Appendix 1

Draft Community Partnership Network (CPN) Response to OCCG's Consultation on Proposed Changes to Non-Emergency Patient Transport in Oxfordshire

The CPN welcomes the opportunity to respond to this consultation on proposed changes.

The CPN is a key stakeholder group brought together to participate in local health and social care sector changes in North Oxfordshire and surrounding areas. It has representatives from local health and social care commissioners including OCCG, service providers, relevant local organisations and public/ patient representatives and is therefore well placed to offer a rounded response to this OCCG consultation process.

To provide this response, representatives of the CPN have consulted with local community transport organisations to consider the full implications of the proposed changes and their implications beyond the health and social care sector. In doing so, its response contains not only relevant points which OCCG should consider before changes are made, but also a range of suggestions about further activity which is required should the changes be implemented in a similar way to that proposed. It does this in the spirit of multi-agency cooperation which is essential given the constraints on public sector expenditure generally.

An Integrated Approach

The first and most fundamental point is that the OCCG should not make any changes in isolation. The consultation makes relevant references to public transport, community transport providers and local government. This reference is welcomed but not for single issues as is currently being stated and in any event, such multi- agency involvement cannot be secured before the very short proposed implementation timescale. There must be **a holistic approach to transport options and funding** to find the best overall solutions to patient needs and to take account of locality differences. Therefore before the implementation of any change, there must be a dialogue and exploration of how a wider approach can be taken with other providers of transport. In this respect, this includes OCC for dial-a-ride and other specific transport (which is also being reviewed for the same financial reasons as OCCG are doing), community transport providers, District Councils who commission some community transport provision and health service delivery bodies who offer transport support to patients.

Communication

One key patient feedback issue which keeps being repeated is that many are either not informed of their transport eligibility at the point of primary care referral to secondary care or are confused by it. What is therefore needed is absolute **patient-friendly, clear information on eligibility**, that this is provided at all times by all forms of health care and with clear information on the **options for and access to alternative transport options**. To deliver this last component requires the integrated approach outlined above and the time to develop it.

Appendix 1

Support to Patients Ineligible for Non-Emergency Transport

Your consultation document claims that some 37,000 non-emergency transport journeys involving an estimated 6,200 patients could fall outside the proposed new eligibility criteria. This is of real concern to the CPN because of the following anticipated implications, each of which, the CPN requests an OCCG response;

- Whilst it is recognised that some of these ineligible future patients will have family and friends for transport alternatives, some will not and the OCCG appears to have made no assessment of the extent of those which fall into these categories.
- The expectation that community transport schemes as an alternative for patients has had no identifiable assessment of their capacity to cope with increased demand when there are clear limits to what the voluntary sector and volunteers can provide.
- Unless those who have few transport alternatives are handled effectively, there could be an increase in the number of no shows for health care appointments as a consequence of transport difficulties leading to an increase in wasted resource within the health sector. These no shows could also result in a detriment to the patients' health – so they could then become more seriously ill and need a greater level of support. Will this be monitored to inform any future review of these changes?
- Taxi fares and other independent transport costs from the geographical extremities of Oxfordshire will be prohibitive to some ineligible patients let alone the impracticalities of public transport to Oxford. This is particularly relevant to North Oxfordshire. How has the OCCG taken these factors into account?
- A greater number of patients will need to pre-arrange transport (irrespective if that is via family, friend or volunteer transport) leading to the potential for an increased number of rescheduled appointments if transport cannot be secured for their first appointment. By not accepting their first appointment where does this put them in the appoint queue and can a greater level of coordination be achieved through the patient appointments service to avoid patient disadvantage?

Consultation Options

Option A appears on the face of it to be a logical split between those patients in greatest need for OCCG transport support and those who could have other transport options. However, an overriding concern of the CPN is that this takes no account of the frequent **complexities of the full range treatment needs** of patients for the same condition, some of which will be eligible for transport support and others not eg follow up appointments following treatment.

The OCCG should approach this exercise from patient need and have **flexible guidelines** based on this and not from the starting point as appears to be the case of x number of journeys saves y £'000s and from this, the eligibility line should be drawn. Linked to this is the confusion which is likely to occur if part of the treatment /post treatment sign off process is eligible and part of it is not. This relates to the communication issue above. There should not therefore be an option B as eligibility should apply to the full health sector interface, treatment or otherwise, for the conditions quoted.

With regard to the bullet point possible options quoted, the following response is offered;

- How does the OCCG intend to make voluntary sector support available to ineligible patients when it is constrained by the profit making need for such alternatives? It should be noted here that innovative solutions are welcomed but these must be considered alongside and possibly include the current largely local government supported voluntary sector provided solutions.
- The direction of OCCG travel to offer treatment closer to home is very strongly supported by the CPN for many reasons. The OUHT is developing its service range and extent at the Horton General Hospital with this in mind to address the geographical challenge of North Oxfordshire to improve access to care which in turn reduces the transport challenges. To work effectively, this must be supported by the communication requirements stated above.
- At the CPN, we have spent some time considering not only the provision of care closer to home but those cases where it has been decided that it shall be further from home eg Emergency General Surgery. We therefore suggest that the OCCG awaits the statement from OUHT on the current position re pre assessment at the Horton and the measures proposed to enhance this so that any implications for return transport from Oxford can be included.
- Working jointly with OCC to explore how public transport solutions can better support patients is also supported but tempered with the fact that only a small proportion of public transport receives public subsidy, the majority being run on a commercial basis. Pursuing this to the fullest extent must therefore include the commercial operators. In doing so, an integrated approach should be taken to look at the whole range of transport options including volunteer provision.
- The potential for fee paying options for ineligible patients must embrace the communication issues highlighted above for this to work effectively.

Cross Boundary Issues

The consultation documentation is silent on cross boundary issues. This is particularly relevant in North Oxfordshire where up to a third of South Northamptonshire's residents and part of South Warwickshire look to the Horton General Hospital for secondary care and consequently Oxford for more specialist care. How are these new eligibility guidelines to be communicated to residents from adjoining counties, how do they relate to possible different eligible transport solutions of other providers in those counties without causing confusion, what are the transport alternatives for ineligible patients in these out of Oxfordshire areas and how might eligibility differences impact on changes in the demand for care? The CPN would like clarification and responses to these important North Oxfordshire points.

Other Practical Considerations

If these proposals are introduced, OCCG should expect there to be an increase in the number of journeys made by volunteer car drivers and an increase in the use of cars by family and friends. Car parking is always a sensitive and emotive issue, even more so for health care. The CPN welcomes the good provision at the Horton General Hospital for both dedicated spaces for volunteer car drivers and general car parking but wants to be assured that adequate provision is made for a future increase in demand.

Similarly, the OCCG is urged to negotiate with Oxford City Council to increase the **number of volunteer car parking spaces** in Oxford at some of OUHT's sites and to ensure that general car parking provision at the John Radcliffe Hospital is improved to cater for increased demand before these changes are implemented. There is need to improve the parking at the Nuffield Orthopaedic centre by having a multi storey facility on the site but the City Council refused permission on the grounds that it would increase the number of vehicles coming into the city and patients should instead use the Park and Ride. Given the degree of disability of many patients, needing wheelchair from hospital to car etc. this is neither practical nor humane. The OCCG are urged to to reopen this issue with the City Council with the benefit of patient experience and an assessment of increased car journeys.

Linked to an increasing number of volunteer drivers, family and friends transporting people to hospital, there will inevitably be cases where some people will require **assistance getting in and out of conventional cars**. What assistance will be given at healthcare sites when such requirements emerge?

The OCCG intention to implement change less than two months from the end of the consultation period gives the very clear impression that no matter what the consultation responses indicate, the changes as proposed will take place ie **OCCG has pre-determined its intentions**. Irrespective of this, the CPN believes that such a short period between consultation close and implementation is inadequate if change is to be introduced based on the best interests of patients and urges the OCCG to reconsider its timescale. For example, how will OCCG introduce effective communication of the change when this should be done on a multi-agency basis as proposed above? Likewise, where patients are eligible for transport support at the start of a long period of treatment but become ineligible during their treatment plan, how will the OCCG address this? The CPN believes that a longer period before implementation of change is required for existing patients so that they do not suffer a change in transport eligibility part way through their treatment plan.

It is recognised that the greatest demand for patient transport services comes from the urban areas and is directly correlated to their population size. In this respect, Banbury is the second highest area of demand in Oxfordshire as the second largest urban area in the county. This fact must be reflected in how future patient transport services are delivered. However, it is also recognised that with the substantial growth in house building and therefore population, other areas, most notably Bicester, will produce additional demand from that currently experienced. How has the OCCG taken these two factors into account in its transport plans?

Finally, it is understood that **the contract for emergency and non-emergency patient transport** currently held by South Central Ambulance Service is to be retendered in the near future. Can OCCG please clarify whether the outcome of this consultation process in the form of proposed changes will be part of that procurement process and whether there will be any other proposed changes to be consulted upon for emergency patient transport?

Summary of Key Points

1. Only consider making OCCG changes to services on an integrated basis with OCC for dial-a-ride and other specific transport, community transport providers, commercial bus operators,

District Councils who commission some community transport provision and health service delivery bodies who offer transport support to patients.

2. Patient-friendly, clear information on eligibility and alternative transport options is provided consistently at all times at all points of patient interface.
3. Specifics to be addressed before implementation should include an assessment of the extent of future ineligible patients who have no other transport options, the affordability of patients for paid for journeys and the treatment of rescheduled appointments due to transport difficulties.
4. Determine how these new eligibility guidelines are to be communicated to residents from adjoining counties without causing confusion where there are different criteria, provide information on transport alternatives for ineligible patients in these out of Oxfordshire areas and to determine how might cross boundary eligibility differences impact on changes in the demand for care.
5. Transport eligibility should apply to the full health sector interface, treatment or otherwise, for the conditions quoted to avoid patient confusion during a course of treatment.
6. Negotiate with Oxford City Council to increase the number of volunteer car parking spaces in Oxford at some of OUHT's sites and to ensure that general car parking provision at the John Radcliffe Hospital and Nuffield Orthopaedic Centre is improved to cater for increased demand before these changes are implemented.
7. Be explicit about the additional assistance which will be given at healthcare sites when it is anticipated that increased use of private cars with result in a demand for increased assistance for those with mobility difficulties.
8. Introduce a longer period before implementation of change for existing patients so that they do not suffer a change in transport eligibility part way through their treatment plan.
9. Clarify whether the outcome of this consultation process in the form of proposed changes will be part of the procurement process for the current SCAS services and to clarify whether there will be any other proposed changes to be consulted upon for emergency patient transport.

Ian Davies
Chairman
on behalf of the Community Partnership Network