Classification: Official

Publication approval reference: PAR1244

Non-emergency patient transport services eligibility criteria

31 May 2022

Introduction

In 2019 NHS England's Chief Executive called for a national review into non-emergency patient transport services (NEPTS) following an extensive nationwide conversation Healthwatch undertook into improving these services. Age UK, Kidney Care UK and other patient groups had also reached the conclusion that transport to hospital appointments can be a major challenge for many patients today.

The updated NEPTS eligibility criteria build on the high-level criteria the Department of Health and Social Care (DHSC) set out in its guidance in 2007.

The eligibility criteria clarify which types of patient need should be met by NHS-funded non-emergency patient transport. It is for Integrated Care Boards and their partners (including acute trusts, primary care providers and other referrers to NEPTS) to:

- oversee any necessary more specific local guidance on the eligibility assessment process and how to determine eligibility within this national framework
- determine which individuals are authorised to assess the eligibility of patients under each criterion – this includes describing the competencies required to undertake those assessments and where the assessment workload should sit
- determine how needs assessments informs the provision of appropriate specialist and non-specialist vehicles, or reimbursement and other forms of support.

NHS England and NHS Improvement will look to share best practice throughout 2022 on these eligibility assessment processes. This will include where clinical judgement is considered a required part of the criteria, during the review implementation period.

We expect these criteria to be implemented as soon as reasonably possible and systems should consider how this can be done as part of their contracting cycle.

The delivery of these criteria assumes that patient transport services are no longer significantly impacted by the COVID-19 pandemic. If infection prevention and control measures remain in place from April 2022, it is possible that the timescale for the delivery of some actions may be delayed.

1. Overarching principle

Most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary. NHS-funded patient transportation is reserved for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery.

2. Reason for the appointment

Only patients who meet one of the below reasons for an appointment will be considered for eligibility for NEPTS:

a) The patient has been referred by a doctor, dentist or ophthalmic practitioner for non-primary care NHS-funded healthcare services – that is, diagnostics or treatment.

b) The patient is being discharged from NHS-funded treatment.

3. Qualifying criteria

The patient is likely to qualify for non-emergency patient transport if they meet one or more of the following criteria:

A. They have a **medical need** for transport (refer to Section 1: Overarching principle), typically because they:

- require oxygen and are unable to self-administer this during transit
- need specialised equipment during the journey
- need to be closely monitored during the journey

- need to be transferred to another hospital
- have a medical condition, have undergone major surgery (such as a transplant) and/or the potential side effects of treatment are likely to require assistance or monitoring during their journey
- have a medical condition or disability that could compromise their dignity or cause public concern on public transport or in a licensed taxi or private hire vehicle, and do not have access to appropriate private transport
- have a communicable disease with which travel on public transport or in a taxi is not advised, and do not have access to appropriate private transport
- have been clinically determined as at risk from using public transport due to being immunocompromised and are unable to make their own way with relatives/friends and/or escorts/carers whether by private transport or a taxi (refer to Section 1: Overarching principle).

B. They have a **cognitive or sensory impairment** requiring the oversight of a member of specialist or non-specialist patient transport staff or a suitably trained driver. Further information will be provided in the core standards. This is likely to include patients who:

- have dementia or another mental health condition that means they are unable to make their own way with relatives/friends and/or escorts/carers whether by private transport, public transport or a taxi (refer to Section 1: Overarching principle)
- have a confused state of mind, learning/communication difficulties, hearing loss and/or impaired sight of a severity that they are unable to make their own way with relatives/friends and/or escorts/carers whether by private transport, public transport or a taxi (refer to Section 1: Overarching principle)
- are at risk to themselves or others if they travel independently (please note that secure mental health transport for high-risk patients is managed separately from non-emergency patient transport).

C. They have **a significant mobility need** that means they are unable to make their own way with relatives/friends and/or escorts/carers whether by private transport (including a specially adapted vehicle if appropriate for the journey), public transport or a taxi (refer to Section 1: Overarching principle). This is likely to include patients who:

- need to travel lying down and/or need a stretcher for all or part of the journey
- need specialist bariatric provision

- are unable to self-mobilise
- are wheelchair users.

D. They are **travelling to or returning from in-centre haemodialysis**, in which case specialist transport, non-specialist transport or upfront/reimbursement costs for private travel will be made available. This will be following a shared decision-making process to consider the appropriate requirements for the patient.

E. A **safeguarding concern** has been raised by any relevant professional involved in a patient's life, in relation to the patient travelling independently. This may mean that the patient requires the oversight of a suitably trained driver or other member of patient transport staff.

F. They have **wider mobility or medical needs** that have resulted in treatment or discharge being missed or severely delayed.

   Local systems may wish to add further criteria when determining eligibility for NEPTS, such as:

   - a very high frequency of treatment
   - long distances to travel or high costs associated with traveling by taxi
   - limited/complex public transport options.

   An authorised eligibility assessor, whose role will be locally defined, will provide a judgement on whether any other transport is suitable or available. The transport options that should be exhausted before NEPTS is provided include:

   - the patient's own transport – for example, the person does not have a car or would not be able to drive for medical reasons, including the side effects of treatment
   - a relative, friend or carer who could assist – for example, using their own vehicle to take the patient or escorting them on public transport or in a taxi
   - patient booking their own taxi, including a mobility or assisted taxi
   - public transport, including community transport, where the public transport journey is not unreasonably complex or long
   - transport that people are entitled to as part of funded social care provision or a social security benefit.

   If patients are deemed to be eligible for NEPTS under criteria F, appropriate NEPTS transport (including non-specialist) may be made available. Non-

specialist transport may include community transport and support from volunteers (refer to Section 6: Wider support).

4. Escorts and carers

Patients are able to travel with their relatives/friends and/or escorts/carers when (refer to Section 1: Overarching principle):

- they are under 16 years of age and are required to travel with an escort or carer
- they need an escort or carer's particular skills and/or support
- they cannot be left alone, or their condition means that they need the support of someone who knows them well
- they are under the care of the patient who is eligible for NEPTS, cannot be left alone, do not require the support of the NEPTS ambulance care assistant when travelling, and no alternative care is available at that time.

5. Location of appointment

People referred by a healthcare professional for non-primary care NHS-funded healthcare services, and who are deemed eligible under the criteria above, will be offered access to NEPTS regardless of the geographical location of treatment. This may include transport to non-hospital settings such as community facilities and community diagnostic hubs.

NEPTS do not provide transport to primary care services but may be used for healthcare treatment delivered in primary care settings.

6. Wider support

Healthcare Travel Costs Scheme (HTCS)

When receiving enquiries, NEPTS eligibility assessors and/or services provided by transport co-ordination hubs should consider providing people with information about the HTCS. People who are eligible for the HTCS include those who are in receipt of a qualifying benefit and those who qualify for the Low-Income Scheme or under other specified criteria.

Providing information and assistance

Local systems should encourage patients to make an independent journey where possible. The integrated care system (ICS), local healthcare provider or NEPTS co-ordination service for an area may consider providing local information on transport options – such as public transport, community transport or taxi companies – to those who make enquiries about eligibility for NEPTS. Areas may also choose to offer assistance with booking these forms of transport and facilitate wider transport co-ordination. In these instances, eligibility assessors or other authorised transport co-ordinators may be used but they take no responsibility for such journeys.

Other sources of support

Patients may be entitled to wider transport support from other public bodies. This includes the Disability Living Allowance (DLA) mobility component or equivalent. In these instances, patients are unlikely to be also entitled to funding from the HTCS, and NEPTS would only be available if transport options usually funded by the patient's DLA are not appropriate. Support from social care or local transport schemes may also be available and should be considered when signposting patients to alternative options.

Where a patient's treatment or discharge may be missed or severely delayed, but they are not eligible for NEPTS under the criteria outlined above, systems may consider adding a threshold whereby the NHS contributes towards the journey costs. Patients should consider if other forms of private or public transport are available or suitable and whether they are eligible for HTCS in the first instance.