

## Insights into the non-emergency patient transport booking process for service users in Northumberland



## Acknowledgement

This research was commissioned by Healthwatch Northumberland from Alison Killen. All enquiries about the report should be directed to Derry Nugent, Project Coordinator at Healthwatch Northumberland; email: [derryn@healthwatchnorthumberland.co.uk](mailto:derryn@healthwatchnorthumberland.co.uk).



## Introduction

A hospital appointment can be a worry. How to get to it should not be.

North East Ambulance Service' (NEAS) non-emergency Patient Transport Service (PTS) provides a vital link in the treatment chain for people with a medical need, who would not otherwise be able to get to hospital appointments. With a 90.7% satisfaction rating across the North East we know the service is greatly valued by those who use it, but what became clear to Healthwatch Northumberland from feedback and monitoring information is that people in Northumberland have experienced problems actually getting to the service via the booking procedure - many only securing a service when they appeal after first being turned down.

Our initial analysis showed:

- 4000+ people per year being declared ineligible for patient transport when they are later found to be eligible through the appeals process.
- Around 5000 people per year are being declared ineligible for patient transport and not appealing.
- Almost 75% of ineligibility decisions appealed through the Patient Transport Appeals Team (PTAT) are overturned.
- Around 50% of ineligibility decisions are overturned due to distance where distance is not part of the initial eligibility criteria.
- The trend in Northumberland was worsening relative to other areas.

This suggested to us that Northumberland patients are experiencing additional stress and anxiety by being put through a seemingly unnecessary appeals process, while others are missing out by not appealing even though they are eligible.

We decided we needed more insight on the transparency and application of eligibility criteria. We talked to NEAS, NHS Northumberland Clinical Commissioning Group (CCG), North of England Commissioning Support Unit (NECS) and North of Tyne Patient Advice and Liaison Service (PALS). Each organisation engaged with the issues quickly and positively and we are pleased to report the eligibility criteria have been changed. Of particular note is the extension of automatic eligibility for people with dementia, a 30-mile boundary and the ability to book multiple trips when people are undergoing a course of treatment.

These will be tested for a trial period from spring 2017 and we will request regular data from the CCG to ensure there is robust monitoring of the impact of the new criteria.



The other potential improvements we recommended are:

- Redesigning the current patient information leaflet to reflect the changes, what is classified as a medical need for transport and the method of appeal.
- Promoting the changes to the criteria which may encourage patients to apply who have previously been reluctant or had a poor experience.
- Healthwatch Northumberland representing service user views at stakeholder meetings held to evaluate the effectiveness of the new criteria.

We anticipate an improved experience for people using the PTS and as ever we encourage you to let us know your experience via our website, email, text or social media. All views will be shared anonymously.

## Executive Summary

Patients in Northumberland requesting non-emergency hospital transport have frequently had requests refused but then permitted on appeal which can be frustrating, anxiety provoking and potentially a deterrent to accessing the service.

The aims of the report were information gathering, data exploration and appraisal of potential solutions to the perceived difficulties experienced by service users. The methodology involved semi-structured face to face and telephone interviews and analysis of existing numerical data.

Findings revealed challenges for both patients and call handlers using the current system. Data confirmed a particularly high volume of appeals both made and subsequently overturned in Northumberland. A new eligibility criteria is due to be piloted from April 2017. This aims to reduce the quantity and rigidity of questions, allow greater flexibility in decision making and streamline the appeal process.

Recommendations include:

- Monitoring service users' experiences closely following the introduction of the new criteria. This could include a focus group to provide feedback to the CCG.
- Redesigning the current patient information leaflet to reflect changes such as the method of appeal. Consider adding further details and examples regarding what is classified as a medical need for transport.
- Using engagement opportunities to disseminate information regarding changes to the criteria which may encourage patients to apply who have previously been reluctant or had a poor experience.
- Requesting regular data from the CCG to ensure there is robust monitoring of the impact of the new criteria.
- Offering to represent service users views at stakeholder meetings held to evaluate the effectiveness of the new criteria.



## Contents

	Page
Introduction	3
Executive Summary	4
Method	6
Background	6
Booking process for Northumberland	7
Data analysis	8
Challenges with the current eligibility criteria for patients	11
Challenges with the current eligibility criteria for call handlers	12
Proposed changes to the eligibility criteria	12
Key differences in the new eligibility criteria	13
Considerations on moving to the new criteria	14
Recommendations	15
<b>Appendix</b>	
1.	Interviewees
2.	Current eligibility criteria
3.	Proposed new eligibility criteria
4.	Northumberland and North East appeals received and overturned
5.	Appeals received and overturned per Clinical Commissioning Group



## Non-emergency patient transport: an appraisal of the booking process for service users in Northumberland

Service users of patient transport need to have confidence that the booking system for their journey to hospital is a fair process whereby those eligible for transport will have this allocated in an appropriate, timely and straightforward way when requested. The following report was commissioned by Healthwatch Northumberland in response to feedback from patients and family members who had raised concerns that a large number of patients had their request for hospital transport refused on initial application only to have this decision overturned on appeal.

The objectives of this report were to gather and analyse information regarding the patient transport booking process from key stakeholders in order to understand to what extent the booking process was effective and to determine how potential solutions to any perceived difficulties were being explored. This would enable Healthwatch Northumberland to advise and empower service users to achieve a level of provision which met their needs.

### Method

We gathered information using a semi-structured interview for face to face and telephone interviews. This contained both factual questions and questions which asked interviewees for their perceptions of the current system and potential changes. Data requests were also made to each service with at least one representative interviewed from:

- Northumberland Clinical Commissioning Group (CCG)
- North East Ambulance Service (NEAS)
- North of England Commissioning Support (NECS)
- North of Tyne Patient Advice and Liaison Service (PALS)

### Background

A referral to hospital for a non-emergency appointment does not include provision of the transport to attend and patients are expected to make their own arrangements or to have a separate medical need assessment if they request hospital transport. A national eligibility criteria had already been in existence for some time as a response to the costs associated with inappropriate use of the service without medical need or when the patient had alternative means of transport available. However, in October 2014, CCGs across the North East announced that they would fully implement this requirement to ensure services were delivered in a consistent manner across all parts of the region.



Introduction of the eligibility criteria in the North East was therefore intended to provide a way of delivering an effective transport service at a time when costs and service demands were escalating. Following this introduction patient transport journeys reduced by 13% (Northumberland CCG data).

However, problems have also been identified with the allocation of transport using this criteria whereby a large number of Northumberland based patient appeals (4,045 April 2015 to November 2016) are conducted, many of which result in an original decision to refuse transport being overturned. This situation causes challenges to patients, family members and to those delivering the booking service. Regional differences have been identified in the extent to which this occurs, perhaps influenced by the wide variation in factors such as distance from hospitals and degree of rurality.

### Booking process for Northumberland

A variety of booking systems are in place within the region but in Northumberland (Newcastle and parts of Sunderland) bookings are made directly to the NEAS Patient Transport Service contact centre by patients or family members. The remainder of the North East is covered by other providers including four different call handling services with bookings either made directly or via the GP.

A caller requesting transport is taken through a series of eligibility questions (see appendix). This is not Northumberland specific but covers the North East region and is based on the national criteria. Questions are assigned numerical scores with a cut-off score of 31, below which the person is deemed ineligible. It is not clear how the numerical values have been determined but example scores range from 2 points for someone who needs to use community transport to go shopping to 18 points for someone who is only able to move around their home with the help of a carer. Some responses such as being registered blind or attending for a chemotherapy appointment confer automatic eligibility. A separate call is required for each hospital appointment even when a course of appointments is needed. Due to the formulaic and scripted nature of the criteria questions some callers manage to learn the required responses and may be assigned transport despite being ineligible which has implications for cost and capacity.

If a caller is deemed ineligible but feels they have further information which should be taken into account, they are offered the telephone details for the Patient Transport Appeals Team run by NECS. The appeals service uses exactly the same criteria as NEAS but the call handlers discuss each question with the patient to allow them to provide further explanations around their answer which may change their points score. NECS staff can use more discretion but are not medically trained so can only base their responses on how a patient reports that a particular condition affects them.



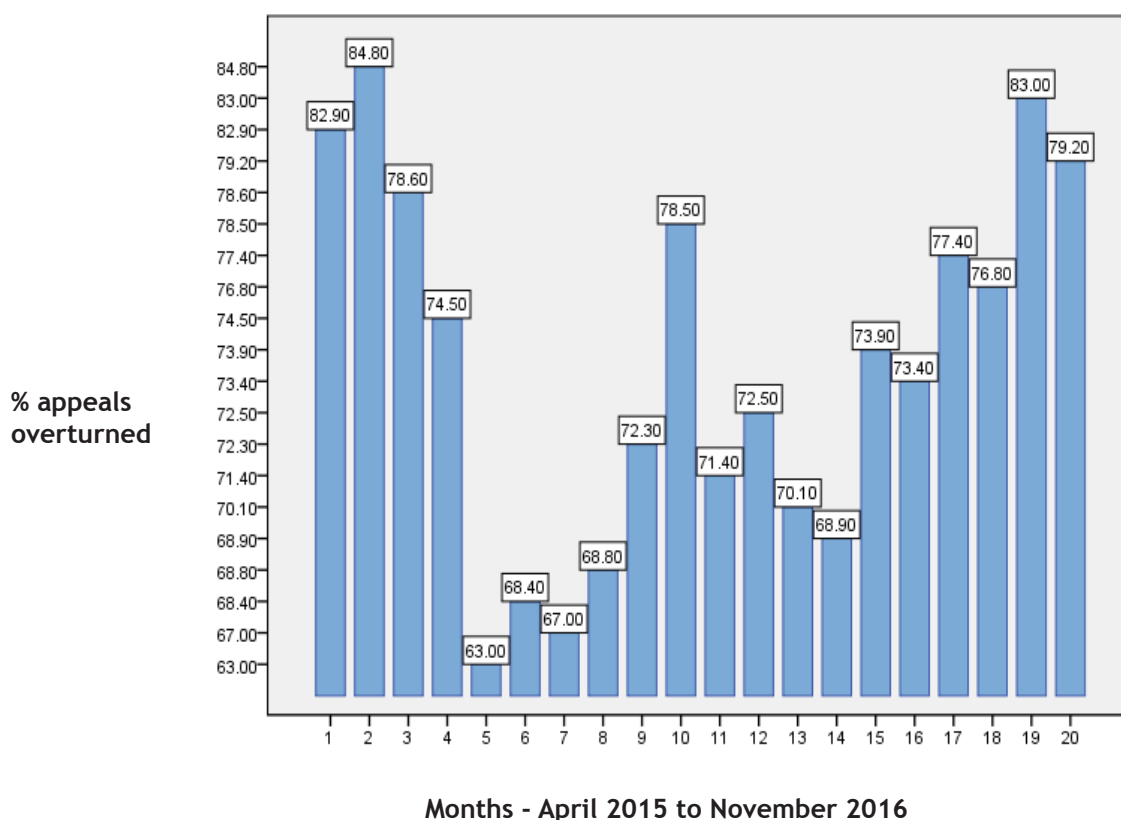


If NECS is still unclear regarding eligibility, the request can go to the patient's GP for a decision. GPs may agree single journey eligibility or continuous eligibility. In the case of continuous eligibility, when a patient calls NEAS to book transport the call handler will have no eligibility questions displayed on their screen and the journey will be booked. The call handler is not able to see any information regarding why the person is eligible. If the GP appeal is unsuccessful the patient is given the information that on this occasion their request has been refused. NECS and NEAS findings suggest that patients generally accept a GP decision, perhaps realising that the GP knows their home situation unlike the call handlers. People refused transport at any stage in the process are offered the PALS phone number to explore other transport options and obtain information about recovering costs for low income such as Red Cross travel and the 'help with costs' travel scheme.

### Data Analysis

In Northumberland there were a total of 4,045 appeals over the period April 2015 to November 2016 of which 74.3% were overturned. This equates to monthly totals in the range 165-253 appeals. The highest percentage of appeals overturned in any month was 84.8% (of 210 appeals, May 2015). This compares with a lowest figure of 63% (of 165 appeals, August 2015). The data indicates an upward trend in the percentage of appeals overturned over the last six months for which figures are available. It is notable that this figure still remains high at almost 80% nearly two years after the introduction of the new criteria (See figure 1).

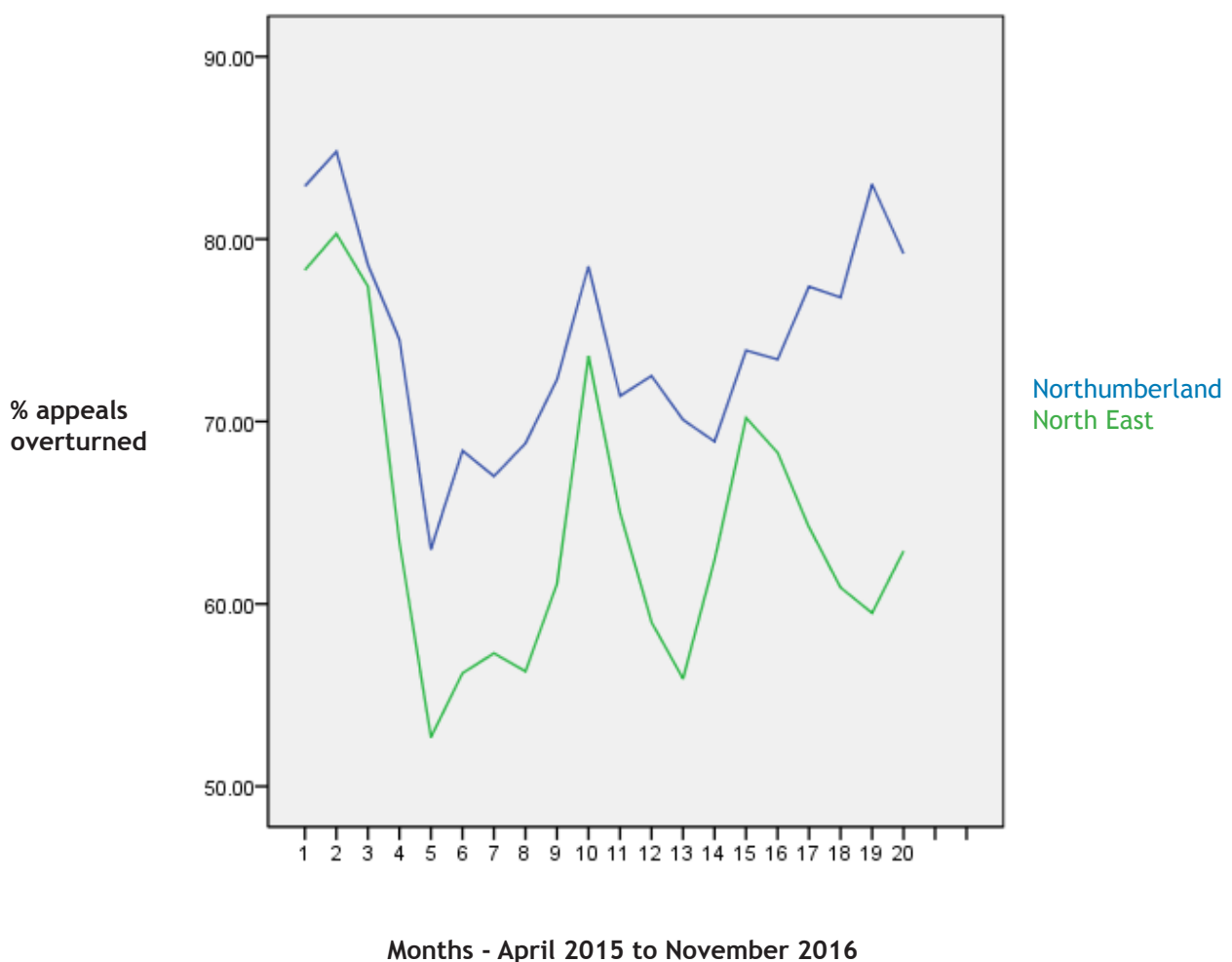
Figure 1. Percentage of appeals overturned for Northumberland April 2015 to November 2016





The total of 4,045 appeals with 74.3% overturned for Northumberland compares with a total of 13,419 appeals for the North East as a whole of which 64.2% were overturned (CCG data, see appendix for further details). Comparison of Northumberland with the North East on a month by month basis demonstrates a lower rate of appeals each month for the North East. In addition the data shows a decreasing trend of appeals over the North East compared with an increasing trend in Northumberland (see figure 2).

Figure 2. Percentage of appeals overturned April 2015 to November 2016 Comparison of Northumberland with the North East region



Comparison of data covering different CCG areas within the North East indicates that appeal rates remain high regardless of whether the region uses NEAS or a different call provider. However, appeals from Northumberland account for over 30% of the total despite covering ten CCG areas. The value of the data for comparison across regions is limited by the lack of data regarding the total number of journeys requested (a figure not recorded because unless transport is booked data is not stored), or the total number of bookings made to allow a comparison with the number of decisions appealed. It is not therefore possible to ascertain if those CCG areas with a lower percentage of overturned appeals agreed transport to a greater number of patients on first request thus negating the need for more appeals.

The lack of data is compounded by the variety of routes through which appeals are generated and through which data can be lost if monitoring systems are not robust. These include PALS, NECS, NEAS customer care and directly via the GP. An increased focus on data collection would be invaluable to allow assessment of the scale of appeals in the context of the overall numbers requesting transport. This would also provide useful information regarding whether the trend of appeals as a percentage of overall requests is decreasing as people become accustomed to the criteria and find alternative ways to travel. This may be the case even if the overall number of appeals is increasing as this increase may just reflect increased demand.

There are various stages at which patients could be deterred from pursuing their transport request and comprehensive data gathering could record how many people are signposted to PALS or NECS as ineligible and the variety of possible outcomes which may then occur including:

- Their appeal overturned by NECS (on distance or other grounds)
- A referral for GP appeal (with outcome)
- Advice re. alternative ways of travelling or funding
- A decision not to contact with PALS or NECS and to make other arrangements to attend
- A decision not to make contact with PALS or NECS and the appointment not attended

People may suggest or imply that they will not attend if transport is not provided but may actually manage to attend. However the number of non-attenders who cite transport ineligibility as their reason is an important outcome measure of the effectiveness of the patient transport system. Hospitals currently only record that a patient has not attended and do not record a reason although there are clear cost and health implications if people do not have their condition treated or monitored as needed and subsequently deteriorate requiring more extensive treatment or a hospital admission. Additionally vacant outpatient appointments could be used by others.



## Challenges with the current eligibility criteria for patients

Common themes were identified by stakeholders in relation to the current eligibility criteria which may lead to people being refused transport on initial application only to have this overturned on appeal or not choosing to pursue an appeal.

### 1. Difficulty understanding how to respond during the booking process

The system is based on questions with little flexibility which means people may be refused transport as a result of misunderstanding the implications of the answers they give. For example when asked if they are able to use public transport they may answer 'yes' which would make them ineligible although any journey to a hospital some distance away may not be feasible using public transport.

### 2. Reluctance to volunteer further information

People may feel unwilling to volunteer information to support their application for a variety of reasons such as their desire for privacy, embarrassment, if for example, information relates to needing to use the toilet frequently, concerns regarding confidentiality and where information will be shared or not realising what is relevant, for example, if the information relates to time away from a person they care for.

### 3. Reluctance to instigate an appeal

The terminology of making an 'appeal' may be problematic for some. Older people especially may be used to accepting the decision of those in authority and feel that if they were entitled to travel this would be given in the first instance and so they should therefore accept the decision.

### 4. Confusion regarding the process for making an appeal

There are several routes for appeal including PALS who can contact the GP to make a transport decision, NECS who can make a decision following review of the questions with the patient, the customer care service at NEAS who can contact the patient's GP directly to ask if they will allow the journey or even direct contact with the GP or surgery. This can be a deterrent if people are unsure which route to choose.

### 5. Anxiety

Some patients may become anxious over the process of booking and the uncertainty of the outcome particularly if they have been ineligible previously. This could result in costly alternatives such as taxis being used to avoid the process.



## Challenges with the current eligibility criteria for call handlers

One of the team leaders for the call handlers provided a perspective of the challenges staff face interpreting and applying the eligibility criteria. This is an important consideration because in addition to identifying eligibility call handlers play an important role in ensuring that people booking transport feel they have been listened to and had a good experience.

### 1. Awareness of criteria limitations

Staff may find it difficult to tell callers they are ineligible for transport particularly as they may have been speaking to some of them for many years prior to the introduction of the criteria and booked many previous journeys for them. Staff feedback suggests that they feel this occurs because the criteria does not contain a question based on distance despite this being a major factor for many callers.

### 2. Negative effect on staff morale

The system can be demoralising as call handlers are aware that their decisions are overruled by NECS on appeal even though they have applied the criteria correctly. Staff do not receive feedback regarding the reason when a journey they previously refused is then granted on appeal so there are no learning opportunities from the experience. Staff are also frustrated by their awareness that some clients who may not be eligible have learned the required responses and are then provided with transport to which they are not entitled. This can be particularly concerning because staff are aware of the limited availability of vehicles from a displayed vehicle and patient plan.

### 3. Lack of clarity to questions

Many of the questions in the criteria are open to interpretation although team leaders have tried to standardise answers to give guidance (For example does a question regarding how far someone can move outside of their home mean when walking only or include the use of a motorised scooter?). Staff are not medically trained and do not know what the likely responses should be (for example when a question asks whether treatment prevents someone making own way home safely).

## Proposed changes to the eligibility criteria

There have been no alterations to the eligibility criteria since it was introduced and there is now a consensus among stakeholders that the challenges to the effectiveness of the current system indicate the need for change. This confirms findings previously identified by Healthwatch Northumberland.

Northumberland CCG has acknowledged the particular issues of rurality and distance which make the difficulties with the current eligibility criteria more pertinent for Northumberland. However, a revision of the criteria for the whole North East is the preferred option on the grounds of the complexity of having different criteria and the need for equity across the service.



A review began in October 2016 to develop a revised criteria and included consideration of current practice in the North West region to see where areas of good practice may be transferrable. The criteria has been revised with input from key stakeholders including PALS, Healthwatch groups and service providers. This was updated to draft 11 following contributions provided during discussions for the current report. The number of drafts suggests a detailed process and a commitment to fully address the difficulties experienced with the existing system.

The revised criteria will be introduced imminently (see appendix for draft version). Pilot testing may be used alongside existing criteria to determine whether the outcome matches. The CCG anticipates conducting an initial review after two weeks which will include speaking to service users and the call handlers about their experiences.

### Key differences in the new eligibility criteria

The new criteria contains fewer questions and they do not have a numerical weighting. Instead call handlers will be encouraged to prompt callers to give further details in their answers. Anticipated benefits are that this will offer more discretion for call handlers to gather additional information which will guide decision making. It will also be more difficult to provide the learned responses which could lead to eligibility being given inappropriately. It is predicted that any difficulties associated with the introduction of the new criteria will be less severe than the initial introduction of eligibility criteria from a position whereby transport services were routinely provided.

Key features include:

- Automatic eligibility for people who would have to travel 30 miles or more to their appointment. There is no mileage limit stated in the current criteria although this is thought to be the basis for many appeals (data requested but unavailable).
- A more flexible style of questioning which takes into consideration other issues which impact on a person's ability to travel (continence, availability of buses, timing of appointment relating to use of bus pass, caring responsibilities).
- Removal of those questions particularly open to interpretation.
- The capacity to use a permanent flag citing distance for whenever a particular hospital is requested avoiding the need to complete the criteria questions each time.



- An option for a clinician to give a temporary flag for a course of treatment or for a condition like a hip replacement until after the surgery has been done and recovered from.
- Any treating clinician able to use an override to confer eligibility rather than just the GP, for example a physiotherapist for a course of treatment or a psychiatric nurse for a course of therapy.
- The use of an appeal system via NECS to stop, thus simplifying the process for patients. If their original conversation does not show that they are eligible they can speak to a team leader for a second opinion rather than having to involve another call to NECS. This should mean that those who feel unable to appeal after being turned down are less likely to be lost to the system if they do not have to make a further call to the appeal line (the appeal service via NECS may be continued briefly while the new criteria becomes embedded.)
- Planned future developments include exploring extending the criteria to include transport provided for hospital discharges which will remain automatically eligible at present. Ongoing work to look at the policy for escorts accompanying patients to be reviewed when new criteria is audited.

### Considerations on moving to the new criteria

No set of questions and prompts can cover all eventualities and call handlers will need very clear guidance. Additional training and support will be required to learn how to use appropriate prompts and make decisions. For example a greater knowledge of travel routes and rurality issues will be needed to allow these additional factors to be taken into account. Initially the flexibility of the new criteria may be a challenge to staff used to keeping closely to scripted questions. There is a risk that more flexibility in responding may result in a range of responses across the call handling team rather than consistency. Calls will last longer if handlers are to use additional prompts and probe for further information which may lead to more call handlers being needed or longer call queuing.

Current training for call handlers includes awareness of attitudes towards callers but there may need to be individual monitoring of staff performance (such as empathy and tone of voice) as they will need to be particularly mindful of their questioning style if they are asking more probing questions where people may be reluctant to discuss their circumstances. This may be most relevant for callers describing mental health and fluctuating conditions. The need for mental health training for managing calls from people with dementia has already been identified and is planned.

The new criteria is designed to make it as easy as possible for those who are eligible to obtain transport but still means that only those with a medical need for the service should be catered for. On-going education to manage patient and public expectations will be needed to improve the understanding that hospital transport is not an embedded right which accompanies a hospital referral.



## Recommendations

The imminent introduction of new criteria provides an opportunity to better meet the needs of the many patients in Northumberland who currently have their initial hospital transport request refused only to have it overturned on appeal. Healthwatch Northumberland can provide valuable insight into the effectiveness of the changes and ensure that service users are informed and empowered to use the booking system appropriately.

Recommendations include:

- Monitor service users' experiences closely following the introduction of the new criteria. This could include a focus group to provide feedback to the CCG.
- Redesign the current patient information leaflet to reflect the changes in the method of appeal. Consider adding further details and examples regarding what is classified as a medical need for transport.
- Use engagement opportunities to disseminate information regarding changes to the criteria which may encourage patients to apply who have been reluctant or had a poor experience previously.
- Request regular data from the CCG to ensure there is robust monitoring of the impact of the new criteria.
- Offer to represent service users at any stakeholder meetings held to evaluate the effectiveness of the new criteria.

