPT contracts (delivered by West Midlands Ambulance NHS Foundation Trust, Arriva and NSL Ltd) are due to come to an end; this has prompted a joint review to explore the options available to CCGs to commission a new NEPT service.

The overarching aim of non-emergency patient transport is for eligible patients to receive safe, timely and comfortable transport, without detriment to their health or medical condition.

The aims of this review are to:

- Ensure that there is an appropriate NEPT service in place at the NHS hospital trusts that are currently in scope for the project;
- Reduce any service variation and ensure that a high-quality service is available for all patients;
- Commission a new NEPT service, seeking value for money and improvement to quality of the service;
- Ensure any future NEPT service is patient-focused and that local people and people who use the service, are engaged in its development;

- Ensure that CCGs are able to plan and meet any future demands and costs associated with NEPT; and
- Improve the contract and performance management of the local service

3. What are NEPT services?

NEPT is defined by the Department of Health[1] as the non-urgent and planned transportation of patients to and from a premises providing NHS healthcare and between healthcare providers. This can, and should, encompass a wide range of vehicle types and levels of care consistent with patients' needs.

4. The current service

Previously, the former Birmingham and Solihull Primary Care Trusts (PCTs) provided funding to NHS trusts within their geographical area to make their own arrangements to commission, or buy, NEPT services. The NHS trusts in scope for this project were:

- Birmingham Women's Hospital NHS Foundation Trust (BWH);
- Heart of England NHS Foundation Trust (HEFT);
- The Royal Orthopaedic NHS Foundation Trust (ROH); and
- University Hospital Birmingham NHS Foundation Trust (UHB);
- Birmingham Community Healthcare NHS Trust (BCHC).
- Worcestershire Acute Hospitals NHS Trust (WAHT)

Currently there are different contracts and standards in place at each of the NHS trusts, rather than one universal service for patients. However, the number of NEPT journeys undertaken in the West Midlands exceeds the number specified in the current contract.

There are currently an estimated 350,500 journeys carried out each year (which equates to 6,740 per week), of these approximately 288,000 journeys are for West Midlands CCG patients. These journeys cost the NHS in the West Midlands £8.3 million.

5. Pre-engagement activity

In November 2014 a NEPT stakeholder project group was established. This was made up of CCG commissioners, patient and staff representatives from the NHS trusts in scope for the project. The remit of this group was to map the existing services, undertake some pre-engagement activity and develop a case for change, setting out a new model for NEPT.

A wide range of events and activities took place from November 2014 until the formal consultation started on the 20 May 2015. This activity included:

- Patient representatives being part of the NEPT stakeholder project group;
- A design workshop and pre-consultation session with patients, carers, voluntary sector, CCG and NHS Trust representatives;
- Engagement with Healthwatch in Birmingham, Sandwell and Solihull;

[1]Department of Health (2007) Eligibility Criteria for Patient Transport

- Engagement with Birmingham CrossCity CCG's Patient Council and Birmingham South Central CCG's Stakeholder Council;
- Presentation of the NEPT case for change and planned consultation at all four CCG Governing Bodies (held in public).

As a result, dialogue with and between patients, the public and stakeholders was initiated through face-to-face meetings and attending existing meetings and events. This dialogue also allowed a wide range of stakeholders to be contacted including Advocacy Matters, the Kidney Association and Birmingham Irish.

Additionally, during the pre-engagement period, a market engagement event was held at Birmingham Central Library on the 12 March 2015. This event enabled potential service providers to provide feedback on the planned consultation and the sustainability and practicality of the proposed service changes.

This engagement activity was important in helping to shape the design of the new service and proposed plans. The following key priorities were developed by patients, carers, voluntary sector and NHS representatives in the design workshop held in November 2014:

In addition to these priorities, a number of other key themes emerged:

- The need to develop a more consistent set of eligibility criteria to ensure that the NEPT services were targeted at patients who have a medical need for transport.
- Transport for specific patient groups, particularly renal patients who are regular users of NEPT services.
- Inconsistent response times leading to long waiting times and poor patient experience.

- Poor communication from providers to keep patients informed about the arrival of transport.

6. Proposed eligibility criteria

As a result of the pre-engagement work a patient charter and eligibility criteria was drawn up in preparation for patient and stakeholder consultation.

The Patient Charter and Eligibility Criteria is based upon guidance provided within the Department of Health's document *Eligibility Criteria for Patient Transport Service* this guidance states that patients that do not meet the criteria should not be eligible for NEPT and patients are not eligible based on social need.

The stated purpose of the proposed eligibility criteria is to prove a fair service to patients accessing NHS treatment services, ensuring that this resource is provided to those who have a specific medical need that means that they require transportation to access healthcare services or return home. To achieve this, the eligibility criteria has been standardised and will apply to all. Details of the proposed criteria are located in Appendix 1.

7. Who will be affected?

Analysis was undertaken to identify who might be affected by the implementation of a single eligibility criteria, with the following findings:

- The changes will affect patients registered with the CCG's involved in the review of services (Birmingham CrossCity, Birmingham South Central, Sandwell and West Birmingham and Solihull CCG's);
- Patients who currently receive NHS funded patient transport may become ineligible as they may not meet the proposed eligibility criteria;
- Patients that currently do not receive NHS funded patient transport but may seek to do so in the future;
- Staff currently providing patient transport whose function may change as a result of the tender process;
- Staff working in healthcare organisations that currently arrange patient transport on behalf of patients or work in healthcare locations to which patients travel via NHS funded transport;
- Volunteer, low cost, council and other transport services that provide transport to local residents ineligible to receive NHS funded patient transport who may see increased demand from patients deemed ineligible under the new criteria;
- Carers and family members who support patients to attend for treatment.

8. Initial Equality Analysis findings

During the initial stages of this review an equality analysis was undertaken to inform the business case and consultation activity. The analysis explored the potential impact of the proposed eligibility criteria against protected characteristics, the key findings were:

- Diverse local populations with large inequalities in life expectancy between those living in the most and least deprived areas.
- Older patients traditionally use NEPT services more than younger patient groups due to ill health and the increase in the number of people living longer.
- Data from the current NEPT service providers demonstrated that this is a valuable service particularly for those who have specialist health needs (for example: wheelchair users, high dependency; stretcher, bariatric & incubator; two and four person lift).
- There were 41,802 wheelchair journeys (NEPT 2013/14 data) – there is no proposal to change the eligibility criteria for wheelchair users, who have health needs which may mean that they are prohibited from travelling by private or public transport.
- Access for patients with hearing dogs will remain the same as the current provision.
- The eligibility criteria for blind or visually impaired patients will remain the same as is currently.
- Patients with a disability may be more likely to require an escort or carer – there is no change proposed to the eligibility of escorts/carers but, this will be more consistently applied across the service.
- The 2011 Census reveals that within Birmingham 15.3% (156,553) of residents classified themselves as having a different first language (other than English). Of this group, 30% were non-proficient in English which is twice the regional and national averages. Interpreters are covered as eligible escorts where this cannot be provided by the patient transport service provider.
- CCGs do not have any information that suggests that there are barriers in accessing or poor patient experience outcomes by those using NEPT, in relation to ethnicity. It was agreed that there would be targeted engagement activity to ensure participation from minority ethnic groups to enable them to comment on the CCGs proposals.
- Service opening times – NEPT services across England vary in terms of opening times and there are no set requirements for provision of non-urgent and planned transport. Contractually, within Birmingham and Solihull NEPT services have been provided as part of a 24/7 service, although the booking functions mainly operate Monday to Friday office hours.
- The NEPT Stakeholder Project Group took the view that the new service should be 24/7, with the core service operational between 7am and 11pm seven days per week. Patient bookings will be 24/7 and enhanced service to allow online bookings to improve access for those eligible.

The findings from the initial equality analysis were utilised to inform the consultation strategy and identify key groups to engage with.

9. NEPT consultation

Formal consultation was undertaken between 20th May and 21st August 2015 a full report on the consultation has been produced and published separately.

In total there were 70 events held and a further 534 contacts between the engagement team, the general public and stakeholder organisations. These included:

- 51 tailored engagement events with a variety of organisations and community groups

- 6 public meetings held across Birmingham and Solihull
- A series of 13 drop in events held at Heart of England NHS Foundation Trust, University Hospitals Birmingham NHS Foundation Trust and Birmingham Community Healthcare NHS Trust sites.

As part of the consultation a survey was distributed to the public as the consultation questionnaire (this was available both in hard copy and online via Survey Monkey). The consultation documentation was made available, on request in five further languages (Polish, Punjabi, Bengali, Urdu and Gujarati). No requests were made for the documentation in alternative languages however a member of the public commented on the quality of the Bengali translation statement, stating that it poorly written. The questionnaire consisted of 18 questions in five distinct sections:

1. About you (post code, whether the respondent has accessed NEPT services previously and if so, where?)
2. Eligibility criteria
3. Eligibility categories
4. Quality of patient transport services
5. Equality monitoring information

Each question was presented as a closed question but also gave respondents the opportunity to provide further feedback in a text box below each individual question.

9.1 Public relations and social media

A communications toolkit was produced and shared with all of the communications and engagement leads at the CCG's and Hospital Trusts in scope for the consultation. This toolkit contained template press releases and social media content, that when used collectively, would ensure maximum reach.

The consultation was promoted widely via social media channels such as Twitter and Facebook. Content was shared from each individual CCG social media account, as the same time, for maximum impact.

10. Engagement and Involvement

The consultation provided current service users and providers, staff and the public the opportunity to record their views about free NHS non-emergency patient transport, to help shape future local services. Prior to completing the consultation questionnaire, respondents were asked to read the consultation document.

The questionnaire contained 16 questions plus an equality monitoring form. In terms of the equality analysis the most significant questions were:

Question 4*: Should there be one eligibility criteria for free non-emergency patient transport across all services in Birmingham, Sandwell and Solihull?*

Question 9*: Should escorts only accompany the patient if: they have skills that cannot be provided by patient transport staff; or, where a patient is vulnerable and meets the eligibility criteria; or, a parent or guardian needs to accompany a child under 16?*

***Question 10**: Should patients have access to the same non-emergency patient transport services across all NHS services, for example; the same collection times?*

***Question 11**: Should there be better communication about your transport booking and when your transport is arriving to collect you?*

***Question 12**: Should all patients be treated equally, regardless of their condition?*

***Question 14**: Please tell us if you feel that the proposed changes may impact on you?*

Each question was followed with an opportunity to add free text inviting further suggestions or comments. A full consultation report has been produced which provides the detail in terms of the responses to all of the questions and comments made. For the purposes of this equality analysis the responses to the questions listed above were reviewed in-depth; this resulted in the following:

- An equality profile of respondents (section 11)
- Analysis of the impact for different protected characteristics (section 12 and 13)
- Identification of a number of key themes, findings and impact (section 14)
- Recommendations to mitigate impact (section 17)

The above points are explored below:

11. Equality profile of respondents

In order to understand how representative participants to the consultation were, broad equality monitoring questions were included within the questionnaire. Additional questions were also included to understand the respondent's background or purpose of being involved. A total of 509 people completed a questionnaire, though it should be noted that they did not have to answer every question in order to complete the questionnaire. Therefore none of the questions has more than 450 responses. The profile of those involved in the consultation is detailed fully in appendix two, and includes:

- 28.1% of those responding were current users of non-emergency patient transport;
- 20.8% had never used patient transport services;
- 19.6% were an NHS employee or working for a patient transport service; and
- 4.5% were an escort/carer for someone.

The protected characteristics captured have been analysed below to determine if the consultation activity reached a representative sample of the local population, thereby providing an opportunity for those likely to be impacted to have a voice. The equality monitoring section of the consultation questionnaire was restricted to questions around Race, Age, Sex and Disability as these were the characteristics identified in the initial equality analysis as being most likely to be impact upon in terms of the proposed eligibility criteria. An additional question was also included on post-code to provide assurances on the breadth of the consultation events.

11.1 Race Profile of Respondents:

A comparison of the Local Authorities populations with the NEPT services against the profile of survey respondents by ethnicity indicates that the survey sample was representative.

Comparison of Local Authority populations with NEPT survey respondents by ethnicity							
	Census 2011	Birmingham	Sandwell	Solihull	Worcester	Average	**NEPT Survey***
		% of Pop.	***% of Pop.***	***% of Pop.***	***% of Pop.***	***% of Pop.***	***% profile of respondents***
Asian or Asian British	**2011**	**26.61%**	**19.23%**	**6.56%**	**4.43%**	**14.21%**	13.4%
Black or Black British	**2011**	**8.98%**	**5.96%**	**1.56%**	**0.48%**	**4.25%**	5.9%
Mixed Ethnic Group	**2011**	**4.43%**	**3.31%**	**2.13%**	**1.14%**	**2.75%**	0.8%
Other Ethnic Group	**2011**	**2.04%**	**1.55%**	**0.59%**	**0.24%**	**1.11%**	2.1%
White or White British	**2011**	**57.93%**	**69.95%**	**89.14%**	**93.44%**	**77.62%**	77.7%
*profile of respondents as a percentage, calculated excluding those not providing ethnicity details.							

Of the 509 responses to this question 137 (26.9%) declined to provide the data; this group has been excluded from the above calculations.

11.2 Age Profile of respondents

The age profile of respondents demonstrates that they were over representative of the local population age groups for those aged 45 and above. This is as expected for the age profile of NEPT service users and so, demonstrates that the consultation was reaching those most likely to be impacted upon.

	Age 16-44	**Age 45-64**	**Age 65+**
Respondents	35.3%	45.5%	19.2%
Birmingham	56.44%	26.85%	16.68%
West Midlands	47.72%	31.28%	20.98%
England	48.56%	31.28%	20.14%

Of the 509 responses to this question 118 (23.2%) declined to provide the data; this group has been excluded from the above calculations.

11.3 Disability profile of respondents

The NEPT questionnaire respondents were asked if they had a disability, to which 92.5% provided an answer and of these 46.3% indicated that they did have a disability.

The 2011 Census asked respondents if they had a disability or long term health problem which limited their day to day activity; this is the data used to compare and understand if the NEPT consultation was reaching those people most likely to be affected.

The table below details the results and shows that a significant number of people with a disability participated in the consultation.

	Disability/	Long Term Health problem that limits data to day activity a-lot
Respondents	46.3%	
Birmingham		9.1%
West Midlands		9.1%
England		8.3%

Of the 390 responses to this question 29 (7.4%) declined to provide the data; this group has been excluded from the above calculations.

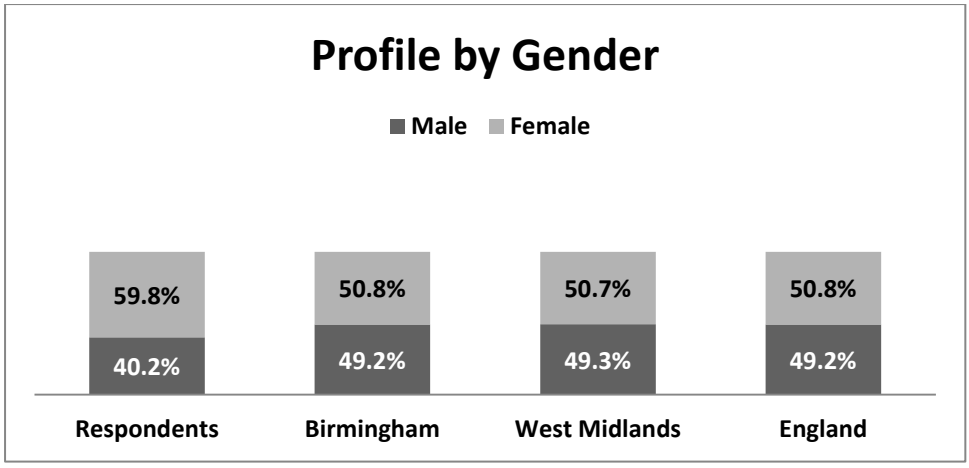
Where respondents identified that they had a disability, they were provided with an opportunity to give further details; 100 responses were received - detailed below, note that over 50% of respondents identified multiple disabilities.

Disability or Condition	Number
Mobility	45
Heart Condition	18
Specific disease/illness	17
Dialysis	14
Visual impairment	13
Kidney failure	11
Multiple	9
Arthritis	9
Mental health issues	6
Hearing impairment	6
Diabetic	6
Brain trauma/injury	5
Breathing difficulties	4

The conditions listed above demonstrate a breadth of disabilities and health conditions; many of which would likely result in a need to access patient transport services.

11.4 Gender profile of respondents

The response rates from Males was less representative than the local and wider population; no specific reason has been identified for this imbalance. This outcome can be taken as a learning point for future consultation activity to ensure a more proportionate response.



Of the 509 responses to this question 116 (22.8%) declined to provide the data; this group has been excluded from the above calculations.

11.5 Location of respondents

Appendix three contains a map of the West Midlands. Questionnaire respondents were asked to identify the first part of their post code (i.e. B37 or B9) this information has been collated and transposed onto the map. The results demonstrate the breadth of coverage of the consultation and the level of involvement of local people across the area.

11.6 Conclusion drawn on representativeness of consultation responses

The level of activity and number of events held resulted in a wealth of comments and information, the map in appendix three shows that most respondents were from the Birmingham and Sandwell areas, though Solihull was covered but to a lesser extent. The people responding to the consultation were broadly representative in terms of race, over representative in terms of age and disability (though this was to be expected given the nature of the consultation issue); however males were under-represented.

On the whole it is believed that the consultation was effective in reaching those most likely to be impacted and provided the public with an opportunity to be involved in shaping the service.

12. Analysis of impact of proposals on local population by protected characteristics

12.1 Birmingham Population

Birmingham's population in 2012 was 1.085 million. It is a young population with 66 per cent being under 45 years old. Birmingham is the most ethnically diverse city in the United Kingdom. Life expectancy (LE) is increasing in Birmingham and England. The LE for males in Birmingham is 76.8 years, whilst for males in England it is 78.6. The LE for females in Birmingham is 81.6 years and in England it is 82.6. Whilst the gap between the LE for females remains constant between Birmingham and nationally, this is not the case for males. The gap in LE for males has been widening over recent years. However this average hides large inequalities in LE between different parts of Birmingham, with differences in LE between those living in the most and least deprived parts of Birmingham as high as nine years.

Deprivation in strongly linked to risk of developing long term conditions. Birmingham is ranked the 9th most deprived Local Authority in England out of 354. Birmingham can be broken down further into much smaller geographic units called Lower Layer Super Output Areas (LSOAs), with a population of approximately 1,500 people in each. There are 639 LSOAs in Birmingham. Over half of these small units are in the most deprived 20 per cent in the country. Over three-quarters of the city is in the bottom 40 per cent nationally.

12.2 Solihull Population

The resident population of Solihull is, according to ONS mid-2010 estimates, 206,100 (100,100 males and 106,000 females), having increased by 3.3% since the 2001 Census. This compares with population increases of 5.6% in England and 3.3% also in the West Midlands over the same period.

The most notable feature of the Solihull population profile is the relatively higher proportion of older people in the borough, with 18.8% of the population aged 65 and over compared with 16.5% in England and 17.2% in the West Midlands. Solihull also has an above average representation of people approaching retirement age (27% aged 45 to 64 compared with 25% nationally). The number of children and young people (aged 15 and below) in Solihull is, at 19%, in-line with the England average, although it is notable the borough has a relatively low proportion of pre-school age children; those aged 0-4 years represent 29% of all children in Solihull compared to 34% nationally.

Solihull wards can be divided into three broad geographic areas:

- **Urban West** *Castle Bromwich, Lyndon, Elmdon, Olton, Silhill, St Alphege, Shirley, East, Shirley West and Shirley South*
- **Regeneration** *Chelmsley Wood, Kingshurst & Fordbridge and Smith's Wood*
- **Semi-Rural South and East** *Blythe, Bickenhill, Knowle, Dorridge & Hockley Heath and Meriden*

These three geographic areas have significantly different age profiles, with a younger population in the North Solihull regeneration wards a notable feature; 23% of the population in the North are aged 15 or under with a further 21% aged between 16 and 29. By contrast, one in five of the population in the urban west is of retirement age, with nearly half aged 45 or over (48%), which is similar to the profile in the semi-rural South and East.

12.3 Disability

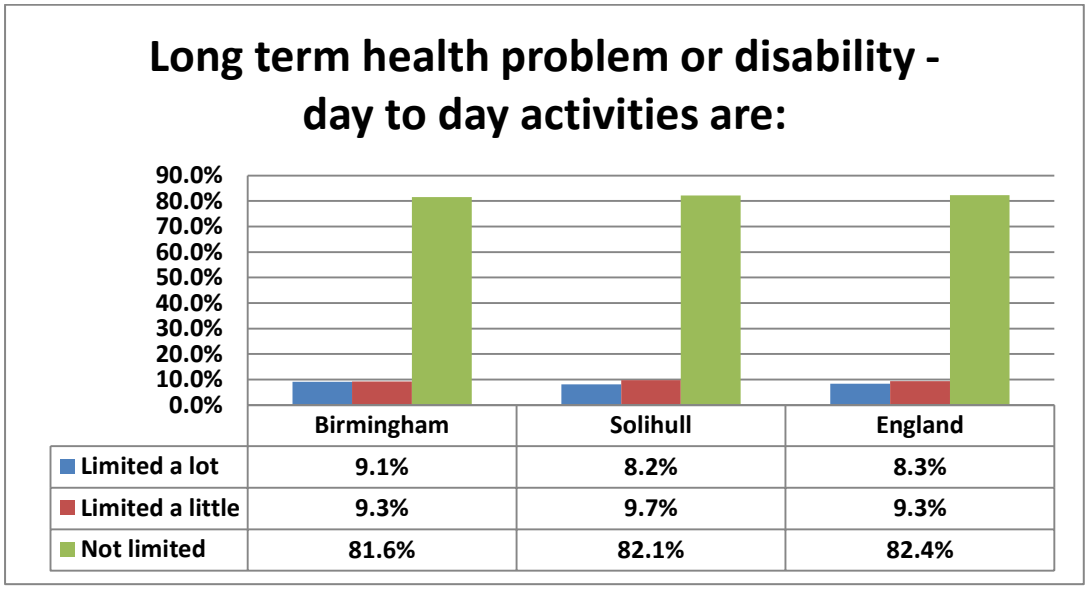
Data from NEPT services across Birmingham and Solihull show that this provides a valuable service particularly, to those who have specialist health needs. The table below provides a breakdown of the 350,509 journeys that took place in 2013/14 by mobility class:

Mobility Category	Total Number of Journeys	% of Journeys
Walking	207,229	61%
Two & four Persons lift	41,802	12%

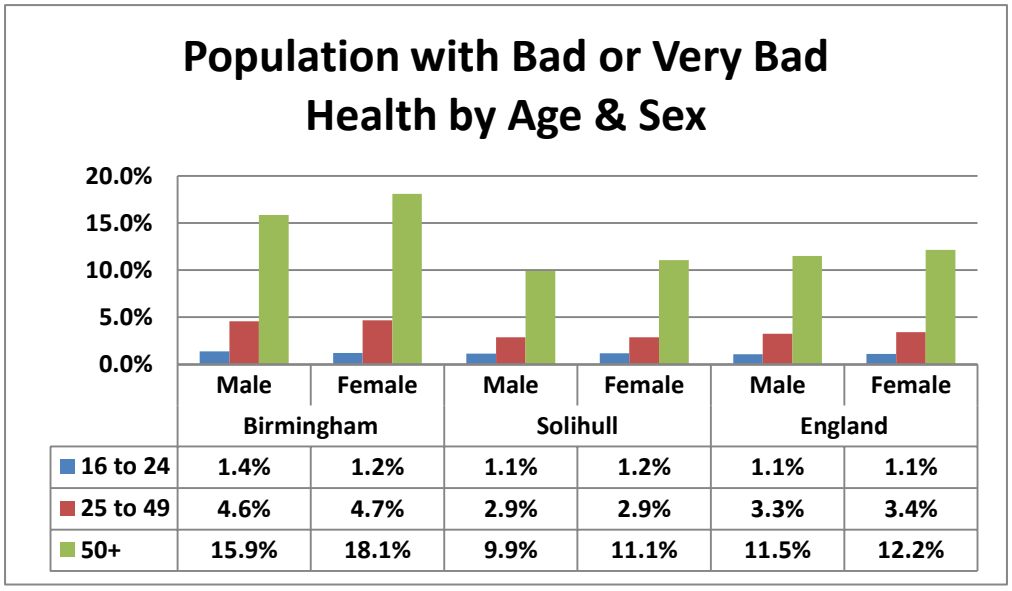
Wheelchair	73,040	22%
Stretcher, Bariatric & Incubator	14,252	4%
High dependency	1,181	0%

CCGs are committed to continuing to provide NEPT services and intend through this proposal to set out a clear plan to ensure that those that have a medical need that are prohibited from travelling by private or public transport can access NEPT services.

Population with a disability: According to census data across Birmingham as a whole 9.1% of the population either have a disability that limits their day to day activities a lot, compared to 8.2% for Solihull and 8.3% for England. When you look at activities limited a little, the figure for Birmingham is the same as England at 9.3%, though the figures for Solihull are higher at 9.7%.

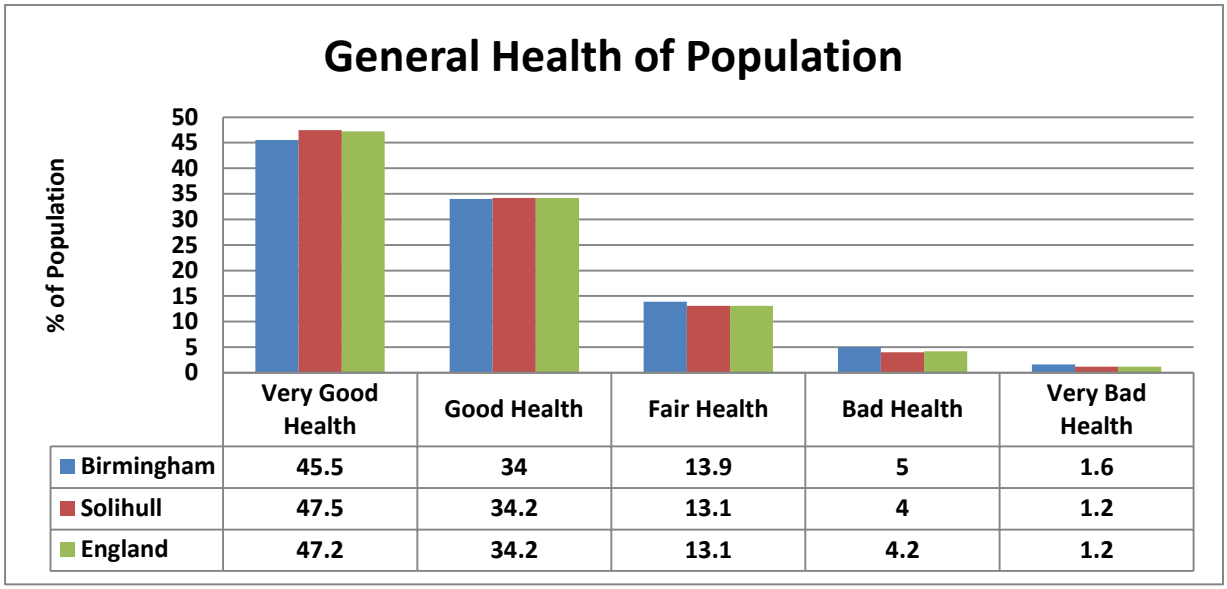


	Birmingham	Solihull	England
Limited a lot	9.1%	8.2%	8.3%
Limited a little	9.3%	9.7%	9.3%
Not limited	81.6%	82.1%	82.4%



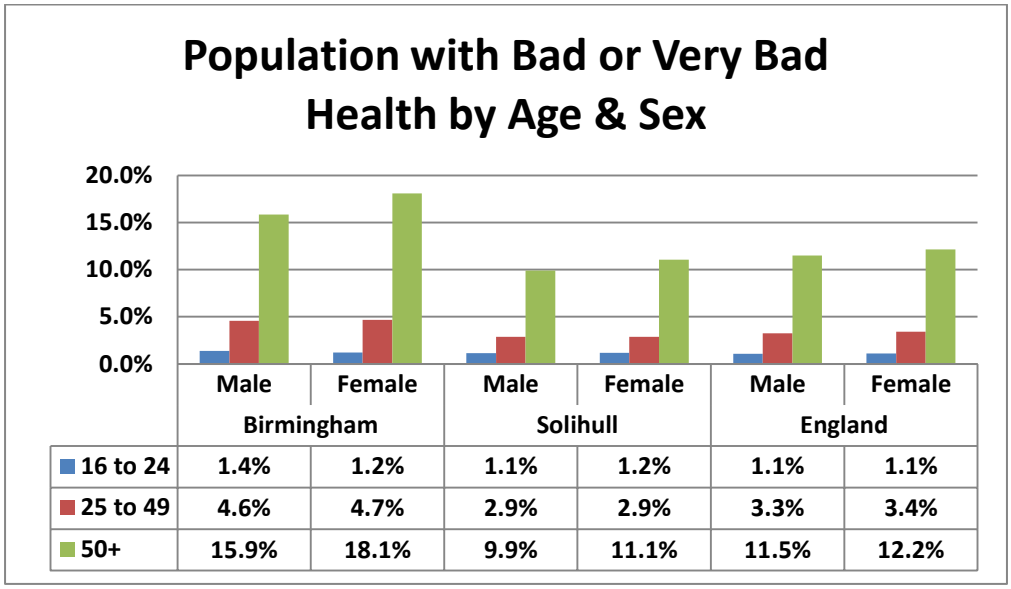
	Male	Female	Male	Female	Male	Female
	Birmingham		Solihull		England	
16 to 24	1.4%	1.2%	1.1%	1.2%	1.1%	1.1%
25 to 49	4.6%	4.7%	2.9%	2.9%	3.3%	3.4%
50+	15.9%	18.1%	9.9%	11.1%	11.5%	12.2%

The chart below shows general health of the population of Birmingham, Solihull and England.



	Very Good Health	Good Health	Fair Health	Bad Health	Very Bad Health
Birmingham	45.5	34	13.9	5	1.6
Solihull	47.5	34.2	13.1	4	1.2
England	47.2	34.2	13.1	4.2	1.2

The chart below shows the percentage of the population who identify having bad or very bad health by age and sex:



	Male	Female	Male	Female	Male	Female
	Birmingham		Solihull		England	
16 to 24	1.4%	1.2%	1.1%	1.2%	1.1%	1.1%
25 to 49	4.6%	4.7%	2.9%	2.9%	3.3%	3.4%
50+	15.9%	18.1%	9.9%	11.1%	11.5%	12.2%

These two aspects of disability have an important impact on predicting future service demands and growth in the number of people with a disability requiring NEPT. People with a disability often have more complex health needs and therefore, will continue to receive NEPT services where they are eligible. There is no change to eligible patients and patient standards such as those in the patient charter are intend to improve the quality of service e.g. quicker collection times.

12.5.1 Wheelchair Users:

Data from NEPT for 2013/14 showed that there were 41,802 wheelchair journeys. There is no change to the eligibility criteria for wheelchair users, who have health needs which may mean that they are prohibited them from travelling by private or public transport. Under the new proposals

this will be consistently applied across the NHS Trusts to reduce any unwanted variation that may have resulted in inequitable access.

There is no other data available to CCG Commissioners about the rates of disability amongst patients accessing NEPT. Disability data isn't collected by the existing Providers for monitoring purposes. Therefore, CCGs are not able to use this service data to predict future demands across this patient group.

12.5.2 Hearing Dogs and Escorts for People with a Disability:

Access for patients with hearing dogs remain the same as in the current service and therefore, there is no known adverse impact resulting in the new service or eligibility criteria for patients that are blind or visually impaired. Patients with a disability may be more likely to require an escort or carer – as detailed above there is no change to eligibility of escorts/carers but, that this will be more consistently applied across NHS Trusts. Therefore, patients with disabilities who required an escort/carer will continue to benefit from this support in line with the proposed eligibility criteria.

CCGs intend through the procurement to continue to ensure that NEPT provider(s) offer a range of vehicle types that are suitable by mobility type. This will be tested through the procurement to ensure that the new provider(s) have access to the most efficient and suitable fleet of vehicles, using new technology where possible to meet the needs of complex patients e.g. bariatric.

There are no direct changes based on disability set out in the eligibility criteria however, the new provider(s) will be required to test more consistently patients ability to use private or public transport. A key aim of the plans are to protect resources to ensure that NEPT is available for those patients who require more complex journeys of which people with disabilities are more likely to use.

12.6 Deaf community

A focus group was arranged with BID Services (a charity working with people with sensory impairment, learning disabilities or mental health needs) in Birmingham to discuss the NEPT consultation. It was intended for 10-15 members of the deaf/hard of hearing community to attend the focus group.

In the event, 8 members of the public and the Head of Community Development and Engagement at BID attended the focus group. These members came from both BID services and the Birmingham Deaf Community Group. The event was supported by two members of the project team from Birmingham CrossCity CCG and two BSL interpreters provided by BID to support the event.

The NEPT public presentation was given before a 40 minute question and answer session; questions were also posed by members of the focus group during the presentation.

The following points were raised:

- BSL is often a deaf person's first language; consultation cannot rely on providing written documents as a method of communication;
- Deaf patients explained that their disability could hinder the arranging of appointments, but that reasonable adjustments (two way texting for example) would alleviate this;

- Deaf people noted that their disability could easily cause additional stress, especially if they did not fully understand what was happening;
- It was suggested that all NEPT staff would benefit from deaf awareness training;
- A distinction needed to be made between the deaf and hard of hearing.

12.7 Renal patients

Concerns around the impact of the proposed eligibility criteria and patient charter on renal patients emerged strongly in the completed questionnaire and through the contact made with all renal dialysis/kidney treatment units in scope for the consultation, additionally three letters were received from renal patients and patient groups.

The concerns or identified potential impacts were:

- Delayed pick-up times (both before and after treatment) were identified as a cause of stress;
- That the proposal would not meet the NICE guidelines;
- Patients thought that the service would get worse under the proposals;
- Renal patients status rarely changed and so the requirement to review eligibility status every 12 weeks was challenged;
- Concerns over the proposed services' ability to react to last minute changes;
- Concerns that a single telephone number/line would lead to delays or calls being queued up;
- Concerns over the ability to assess the particular needs of renal patients.

Suggestions were also made on service provision:

- It emerged that there was a belief that subsidised private transport (such as use of a private taxi firm, or reimbursement for a patient that makes their own way to their appointment) would be beneficial for renal patients, who are regular users of NEPT. There was a belief that this would reduce overall costs for NEPT.
- It was stated that most renal patients do not require an ambulance, so subsidised private transport or the use of a private taxi company would be sufficient to transport most renal patients to and from their appointment in a timely manner.

Quality Standard 72 72 issued by the National Institute for Health and Care Excellence (NICE) on Renal replacement therapy services (specifically Quality Statement 6: Patient Transport) has the following requirement: "Adults using transport services to attend for dialysis are collected from home within 30 minutes of the allotted time and collected to return home within 30 minutes of finishing dialysis".

Legal advice was sought by the NEPT project board to better understand the requirements of meeting this quality standard. Subsequently a confidential paper was presented to each of the four Clinical Commissioning Group Governing Body meetings held between 17th November 2015 and January 2016 to review the pick-up and returns standards proposed and recommend changes to the patient charter.

As a result, the following recommendation was approved:

"the NICE quality standard for patient transport is adopted but, applied to the whole population in scope which ensure that patients do not wait any longer than 30 minutes of their allotted collection time (pick up time) to or from healthcare services in scope where these are pre-planned journeys. This is a change to the proposed 60 minute collection to return home and a new standard for the inward journey.

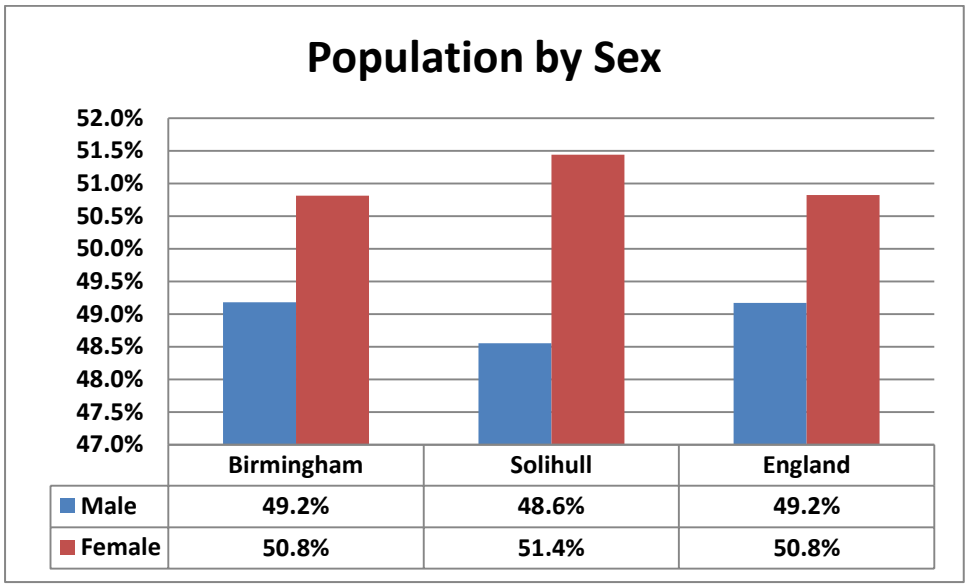
These two key performance indicators (KPIs) have been included in the updated service specification and will be reflected in the patient charter."

Analysis of the survey respondent's data shows that people with a disability or health condition were effectively represented in the consultation activity (accounting for 46.3% of respondents).

12.8 Sex

A persons gender is not currently and nor will it be used in the future to determine eligibility for NEPT. NEPT services are available to both male and female eligible patients. Gender is not a qualifying factor or disqualifying factor for NEPT, eligibility is based solely on medical need and is for those patients whom their health needs prohibit them from travelling on public or private transport. Therefore; there is no known risk of discrimination simply on the grounds of gender that may disqualify them from NEPT.

Birmingham has a slightly higher number of women 545,239 (50.8%) than men 527,806 (49.2%) this reflects the picture for England as a whole. In Solihull it is slightly different, where again women are in the majority but by a higher figure than for that of Birmingham and England (51.4%).



Data for 2013/14 from NEPT show the following breakdown of access to NEPT by gender:

ROH: Activity by gender categories

	2013	2014	Total
Female	4067	4713	8780
Male	3027	3351	6378
Total	**7094**	**8064**	**15158**

HEFT Activity by gender categories

	2013/14
Female	59519
Male	59962
Unknown	759
Total	**12,0240**

NHS Commissioners will be seeking assurance through the procurement process from the Provider(s) about how they will ensure equality and diversity in delivering the NEPT service. This will be monitored through the performance management of the contract and provision of detailed workforce annual training. NHS Commissioners will also seek assurance about customer service and dignity, to ensure that appropriate standards are in place to meet the needs of patient groups. This will include considering any needs of patients relating to gender; such as pooling of patients on some journeys or sex of PTS staff.

Analysis in section 11.4 shows that more women participated in providing responses via the consultation questionnaire, though no specific impacts in relation to sex were identified.

The proposed changes to the eligibility criteria and service will not alter the care provided to such patients; therefore there is no anticipated adverse impact on the basis of sex.

12.9 Race

The current and proposed eligibility criteria makes no distinction based on race, so this is not a qualifying or disqualifying factor for NEPT. Data on ethnicity will be collected at the booking stage for equality monitoring purposes only. CCGs will review this data to ensure that minority ethnic groups have access to NEPT and that it meets their needs e.g. language. CCGs are already working with Public Health to address issues relating to health inequalities experienced by people from ethnic minority groups; including issues such as social exclusion.

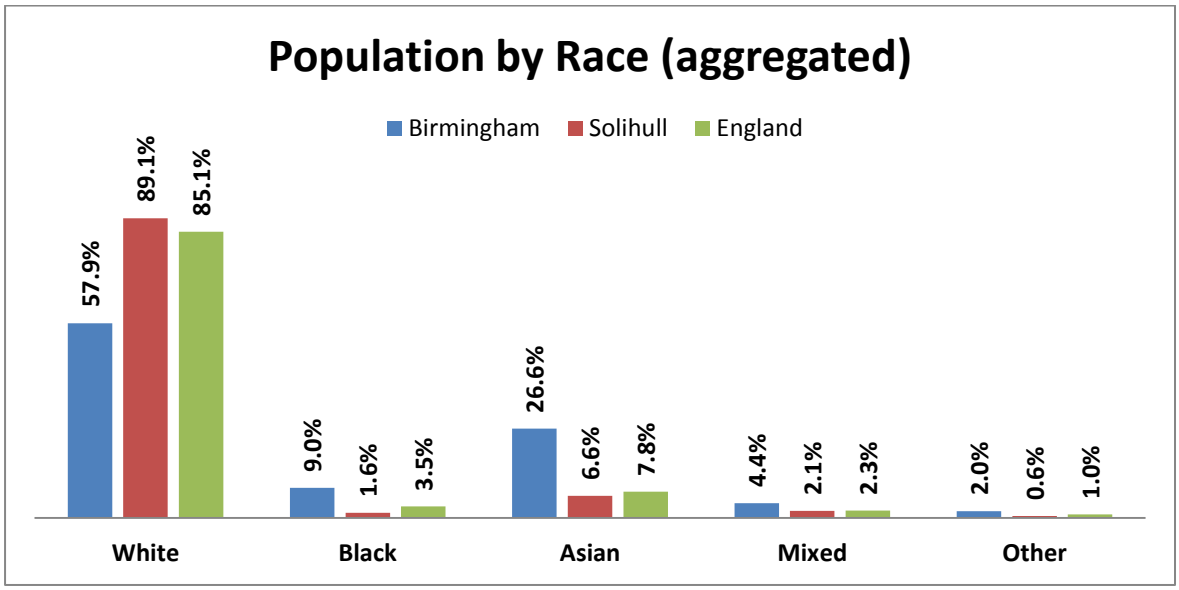
Birmingham is one of the most ethnically diverse cities in England.

The table below provides a breakdown by race of the population of Birmingham, Solihull and England:

Race	Birmingham	Solihull	England
White English	53.1%	85.8%	79.8%
White Irish	2.1%	1.9%	1.0%
White Gypsy or Irish Traveller	0.0%	0.0%	0.1%
White Other	2.7%	1.4%	4.6%
White & Black Caribbean	2.3%	1.2%	0.8%
White & Black African	0.3%	0.1%	0.3%
White & Asian	1.0%	0.6%	0.6%
Other Mixed	0.8%	0.3%	0.5%
Asian Indian	6.0%	3.4%	2.6%
Asian Pakistani	13.5%	1.7%	2.1%

Asian Bangladeshi	3.0%	0.3%	0.8%
Asian Chinese	1.2%	0.4%	0.7%
Asian Other	2.9%	0.7%	1.5%
Black African	2.8%	0.4%	1.8%
Black Caribbean	4.4%	0.9%	1.1%
Black Other	1.7%	0.2%	0.5%
Other Arab	1.0%	0.2%	0.4%
Other	1.0%	0.4%	0.6%

The following chart shows the populations of Birmingham, Solihull and England by aggregated race data; Solihull has the largest White population with 89.1% whilst Birmingham has a significantly larger Black and Asian population than both Solihull and England.



42% of Birmingham residents are from a Black, Asian or Minority Ethnic (BAME) group compared to 10.9% for Solihull residents and 14.6% for England.

Analysis of the respondents equality data in 11.1 demonstrates that the people involved in the consultation were broadly representative and that engagement was undertaken with Black, Asian and Minority Ethnic communities.

12.10 Languages

The 2011 Census recorded English as the main language for 84.7% of usual residents aged three and over in Birmingham. Of the remaining 15.3% (156,553) who classified themselves with a different language, 30% (47,005) were 'non-proficient' (cannot speak English or cannot speak English well); this is twice the regional and national averages. Where English was not the main language the most commonly spoken were Southern Asian languages, with Urdu the highest accounting for 2.9%.

There are 1,150 households (1.3%) in Solihull where no people in the household have English as their main language, proportionally this is much lower than the England (4.4%) or West Midlands (3.7%) averages. A further 2,057 (2.5%) households have at least some people in the household who do not

have English as their main language, again much lower than England (5.1%) or the West Midlands (4.8%).

Interpreters are covered as eligible escorts where this cannot be provided by the PTS provider.

There is no data available to CCG Commissioners that provides a breakdown of patients that have used the service by ethnicity. This would be improved in the new contract and would be monitored by the CCG Commissioner to understand patient demographics and service gaps/trends.

CCGs do not have any information that suggests that there are barriers in accessing or poor patient experience outcomes by those using NEPT, in relation to ethnicity. Therefore, the formal consultation will included targeted activity to ensure participation from those from ethnic minorities groups to comment on the CCGs proposals.

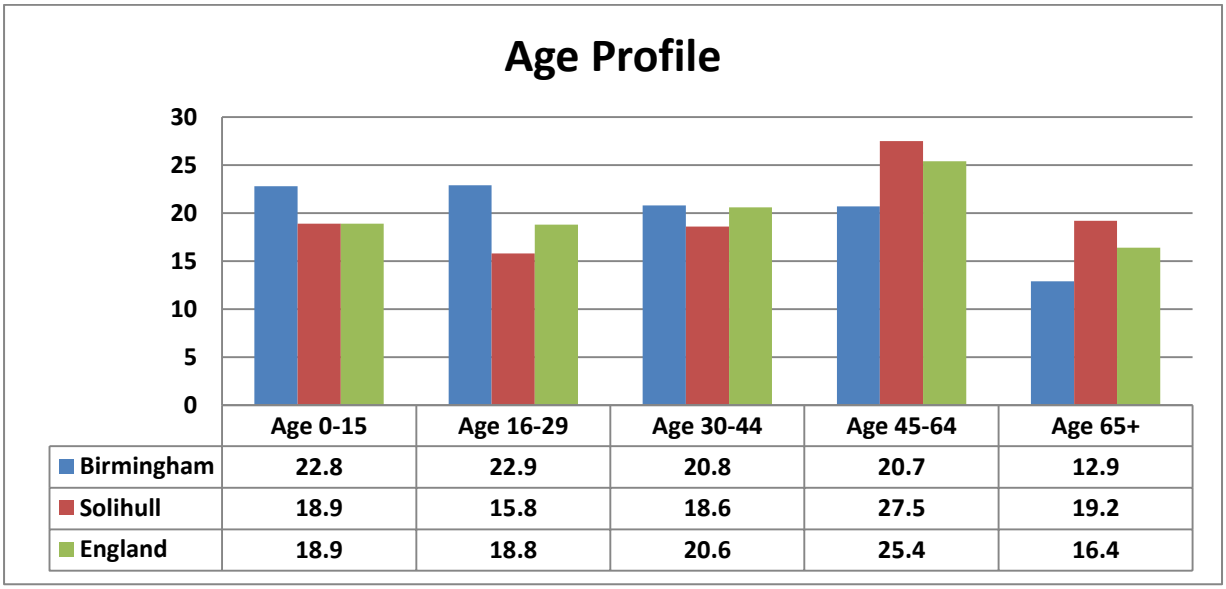
The consultation documents were made available in alternative languages although no requests were made.

The proposed changes to the eligibility criteria and service will not alter the care provided to such patients; therefore there is no anticipated adverse impact on the basis of race. Service providers will need to consider and demonstrate how they will meet the language needs of service users.

12.11 Age

NEPT services will continue to be made available to patients of all age groups that meet the eligibility criteria. There is no change in the proposed new service model based on "age" as a determining factor and the status quo remains that patients of all ages that meet the criteria may benefit from NHS funded transport. Older patients traditionally use NEPT services more than younger patient groups due to ill health and the increase in number of people living longer. NEPT services will continue to be important to these patient groups as it is forecasted that there will be an increase in an ageing populations in Birmingham and Solihull.

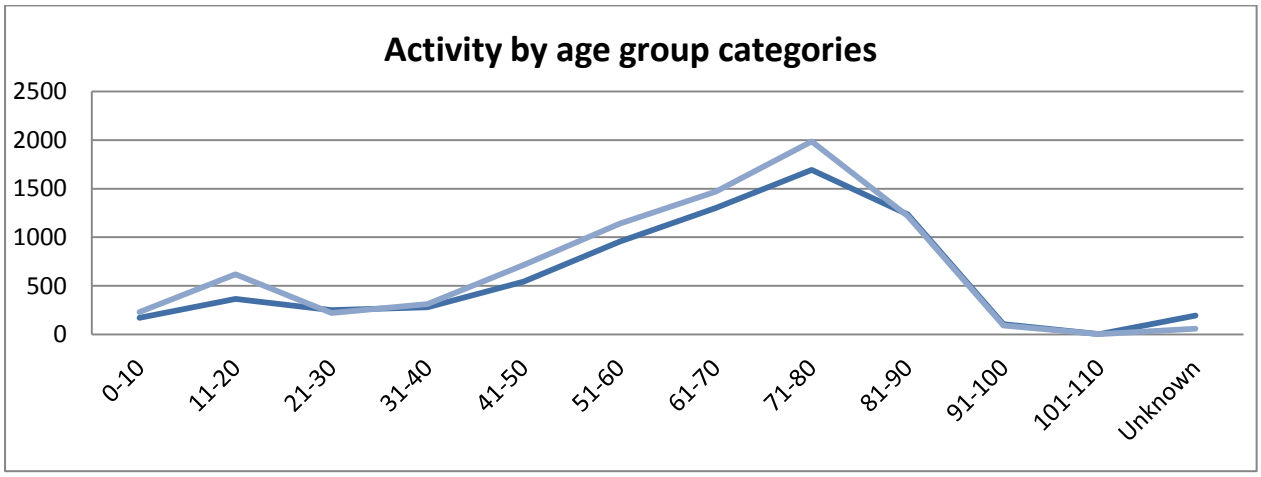
The table below provides an age profile comparison of between Birmingham, Solihull and England:



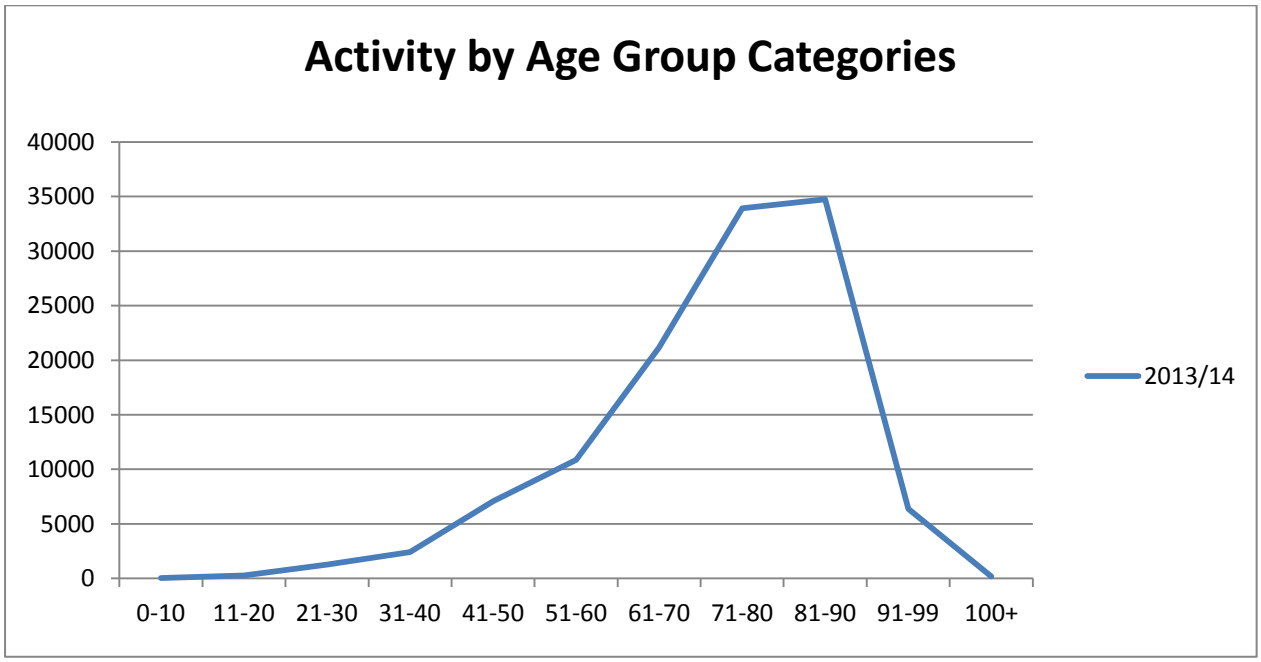
	Age 0-15	Age 16-29	Age 30-44	Age 45-64	Age 65+
Birmingham	22.8	22.9	20.8	20.7	12.9
Solihull	18.9	15.8	18.6	27.5	19.2
England	18.9	18.8	20.6	25.4	16.4

Data from NEPT service Providers shows that typically eligible patients are over the age of 50. There are no changes to the service based on age and it is assumed that older patients will continue to make up the majority of eligible patients.

The table below shows the age range for patients using NEPT from The Royal Orthopaedic Hospital NHS Trust 2013/14:



The table below shows the age range for patients using NEPT from Heart of England NHS Foundation Trust 2013/14:



The service specification has included elements that will ensure that the service and vehicles used are suitable to meet the needs of an ageing population. This also includes staff training and awareness such as meeting the needs of those older people that suffer from mental confusion e.g. dementia.

Currently, we estimate that there are 13,819 people in Birmingham and 2,798 in Solihull with dementia. This is predicted to grow by 31 per cent to 3,800 in Solihull and by 18 per cent to 16,300 in Birmingham by 2021.

Analysis of the age profile of respondents in section 11.2 shows that the older age groups were well represented and participated in the consultation which is reflective of both need and current usage.

There has been no change to this group of patients who may also require an escort or carer to travel with them where they have skills that cannot be provided by PTS staff or are required immediately at the point of healthcare.

12.12 Gender reassignment

Gender reassignment is not currently and nor will it be used in the future to determine eligibility for NEPT. This is not assessed as a qualifying factor and eligibility is based solely on medical need and is for those patients whom their health needs prohibit them from travelling on public or private transport. Patients are not required to provide this information on assessment of eligibility therefore; there is no known risk of discrimination on the grounds of gender reassignment that may disqualify them from NEPT.

NHS Commissioners will be seeking assurance through the procurement process from the Provider(s) about how they will ensure equality and diversity in delivering the NEPT service, this would include for those patients that have undergone or are proposing to undergo gender re-assignment. This will be monitored through the performance management of the contract and provision of detailed workforce annual training. NHS Commissioners will also seek assurance about customer service and dignity, to ensure that appropriate standards are in place to meet the needs of patient groups e.g. patients that prefer to travel with a particular gender of staff.

The proposed changes to the eligibility criteria and service will not alter the care provided to such patients; therefore we do not anticipate any adverse impact on the basis of gender reassignment.

12.13 Marriage and civil partnership/ sexual orientation

Marriage and civil partnership and sexual orientation is not currently and nor will it be used in the future to determine eligibility for NEPT. This is not assessed as a qualifying factor and eligibility is based solely on medical need and is for those patients whom their health needs prohibit them from travelling on public or private transport. Equality monitoring will be undertaken at the point of booking to allow a better understanding of usage and patient experience. Therefore; there is no known risk of discrimination on the grounds of marital status or sexual orientation that may disqualify them from NEPT.

A research report produced by Birmingham LGBT 'Out and About: mapping LGBT lives in Birmingham' stated that there is no agreed figure as to the percentage of the LGBT population although estimates of between 6% and 10% are popularly used. Accepting this range, it means that the LGBT population for the city would be between 60,000 and 100,000 people. There are no reliable sources on the numbers of lesbian, gay, bisexual or Trans (LGBT) people living in Solihull. However, using the Government estimate of 5 – 7% (source Stonewall.org.uk) it would be reasonable to expect that at least 10,000 lesbian, gay or bisexual people live in the Borough.

NHS Commissioners will be seeking assurance through the procurement process from the Provider(s) about how they will ensure equality and diversity in delivering the NEPT service, this would include for those patients based on sexual orientation. This will be monitored through the

performance management of the contract and provision of detailed workforce annual training. NHS Commissioners will also seek assurance about customer service and dignity, to ensure that appropriate standards are in place to meet the needs of patient groups e.g. LGBT.

The proposed changes to the eligibility criteria and service will not alter the care provided to such patients; therefore there is no anticipated adverse impact on the basis of marital status or sexual orientation.

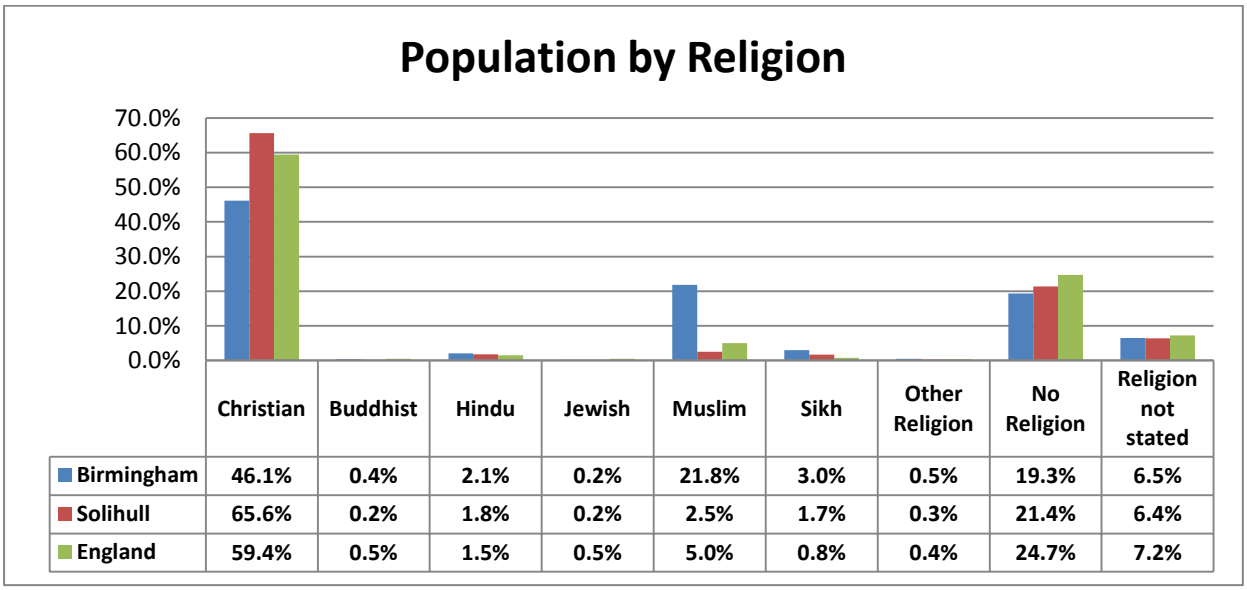
12.14 Religion or belief

Religion or belief is not currently and nor will it be used in the future to determine eligibility for NEPT. Religion or belief is not in itself a qualifying factor and eligibility is based solely on medical need and is for those patients whom their health needs prohibit them from travelling on public or private transport.

Christianity is the largest religion in Birmingham however at 46.1% this is lower than that of England as a whole which is 59.4%. Birmingham has more Muslims (21.8%), Sikhs (3%) and Hindus (2.1%) than England (5%, 0.8% and 1.5% respectively).

In terms of religion, the majority of Solihull residents describe themselves as Christian (65.6%), with no religion the 2nd largest group (21.4%). The numbers of Christians has fallen by -13% (-20,421) since 2001, with no religion increasing by +84% (+20,154). This is consistent with the pattern nationally. In terms of other religions there are significantly more Muslims (+3,610, 221%), Sikhs (+1,938, 124%) and Hindus (+1,834, 99%) than in 2001.

The chart below provides data on the Religion of residents in Birmingham, Solihull and England.



	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other Religion	No Religion	Religion not stated
Birmingham	46.1%	0.4%	2.1%	0.2%	21.8%	3.0%	0.5%	19.3%	6.5%
Solihull	65.6%	0.2%	1.8%	0.2%	2.5%	1.7%	0.3%	21.4%	6.4%
England	59.4%	0.5%	1.5%	0.5%	5.0%	0.8%	0.4%	24.7%	7.2%

There are no identified adverse impacts in terms of religion or belief in relation to the eligibility criteria.

NHS Commissioners will be seeking assurance through the procurement process from the Provider(s) about how they will ensure equality and diversity in delivering the NEPT service. This will be monitored through the performance management of the contract and provision of detailed

workforce annual training. NHS Commissioners will also seek assurance about customer service and dignity, to ensure that appropriate standards are in place to meet the needs of patient groups.

The proposed changes to the eligibility criteria and service will not alter the care provided to such patients; therefore there is no anticipated adverse impact on the basis of religion or belief.

12.15 Pregnancy and Maternity

Pregnancy and maternity is not currently and nor will it be used in the future to determine eligibility for NEPT. Pregnancy and maternity is not in itself a qualifying factor and eligibility is based solely on medical need and is for those patients whom their health needs prohibit them from travelling on public or private transport. Patients will continue to be asked at the point of booking to provide information about pregnancy and maternity where appropriate but, only to assess medical need or care during transit if they have a health need that prohibits them from travelling in private or public transport. Therefore; there is no known risk of discrimination simply on the grounds of pregnancy and maternity that may disqualify them from NEPT.

Birmingham has high rates of perinatal and infant mortality. The infant mortality rate is 7.7 per 1,000 live births, compared to the England average of 4.7. Rates are significantly higher in ethnic minority groups. When the NHS was founded, there were 34.5 deaths for every 1,000 live births. In Solihull the infant mortality rate is just 4.8 per 1,000 live births (or count of 31) between 2007 and 2009 – lower than the West Midlands (6.2) and broadly in line with England as a whole (4.7).

The new Provider(s) will continue to undertake NEPT services under the new contract to Birmingham Women's Hospital, Good Hope Hospital, Heartlands Hospital and Solihull Hospital to those eligible patients. Therefore, there will be no change in access to NEPT for eligible patients. Approximately, 611 journeys were identified into and out of the Birmingham Women's Hospital in 2013/14 data provided for Universities Hospital Birmingham NHS Foundation Trust.

NHS Commissioners will be seeking assurance through the procurement process from the Provider(s) about how they will ensure equality and diversity in delivering the NEPT service. This will be monitored through the performance management of the contract and provision of detailed workforce annual training. NHS Commissioners will also seek assurance about customer service and dignity, to ensure that appropriate standards are in place to meet the needs of patient groups.

The proposed changes to the eligibility criteria and service will not alter the care provided to such patients; therefore there is no anticipated adverse impact on the basis of pregnancy or maternity.

12.16 Carers

Patients will be eligible to travel with an escort or carer if any of the following applies:

- Patient is under the age of 16 years;
- Patient has significant communication or learning difficulties;
- Patient has poor vision or is hard of hearing;
- Patient has a mental health condition or confusion that precludes safely travelling alone;
- Patient requires constant supervision for their safety.

An eligible escort will be either:

- The parent or guardian of a child aged under 16;
  OR
- A professional, or relative, who is able to provide the necessary skills or services that the patient requires on the journey that cannot be supplied by the transport staff as defined by the commissioner.

The implementation of the patient eligibility criteria and patient charter MAY result in some patients becoming ineligible for patient transport and these people may have a carer. The carer may be impacted with respect to finding alternate transport, similarly, there may also be a potential increased demand on families and carers (who were not previously escorts) to offer transport solutions when patients become ineligible.

Analysis of the respondents background (those responding to the consultation questionnaire) shows that 4.5% of respondents were currently acting as an escort or carer. In response to the question "Tell us if you feel that the proposed changes may impact on you" 11 respondents said yes; 8 said no and 3 left the question blank. Of the 11 who said yes, 9 made use of the free text commentary box, providing the following themed comments:

- Concern expressed that this might result in a change in how relatives are accompanied to their hospital appointments;
- Currently care for people who are ineligible which has resulted in significant expenditure on taxis;
- Belief that the change will mean that become ineligible as patient walks with aids; this will result in having to take time off work to assist them to attend appointments;
- Supportive comments around the need to only provide for those in greatest medical need to prevent abuse of the system.

13. Other identified impacts

Question 14 of the consultation questionnaire asked respondents to identify any impacts that the proposed changes might have on them. The majority of respondents who identified an impact and went on to complete the narrative section described the impact as being potentially positive.

The positive themes were around improvements to waiting times, communication and for service providers. The negative themes were identified by service providers concerned about system resilience and the affect that revising the eligibility criteria might have on the numbers of patients being able to access their services in the future.

Analysis by available protected characteristics has been undertaken on this question to check for representation and identify any particular impacts. 132 respondents supplied further comments on the ways in which the proposed changes may impact on them.

There were 353 responses to question 14; overall the question resulted in the 42.8% believing that they would be impacted.

13.1 Protected characteristics of respondents indicating an impact

The protected characteristics of the respondents to this question have been extracted to understand their background and inform the analysis:

Of the 152 people that stated they would be impacted 59% (90 people) were female, 36% (55 people) were male; seven left this question area blank or indicated that they preferred not to state.

49% (74 people) who indicated that they would be impacted had a disability; respondents were enabled to detail what their disability was. A wide range of disabilities and conditions were detailed, these included:

- Arthritis
- Back problems
- Brain tumour/trauma
- Cancer
- Chronic kidney failure
- Diabetes
- Amputee
- Hearing and visual impairments
- Stroke
- Heart failure/conditions
- Anxiety and depression
- Wheelchair user
- Spina bifida
- Osteoarthritis
- Muscular dystrophy
- Renal failure

The age of respondents indicating impact has been broken down into age bands:

Age Band	%	Age Band	%
25-34	5	**65-74**	21
35-44	15	**75-84**	18
45-54	19	**85+**	3
55-64		**Not provided**	1

The broad ethnic origin of respondents has been broken down below:

Ethnic Origin	Respondents % (Question 14 only)	Average % of population*
Asian/Asian British	15	14.21
Black/Black British	8	4.25
Mixed Ethnic Group	1	2.75
Other Ethnic Group	3	1.11
Prefer not to state	7	-
White/White British	66	77.62

**Average percentage of population calculated to include Birmingham, Sandwell, Solihull and Worcester*

13.2 Conclusion on representation of respondents identifying an impact

It should be noted that most respondents used this question to identify potential positive impacts with few negative impacts around proposal and many negative impacts expressed around current service provision. Overall:

- A higher percentage of women identified an impact
- 49% of those identifying an impact had a disability or health condition
- The White British respondents were over-represented as were the Mixed Ethnic Group while the Black/Black British groups were under-represented and Asian/Asian British marginally under-represented.

14. Key themes, findings and impact

The following key themes and findings emerged from the equality analyses and consultation events and in particular from question 14 of the consultation document on impact:

14.1 Waiting Times

The overriding theme identified by respondents when answering this question was waiting times. Many respondents voiced anticipation that they hoped that the impact on them through this service review would be an improvement in the timing of pick-ups and returns home. Improved communication was also identified as an associated benefit.

Positive or Anticipated Benefits included:	**Negative Comments on current service**
Getting home earlier post-treatment	The service may improve so that I don't have to wait 2-3 hours to get home after dialysis,
Time on arrivals, pick up times being more efficient	Hopefully the patients will not have to wait 4 hours to be taken home like some hospitals
But it would be nice to know the time of the arrival of the vehicle to pick you up.	On a daily basis I see the effects of poor patient transport on dialysis patients. They are often late for their session, not picked up, and then have to wait after their session for the journey home. This can lead to reduced time on dialysis, which is a life-saving treatment, and have a detrimental impact on the patient's condition. These patients receive this treatment 3 times per week and are disillusioned with the transport service for which they are reliant on. Transport is a critical element of the patients experience with the whole of the NHS and we should be working together to provide an improved service and not reducing the standards we should be striving to achieve. Alternative transport, such as taxis, will be critical in gaining improvements.
Hopefully will give me less time away from home	
Hopefully prompter and more coordinated pick ups	
Saves a long waiting time for the patient for appointment as transport picks them up hours before an appointment and have to wait hour after the appointment.	

14.2 Communication

The theme of communication resulted in the following positive comments/expectations:

- Hopefully prompter and more coordinated pick ups
- But it would be nice to know the time of the arrival of the vehicle to pick you up.
- Hoping it will be easier to book for patients who actually need the service and better communication on what time pick and drop off will be

The issue of patients being able to communicate effectively with the service provider and having particular communication requirements that need to be met were also highlighted as an impact; these needs include those experienced by deaf patients, people for whom English is not their first language and also for people whose speech has been affected by a health condition.

A service which provides BSL interpreters highlighted the need to review/include the need for this to be included in service contracts, particularly as they do not currently provide an escort service.

Early warning of the introduction of changes was requested to minimise impact; there was also a request that service provider details should be included within the patient charter.

Question 11 asked: Should there be better communication about your transport booking and when your transport is arriving to collect you?

There were 438 responses to question 11 and 86 further comments. Most respondents agreed (agree 38.1% and strongly agree 47.5%) with the survey question. The largest proportion of respondents (30 out of 86 responses) felt that current communication could be improved.

The impact of poor communication includes increased stress and patients becoming agitated; access the booking system is described as extremely difficult, phones ringing out for long periods of time. Communication is described by one respondent as “really poor” and another as non-existent with “no communication, just turn up”. Praise was given for the service and staff but this was impacted upon by communication “although the transport service and staff were great, there was poor communication regarding pick up times”.

A third of respondents (29 out of 86 responses) stated that the use of modern technologies such as SMS messaging could be utilised to improve communication. A number of respondents likened the transport booking service to that of commercial parcel deliveries/collection services and suggested that a call or text message shortly prior to pick up would be helpful. This supports the commitment within the Patient Charter which states that patients “can expect that we will let you know 20 minutes prior to your collection that we are on our way…”

10 out of 86 respondents believed that the communication that they currently receive is fine; only one free text response is provided by these respondents: “never had a problem, very consistent”.

In summary, across the whole of the consultation a number of themes and issues emerged regarding communication. There were challenges around communication (communication in general and communicating collection times to patients) and the use of modern technology (such as SMS messaging) was suggested to overcome them.

14.3 Impact on current services/service provision

A number of service providers commented on the provision of NEPT and identified how the future service provision might benefit the service provision/patients. They identified improved access for patients with mobility issues, opportunity to provide greater patient care and had the potential to reduce home visits. Supportive statements included:

“Many patients who use our service who currently require a domiciliary visit would be able to attend a clinic appointment if transport was provided. This would be much more cost effective & could be timed to link in with other services to provide a "one stop shop" for the patient.”

“We run exercises classes which is affected by lack of transport. So if we can get non-emergency transport, we can see more patients at the same time plus patient will have better experience in a group setting. Overall it will improve patients care and it will be more cost effective.”

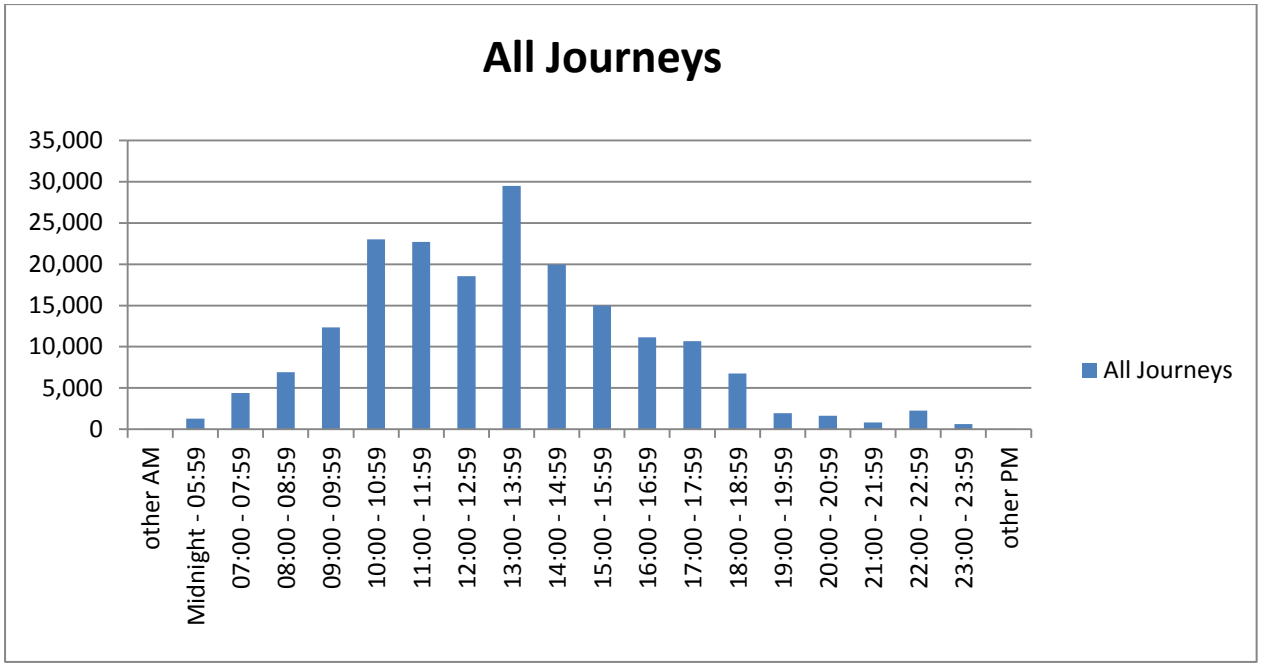
Concerns were expressed that changes to the eligibility criteria might have a potentially negative impact on service provision and patient experience. These comments focused on the concern that centralisation of services can “often make them worse” and that the proposed service will not “be adequate, appropriate or have the capacity and capability to deliver continuity or care with resilience and quality”. One service provider wanted reassurance that should they “need to make last minute changes to transport (if a client is unwell and needs to leave early, for example) how will this work if the arranging of the transport is now done at a more remote distance from our service?”

Some staff expressed concern that a tightening of the eligibility criteria may mean that “some of our patients may be unable to attend” and any potential inconsistency of attendance times (of the patient) “will reduce the efficacy of their programme.”

14.4 Service availability, collection and return timings

NEPT services across England vary in terms of opening times and there are no set requirements as traditionally it is for non-urgent and planned transport. Contractually, across the four NHS Trusts NEPT services have been provided as part of 24/7 service, although the booking functions mainly operate Monday to Friday office hours.

The table below based on data provided by HEFT and UHB shows that the majority of journeys occur between 7am and 11pm:



This data includes renal patients who traditional attend for dialysis three to four times per week and reflects the early collection and late evening drop offs. A smaller amount of activity occurs after 11pm although CCGs need to explore this further as the quality of the data may not be that reliable. Anecdotally, NHS Trusts and patients report issues with access to NEPT after 11pm (includes collection mainly from hospitals) this is due to capacity of the NEPT provider(s), non- performance against agreed standards and emergencies taking priority where provider(s) also provide emergency ambulance services.

Question 10 asked: "Should patients have access to the same non-emergency patient transport services across all NHS services, for example; the same collection times?"

There were 430 responses to question 10 and 81 responses further comments. Most respondents agreed (agree 36% and strongly agree 22.3%) with the survey question. 34 out of 81 respondents said that this question was unintelligible. This undermines the strength of the responses to this question, and so other themes to emerge should be considered with caution. 17 out of 81 respondents stated that the same collection time for all users would be impractical. Respondents were pre-occupied with critiquing how the NEPT service would collect all patients at the same time.

The free text responses highlighted some current service issues "collection is often a problem – we have patients who have waited 2 or more hours for collection – this can be quite distressing, especially for the elderly" and "pick-up times are far too early, 30 minutes before your appointment is ideal not 1 hour or more".

As previously stated in section 12.6 the patient charter will be updated to better reflect the NICE quality standard in terms of pick-up and return timings (which will be applied across the board for pre-planned journeys and not limited to renal patients). This element will also be subject to a key performance indicator.

In relation to availability one respondent stated that "collection times should reflect true working times of hospital e.g. not a 9 to 5, 5 days week service".

The stakeholder project group have taken the view that the new service should continue to be 24/7. CCGs will be seeking through the procurement to ensure that there is a full service operational between 7am and 11pm seven days per week. The NEPT provider(s) will operate an out of hour's service after 11pm but, patient standards should apply to ensure equity and reduce unwanted variation in service provision. Patients booking will be 24/7 and enhanced service to allow online bookings to improve access.

14.5 Single eligibility criteria

Question 4 asked "Should there be one eligibility criteria for free non-emergency patient transport across all services in Birmingham, Sandwell and Solihull?"

There were 437 responses to this question and 75 respondents provided further comments. Most respondents agreed (agree 34.8% or strong agree 36.4%) that there should be one criteria.

A review of the comments provided in answer to this question show that respondents are concerned about the 'one size does not fit all' and a need for flexibility. Other responses suggest that the criteria needs to consider patient needs on a case by case level and that renal patients should be subject to a different criteria. There were concerns that one criterion would be insufficient to take into account the different patient groups, with different clinical and physical needs. Some suggestions were made around eligibility being made on the basis of non-availability of public transport and the distance from the patient's home to the hospital.

Where respondents agreed with the implementation of one eligibility criteria their responses provided a number of Patient Quality elements which describe the criteria they would like to see:

- Clear
- Comprehensive
- Inclusive
- Easy to interpret and apply
- No post-code lottery
- In accordance with NICE guidelines
- Treats people fairly
- Consistent
- Accessible (to patients who use BSL for example)
- Meets equality legislation

In total 71.2% of respondents agree that there should be one eligibility criteria. Some of the concerns raised (need for case by case review and one size doesn't fit all) are addressed in the proposed Patient Charter and Eligibility Criteria, which states that each individuals eligibility will be assessed and determined by a 'healthcare professional, or a member of non-clinical staff. Staff must be employed by the NHS (or under NHS Contract), be clinically supervised and/or work within locally agreed guidelines and protocols'.

Suggestions around inclusion of non-availability of public transport and distance to travel becoming part of the criteria are social need issues which are not within scope of this review nor are they included in the Department of Health's Eligibility Criteria for Patient Transport. These comments have been noted and included in the final consultation report.

14.6 Escorts and Carers

Question 9 asked "Should escorts only accompany the patient if: they have skills that cannot be provided by patient transport staff; or, where a patient is vulnerable and meets the eligibility criteria; or, a parent or guardian needs to accompany a child under 16?"

There were 433 responses to question 9 and 88 further comments. Most respondents agreed (agree 39.5% and strongly agree 33.7%) with the question.

26 out of 88 respondents believed that escorts should be allowed to accompany patients that are vulnerable whilst 24 out of 88 respondents believed that there should always be the option for an escort to accompany a patient. There were also 10 out of 88 respondents that believed that emotional support is important for many patients.

Where respondents ticked that they disagreed or strongly disagreed the free text has been reviewed and in the main respondents indicated that they feel that patients need a family member; there was a query over the term escort and the difference between that and carer. It appears that the wording of the question may have not been helpful to respondents. For example, one respondent who strongly disagreed with the statement went on to say "think they should be allowed to have one person with them regardless of the reason" and similarly another stated "Carers do not often have medical skills, but provide vital support to patients. Older patients often need someone with them".

The comments provided by respondents provide significant evidence of the benefits to patient care and outcomes through the use of an escort/carer. Benefits included the provision emotional and mental support; undertake an advocacy role; reduces stress, anxiety and confusion; helps should the patient need to move around departments within the hospital; to assist should patient become ill during journey and aids communication (particularly with for patients who are deaf or hearing impaired).

Issues raised included ensuring that interpreters and hearing and guide dogs were recognised as potential escorts for patients.

Some respondents queried the term 'vulnerable' and what defined an individual as being vulnerable (this isn't currently included in the patient charter or eligibility criteria).

14.7 Assessing eligibility

Question 12 asked:" Should all patients be treated equally, regardless of their condition?"

There were 427 responses question 12 and 91 further comments. Most respondents agreed (agree 29.7% and strongly agree 34.4%) with the question.

The responses (particularly those that disagreed with Q12) were overwhelmingly focused on identifying conditions or needs which they felt ought to be given priority:

- "Surely some patients should get priority – for instance if you are a wheelchair user…"
- "Someone with a life limiting condition should take precedence over someone with less need"

- "Frail patients or those with diabetes, for example, who will have adverse events affect them if they miss a meal etc. should be prioritised"

The skill sets required for assessing need were highlighted by one respondent "This could be open to misinterpretation. Treating all equally would heavily depend on how skilled your transport staff are. Mental health problem patients will need entirely different skill approach than those with tangible or visible problems, which will need different skills from transport"

15. Demonstrating due regard for the general equality duty

The proposed eligibility criteria and patient charter should support the involved CCG's to demonstrate how they are meeting the general equality duty and eliminate discrimination, harassment and victimisation, advancing equality of opportunity and fostering good relations. Achievement of the duty will come through implementation of a comprehensive and universal criteria which takes into account individual needs whereby patients should have outcomes and a positive experience.

15.1 Eliminate discrimination, harassment and victimisation

The proposed eligibility criteria and patient charter commitments will support CCG's to uphold this aim of the general equality duty. The eligibility for patient transport will be based on medical needs of the patient for care during transit or medical conditions/disabilities that impact on their ability to travel to and from appointments by means of private or public transport; this can include the side effects experienced by treatment which mean that the patient is subsequently unable to travel by public or private transport.

Patients with medical needs will be provided with NHS funded travel. Patients whose needs are not at a level that require NHS funded transport will be directed to alternative services.

Patients in receipt of certain social benefits or allowances, such as income support or the pension credit guarantee credit may claim a refund for the cost of travel under the Health Care Travel Costs Scheme. Further details on this scheme can be found at the following web address: http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx

Implementation of a fair and justified basis for allocation of patient transport assists in eliminating unjustified variation. Staff involved in service provision and delivery will be required to have undertaken equality and diversity training.

15.2 Advance equality of opportunity

There is no evidence that the proposed eligibility criteria to assess patient need for NHS funded transport will directly deny equality of opportunity. The eligibility for patient transport will be based on medical needs of the patient for care during transit or medical conditions/disabilities that impact on their ability to travel to and from appointments by means of private or public transport; this can include the side effects experienced by treatment which mean that the patient is subsequently unable to travel by public or private transport.

Patients which medical needs will be provided with NHS funded travel. Patients whose needs are not at a level that require NHS funded transport will be directed to alternative services.

Patients in receipt of certain social benefits or allowances, such as income support or the pension credit guarantee credit may claim a refund for the cost of travel under the Health Care Travel Costs Scheme. Further details on this scheme can be found at the following web address: http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx

Equality of opportunity should be advanced as eligibility will be clearly stated and fair allocation of transport to all patients meeting the criteria will be in operation across all of the involved CCG patient members reducing service variations and providing patients with a charter around expectations.

There is also a potential that patients previously ineligible due to the differing standards in operation may now become eligible.

15.3 Promote good relations

There is no evidence that the proposed eligibility criteria to assess patient need for NHS funded transport will negatively impact on the promotion of good relations between groups. The eligibility for patient transport will be based on medical needs of the patient for care during transit or medical conditions/disabilities that impact on their ability to travel to and from appointments by means of private or public transport; this can include the side effects experienced by treatment which mean that the patient is subsequently unable to travel by public or private transport.

Patients which medical needs will be provided with NHS funded travel. Patients whose needs are not at a level that require NHS funded transport will be directed to alternative services.

Patients in receipt of certain social benefits or allowances, such as income support or the pension credit guarantee credit may claim a refund for the cost of travel under the Health Care Travel Costs Scheme. Further details on this scheme can be found at the following web address: http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx

The review provides an opportunity to promote good relations through improved understanding of the population served, needs of patients, equality and diversity training - particularly around communication and accessibility.

16. Equality analysis recommendations

The table below details all of the recommendations arising from completion of the equality analysis; they are centred on a number of themes:

- For inclusion in the learning log;
- Areas the service provider will need to demonstrate ability to undertake/deliver on;
- Improving the wording/contents of the Eligibility Criteria and Patient Charter;
- Addressing social needs;
- Issues requiring further consideration prior to decision making (could go in point 3 above).

Cross-reference is made within the table headings to the Equality Analysis (EA) section it relates to, however it should be noted that whilst the recommendation may be linked to a particular group or issue it is expected that implementation will result in wider benefits for many patients.

Theme	No.	Recommendation	EA Section	Page No.
Learning Log Addition	1	Introduce quality controls to ensure the accuracy and content of documents translated	9 – NEPT consultation	
	2	Ensure that future consultation activity fully considers how it will meet the communication needs of deaf people, to enable involvement.	12.6 – Deaf community	
	3	Introduce robust mechanisms to pilot any future consultation/survey questions with a group of patients/public to check their understanding of the question prior to embarking on the full consultation.	14.4 – Service Availability	
Service provider to demonstrate ability to…		Provide staff with a range of equality awareness raising training (to specifically include deaf awareness).	12.6 – Deaf community	
		Demonstrate that it will have the mechanisms in place to meet a range of language communication (for example BSL, languages other than English) this would include booking systems.	12.6 – Deaf community 14.6 – Escorts/ Carers	
		Manage high volumes of calls efficiently and effectively and manage short notice changes.	12.7 – Renal Patients	
		Meet the Key Performance Indicator on meeting pick up times; both for transport to and from treatment centre.	12.7 – Renal Patients & 14.2 Communication	
		Consistent application of the eligibility criteria and assessment of needs (including those of renal patients). Furthermore, staff involved in assessing eligibility will need to have the right skill sets and knowledge to be able to undertake the role.	14.5 – Single Eligibility Criteria 14.7 – Assessing Eligibility	
		It is suggested that a broad communication strategy and methodologies are adopted which could include text and email, in addition to more conventional methods, such as letters. Users should be asked their preference and appropriate contact details taken to enable this to happen. On-line bookings to be made available. Part of the booking process will need to include understanding how this 'pre-alert' will work best for the individual patient (not all will have text message ability for example); this information will also need to be collected from the patient and	14.2 – Communication	

		checks made to ensure that it is up-to-date for all users.		
		Service provider required to demonstrate how they will provide an equitable service.	14.7 – Assessing Eligibility	
Improvements to Eligibility Criteria & Patient Charter documentation		Review and revise wording regarding service pick-ups and return time commitments to ensure that they are not ambiguous and clearer to improve patient understanding.	12.7 – Renal Patients 14.2 - Communication	
		Review and revise description of alternative service provision for those not eligible for patient transport.	14.2 - Communication	
		The Patient Charter and Eligibility Criteria document to include contact details and service availability times.	14.4 – Service Availability	
		Review and revise to ensure that it meets thepPatient quality elements described by consultee respondents.	14.5 – Single Eligibility Criteria	
		Review and revise usage of terms escort and/or carer to ensure consistency and a full explanation of what is meant by it.	14.6 – Escorts/ Carers	
		CCGs to consider and describe what they mean by 'vulnerable patient' and to include this within the patient charter and eligibility criteria.	14.6 – Escorts/ Carers	
		CCG to consider what (if anything) needs to be amended in the patient charter and eligibility criteria around interpreters and hearing and guide dogs.	14.6 – Escorts/ Carers	
Social Needs		That the issues around social need should acknowledge and further consideration is given by the project board on how they might influence change/share the issues with the relevant service providers.	14.5 – Single Eligibility Criteria	
Further Clarification required		Expert advice taken on the necessity to undertake a 12 week review on dialysis patients. Revise patient charter as appropriate/update equality analysis with result.	12.7 – Renal Patients	

17. Conclusion

The consultation has provided the Clinical Commissioning Groups involved with public and stakeholder opinion on the introduction of a single, consistently applied eligibility criteria and patient charter for non-emergency patient transport services locally.

Based on the

- initial equality analysis;
- consultation responses;
- post consultation equality analysis;
- agreed revisions to the eligibility criteria and patient charter (patient drop off and collection timings); and
- subject to the implementation of the recommendations contained in section 16

The revised service should meet its intended aim of providing eligible patients with an equitable service and meets its overarching aim for eligible patients to receive safe, timely and comfortable transport, without detriment to their health or medical condition.

No adverse impact has been identified.

DRAFT PROPOSED: NEPT Eligibility Criteria

Part 1: Eligibility criteria - general requirements

A patient's eligibility for non-emergency patient transport services will be assessed against the following clinical eligibility criteria. If they are a regular user, this will be reviewed every twelve weeks.

Whether a patient meets the criteria below must be determined by a healthcare professional, or a member of non-clinical staff. Staff must be employed by the NHS (or under NHS contract), be clinically supervised, and/or work within locally agreed guidelines and protocols.

The patient must be registered with a GP within the commissioning area, or is normally resident within the commissioning area, and has either:

a) a medical condition that requires the skills or support of patient transport staff, on or after the journey, to the extent that it would be detrimental to their condition or recovery if they were to travel by any other means; or
b) A medical condition that impacts on their mobility, to such an extent that they would be unable to access healthcare, and it would be detrimental to the patient's condition or recovery to travel by any other means.

Part 2: Specific clinical eligibility

A patient is eligible for non-emergency patient transport if:

The patient requires any one of the following during transport:

a) a stretcher or sling/hoist;
b) intravenous support;
c) oxygen or other medical gases; or
d) specialist bariatric provision

OR

The patient has any one of the following, meaning that they are unable to travel to and from their appointment by means of private or public transport which also affects their daily living:

a) a mental health condition;
b) are unable to stand unless aided by another person; or
c) another disability

OR

The patient is attending their appointment for active treatment and will experience side effects that mean they are unable to travel by means of public or private transport.

Part 3: Eligible escorts

a) the parent or guardian of a child aged under 16;

OR

b) a professional, or relative, who is able to provide the necessary skills or services that the patient requires on the journey that cannot be supplied by the transport staff as defined by the commissioner.

A patient can travel with an escort if any one of the following applies:

a) under the age of 16 years;
b) significant communication or learning difficulties;
c) poor vision or hard of hearing;
d) a mental health condition or confusion that precludes safely travelling alone; or
e) Requires constant supervision for their safety.

Appendix 2

Profile of respondents by users, trusts visited, gender, age, ethnicity and disability

	No.	%
Respondent backgrounds		
Currently using non-emergency patient transport	143	28.1
Someone who has never used non-emergency patient transport	106	20.8
An NHS employee or working for a patient transport service	100	19.6
Other	44	8.6
An escort / carer for someone	23	4.5
Responding from a patient group	21	4.1
Responding from a third sector organisation or community group	15	2.9
Total respondents to this question	**452**	
Hospitals used by NEPT users		
University Hospital Birmingham	140	27.5
Heart of England NHS Foundation Trust	73	14.3
Royal Orthopaedic Hospital NHS Foundation Trust	29	5.7
Birmingham Women's Hospital NHS Foundation Trust	9	1.8
Worcestershire Acute Hospitals NHS Trust	5	1.0
All of the above	8	1.6
Total respondents to this question	**264**	
Gender of respondents		
Male	158	31.0
Female	235	46.2
No response/prefer not to say	116	22.8
Total respondents to this question	**509**	
Ages of respondents		
16-24	6	1.2
25-34	21	4.1
35-44	47	9.2
45-54	64	12.6
55-64	83	16.3
65-74	95	18.7
75-84	60	11.8
85+	15	2.9
No response/prefer not to say	118	23.2
Total respondents to this question	**509**	
Ethnicity of respondents		
White or White British	289	56.8
Asian or Asian British	50	9.8

Black or Black British	22	4.3
Other Ethnic Group	8	1.6
Mixed Ethnic Group	3	0.6
No response/prefer not to say	137	26.9
Total respondents to this question	**509**	

Disability of respondents		
No disability	194	49.7
Yes a disability	167	42.8
Prefer not to say	29	7.4
Total respondents to this question	**390**	

Disabilities of respondents

Mobility	45
Heart condition	18
Specific disease / illness	17
Dialysis	14
Visual impairment	13
Kidney failure	11
Multiple	9
Arthritis	9
Mental health issues	6
Hearing	6
Diabetic	6
Brain trauma / injury	5
Breathing difficulties	4
Total responses	**100**

Chart 2: Location of respondents to NEPT consultation questionnaire