Non-emergency patient transport – eligibility criteria consultation

The ACRE Network covers all of England through its 38-member charities. Our focus is on the wellbeing of all people living in all rural areas of England, especially those who are at risk of isolation and disadvantage and for whom rurality brings an additional challenge and cost to their daily lives. In the context of health and care services we believe that nobody should be unreasonably disadvantaged in their access to public services by the rural location in which they live.

6.7 Do you agree with our proposed criteria on qualifying medical needs?

Strongly disagree

We disagree with the overarching principle on which the proposed qualifying medical needs criteria are based. This states that people should travel to hospital independently by private or public transport and with the help of family or friends as necessary. There are two fundamental problems with this:

1. There should be equity of access to NHS services for people from all parts of the UK, irrespective of whether they live in urban or rural areas. The service itself should be free at the point of delivery. Adherence to this overarching principle passes the cost of accessing secondary hospital services directly to those patients and their families who do not live in the urban centres where most hospital provision is located. Taking a narrow, and medically focused, approach to eligibility for help with transport to hospital is simply to evade the responsibility that the NHS has to make its services equally accessible to all.
2. Narrowing down accessibility to secondary health care by means of narrow, medically defined eligibility criteria has the effect of allowing services to become increasingly centralised by passing the opportunity cost to patients who live furthest from centralised services. Separating out NEPT from other service planning in this way removes any incentive for the NHS to find creative ways of improving access to services for for those who live furthest from them especially those in rural communities. It also demonstrates very clearly that the review of NEPT has not been adequately rural-proofed in the way required by Government.

Our views on the proposed criteria for: 6.8. cognitive or sensory impairment, 6.9 significant mobility need, 6.13 in-centre dialysis and 6.15 safeguarding are similar to those above.

6.20 (Category F) Should patients in this category be offered PTS at the discretion of an authorised eligibility assessor?

Agree

It is not clear from the consultation to what 'this category' exactly refers. On the assumption that it means 'anyone else' for whom all other transport options have been exhausted, we agree. However, the very fact that the consultation document has had to recognise that in many rural areas local NHS organisations are doing their best to respond to poor access and limited local public transport demonstrates our concerns.

There is no doubt that many people living in rural areas will be willing and able to make their own arrangements to get to hospital. There is also a rich background of rural communities organising transport themselves through local good neighbour schemes, voluntary car schemes and community transport. However, it is wrong for the accessibility of what should be universal secondary health care to be contingent on voluntary support services both existing and being available for a particular set of journeys. The NHS should certainly not assume that voluntary organisations can provide a free transport service and thus give free rein for services to be inconveniently planned and over-centralised. Lack of IT access may also prevent some from being able to access services, including finding out what transport options are available to them.

6.21 Do you agree that it is for local areas to decide the level of discretion given to different authorised assessors…?

Agree

We have stated that we agree, however this must be in the context of ICS setting out a clear vision and plan for how they will make equitable access to secondary health care services possible for people living away from the immediate catchment areas of their hospitals. This should include working collaboratively with neighbouring ICS in rural areas to ensure that access is properly planned and resourced.

6.22 Are there other options which should be exhausted prior to the provision of PTS?

Don' know

This question is not susceptible to an agree/disagree response.

It is not a question of exhausting all other options to PTS as a last resort, it needs to become a question of planning how all services can be equitably accessible for all residents in an ICS area. Some NHS services, including those specifically and exhaustively covered by the consultation, can only be delivered in a centralised way. However, the cost of gaining access to <u>all</u> services <u>must</u> be seen as part of the cost of delivering that service equitably to all. Meeting the costs of transport will be one way of achieving this for some of these, inevitably centralised, services. For other services more creatively delivered local provision would be more cost effective and more convenient for patients.

6.24 Do you agree with our proposals on escorts and carers?

Neutral

6.23 does not appear to make sense. Is it meant to read: "NEPTS will be available to carers/escorts of individuals qualifying for NEPTS when:.." ? If so, then Strongly Agree. If a carer or escort doesn't have access to their own transport they should be allowed to access NEPTS if the person they are supporting is eligible.

6.27 Do you agree that transport coordination mechanisms or wider healthcare systems should be obliged to provide signposting to the Healthcare Travel Cost Scheme and information on wider transport options?

Neutral

The question assumes that HTCS is the best mechanism for tackling the cost of transport to secondary healthcare for rural people. If ultimately this is the case then, yes, it should be widely publicised. However, the question has a second half that covers 'wider transport options'. On this we are more equivocal since it gives the impression of the NHS seeking to pass the access costs of centralised service planning on to other parts of the public and voluntary sectors.

6.29 Beyond what you have already outlined in your earlier responses, are there any elements of the proposed criteria that might:

- **Have an adverse impact on groups with protected characteristics as defined by the Equality Act 2010**
- **Wider health inequalities**

Yes

Rurality is not one of the protected characteristics identified by the Act, however its impact on wider health inequalities does have some similar effects and it can exacerbate the impact of the protected characteristics.

People living in rural areas, especially those on limited incomes and with limited access to online information systems, are being, and will be, significantly discriminated against by the current and proposed criteria for NEPTS. This takes the form of less good access to information about assistance and location of services, greater cost falling to patients and missed appointments due to over-complex and poorly understood services.

6.31 Do you agree with our proposed timeline?

Neutral

The timeline provides ICS with one year to become operational, consider the criteria and guidelines, develop their own local plans (if permitted) and implement these.

We would prefer that ICS were required develop a vision and strategy for ensuring equitable access to all healthcare services and, especially in rural areas, to co-operate with the neighbouring ICS where this can achieve maximum effectiveness and efficiency. If more time is needed to put this in place then more time should be given.

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