

Appendix 1

NHS Sussex Non-Emergency Patient Transport Service (NEPTS) Update

04/01/2024

1.0 Introduction

Non-emergency patient transport is defined by the Department of Health and Social Care as the non-urgent, planned transportation of patients with a medical need for transport to and from premises providing NHS healthcare, and/or between providers of NHS-funded healthcare.

The overarching principle of patient transport, as defined by NHS England, is that 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 intended for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery.

The only patients who will be considered eligible for non-emergency patient transport are those who have either been referred by a doctor, dentist or ophthalmic practitioner for non-primary care NHS-funded healthcare services – regardless of the setting – or those who are being discharged from NHS-funded treatment.

This report provides an update on the Sussex Non-Emergency Patient Transport Service (NEPTS) including the current service, the objectives of the new service, the procurement timeline and optimisation of the current service.

Both the current service and the transformational model for the procurement of NEPTS are overseen by the Senior Responsible Officer for NEPTS who reports monthly into the Urgent and Emergency Care governance structure of NHS Sussex.

It should be noted that access to the NEPTS service is based on healthcare needs rather than wider social care needs and therefore there is a requirement that the service operates a set of eligibility criteria. The service is different from an emergency ambulance function.

2.0 Background of NEPTS in Sussex

2.1 Timeline of Current Service

The NEPTS contract was originally procured in 2015 and awarded to Coperforma (who were the only bidder) and the contract commenced on 1st April 2016.

Due to a range of delivery challenges, which were reported to the HOSC at the time, the contract with Coperforma was terminated and a new contract negotiated with and awarded to South Central Ambulance Service NHS Trust (SCAS) which commenced on 1st April 2017.

This original SCAS contract, including the contractually permissible 1-year extension, expired on 31/03/2021. In January 2020 Sussex CCGs formally agreed a 1-year direct award (covering 01/04/2021 to 31/03/2022) with the commitment to start procurement of the new service within that time period to include recommendations from the NHS England NEPTS review, which had been suspended due to the impact of the Covid-19 pandemic situation.

As a result of continued system pressures brought about by the Covid-19 pandemic, alongside feedback from the market and the changes brought about by the national review of NEPTS, it has been necessary to further defer procurement with the service continuing under direct award.

Following advice taken from NHS England (NHSE), procurement and contracting leads across the region, in September 2022, NHS Sussex initiated an informal joint working arrangement to work collaboratively with neighbouring ICBs of Frimley, Buckinghamshire, Oxfordshire and Berkshire West (BOB), Hampshire & Isle of Wight, and Surrey Heartlands.

The objective was to understand and better align service specifications, tender methodologies and notional timeframes by engaging with the market as a collective. The approach enabled a collective understanding of market position and allowed systems to share commissioning intent and solicit feedback concerning the optimal service mobilisation window, the implications for extension of the current contracts and reduce the risk of challenge for these extensions to support a full and open procurement process.

Market engagement carried out in October 2022 suggested that any prospective bidders would need nine to 12 months to mobilise their new service based on the supply chains for ambulance vehicle chassis and bodywork.

In December 2022, based on the market feedback and the timelines of other ICBs, NHS Sussex approved the option to extend the current contract to 31st March 2025 and endorsed the revised procurement timeline for the new service to go-live on 1st April 2025.

Following this mandate and to meet statutory requirements, the NEPTS service in Sussex is currently out to tender (re-procurement). The tender has concluded in September 2023 with evaluation and assessment thereafter and contract award January 2023 to allow for the required 12 months mobilisation and support contract commencement 1 April 2025.

The new service will represent a major step-change in the patient transport service for Sussex patients and will take into account several national and local changes to patient transport requirements established in recent years.

2.2 National Review, Pathfinder and Net Zero

National guidance on the operation of patient transport services were originally set out in 1991 and updated again in 2007. NHSE undertook a national review of NEPTS in 2021 in response to calls from patient groups and charities, including Healthwatch, Kidney Care UK and Age UK, and by many in the patient transport sector themselves.

As a result of the review, NHSE has published a new national framework for NEPTS, national eligibility criteria, mobility categories, national dataset, and commissioning, contracting and core standards.

NHS Sussex was involved in the review as one of three Pathfinder sites. This included testing out a Single Point of Access model for patient transport that referred non-eligible patients to alternative travel options; strengthening the role of the Community & Voluntary Transport (CVT) sector through initiatives to improve the recruitment (and retention) of volunteer car drivers; and improving the discharge of patients from acute hospitals through setting up better co-ordination between acute and patient transport staff. The outcome of these pathfinders have helped inform the NHS Sussex service specification and will help inform future national guidance on NEPTS as and when it is published.

In addition to the NEPTS Review, NHSE has set out an ambitious roadmap to reach net zero by 2045 for the emissions it controls directly, including NEPTS. This timeline includes an ambition to achieve an 80% reduction in schedule 1 and 2 emissions between 2028 and 2032.

The net zero targets apply to all NEPTS contracts directly commissioned by the NHS, whether delivered by the NHS or by independent providers. This will require significant change: combining new vehicles, new infrastructure and where necessary adapting delivery models to the new opportunities and challenges of charging.

NHSE also has an ambition that all NEPTS vehicles should be zero emission by 2035, irrespective of contract duration. To achieve this, NHSE has set out a NEPTS transitional trajectory that applies to all NEPT vehicles.

ICBs are required to implement both the new NEPTS national standards and net zero requirements locally and these have been reflected in the new service specification.

2.3. Commissioning Gaps

In addition to the activity undertaken by the current provider South Central Ambulance Trust (SCAS), each hospital trust in Sussex currently pays for additional private patient transport provision and will often use them as an alternative to SCAS for the more time critical discharge and transfer of patients, particularly those patients in Emergency Departments, Acute Medical Units and Ambulatory Care Units who are generally staying for a short period of time so will not have their transport home booked in advance. The use of separate providers has led to inefficiencies including some duplication and “aborted” journeys where patients are booked onto both services at the same time.

This shows that whilst the contract requirements have been delivered effectively, during that time it has become apparent that there is demand within the healthcare system for a more responsive and dynamic transport service to help support rapid patient discharges and transfers from hospital.

The transportation of mental health patients between acute and mental health hospitals and between mental health facilities, including those detained under the Mental Health Act 1983, is also being arranged and funded by the mental health NHS provider and this remains an area of focus for the system.

2.4 Patient-oriented service

It is also clear from patient feedback obtained by Healthwatch in 2020 that patients want a service that is better able to keep them informed of the location of their vehicle using modern technology such as smart phone apps, for example, almost 80% would like to receive a text/call when their vehicle is 30 mins away; 95% would like to be kept informed of changes or delays to their transport; 2/3rds would like a mobile phone app to track their vehicles; and 91% would like an exact time when their transport will arrive.

With all this in mind, NHS Sussex has consolidated funding sources across acute and mental health providers and developed a vision for a new patient transport offer that includes all components and that will better meet the requirements of patients and the healthcare system in 2025 and beyond.

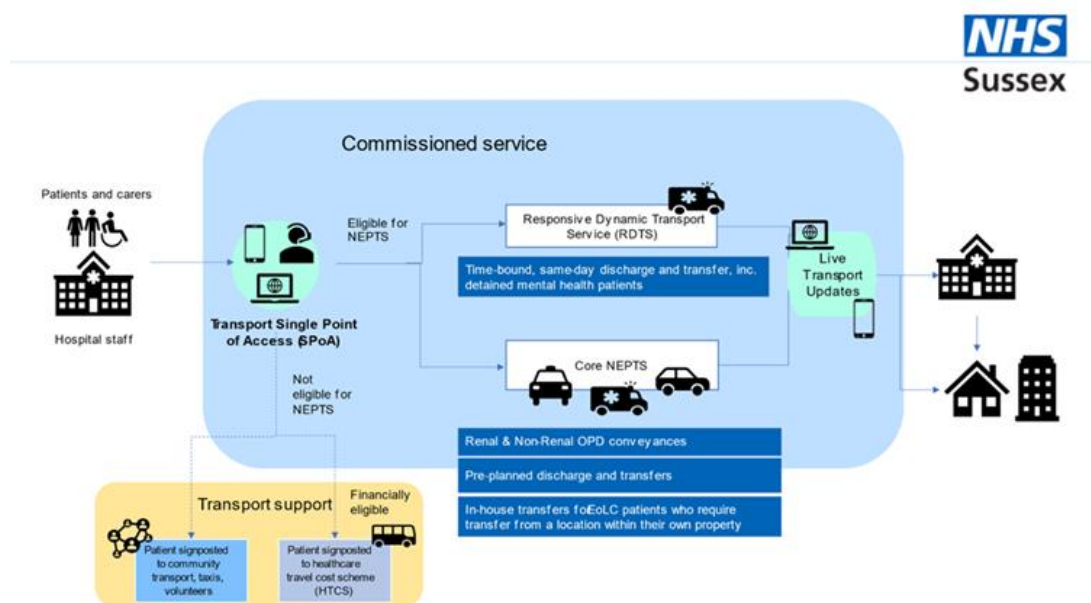
3.0 New Service Model

Underpinning the procurement process are a number of fundamental changes put forward as part of the service specification to meet improved outcomes for our population. These reflect national guidance and the learning taken by Sussex being one of the pathfinder sites for the new NEPTS delivery models:

3.1 Core Objectives

Most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary. For those people who are eligible for NHS-funded transport, however, the transport provider will be required to deliver a responsive, fair, and sustainable new patient transport model for Sussex patients, described through a revised service model and a number of associated core objectives required of a NEPTS service provider.

Chart 1: New Service Model



Objective 1: Develop a single point of co-ordination for all patients seeking transport to secondary care services.

To be achieved through the development of a Transport Single Point of Coordination (SPoC). The Transport SPoC will refer patients who meet the eligibility criteria to an expanded and more responsive patient transport service and signpost in-eligible patients to alternative transport support options.

Objective 2: Provide an expanded and more responsive transport service to meet the needs of the wider healthcare system in Sussex.

To be achieved by specifying a service that includes the core, statutory NEPTS service that involves providing transport for pre-planned outpatient appointments and hospital discharges; as well as a new Responsive Dynamic Transport Service (RDTS) to meet the needs of the acute hospital trusts to provide a responsive, same-day discharge and transfer service for time-bound patients. The service will also arrange the transport of patients detained under the MHA who have been admitted to either an acute or mental health facility and need to be conveyed on the same day the booking is made.

We expect this to reduce the costly use of ad hoc journeys, reduce duplication of journeys to acute hospitals and ensure mental health patients consistently receive the same offer and are treated equally to physical health patients.

Objective 3: Use modern technology to innovate and enhance the patient experience.

This is a new requirement for the NEPTS provider to embed modern technology such as apps and web-based portals to ensure patients, their carers, and hospital staff are kept informed of the location of their transport so that they are ready on time for its arrival. The transport provider will also utilise modern technology to improve all areas of its service.

This does not replace non-digital engagement methods for those who do not use technology, however the benefits of implementing more digitally-led solutions have sought as part of wider engagement sessions and will help improve the NEPTS experience for those using digital technology.

Objective 4: Ensure everyone, including those with protected characteristics and disadvantaged groups, can access the service.

The updated service specification requires equity of access for all Sussex patients, including those with protected characteristics and disadvantaged groups, and requires that the transport provider develops methods for them to contact the service, for example, translation services for people who do not speak English or who are visually or hearing impaired. It also requires the vehicles and journeys take account of their needs, including same-sex drivers (where applicable), carrying of specialist equipment, accommodation of escorts, and flexibility in the drop-off locations.

Objective 5: Deliver NHSE's ambition that all NEPTS vehicles should be zero emission by 2035.

To ensure 100% vehicles are zero emission by 2035, the NEPTS provider will need to increase the proportion of its fleet that comprises battery electric vehicles from a baseline of 0% to 100% by 2033 in 25% increments every two years. The transport provider will also need to reduce all of its scope 1 and 2 emissions by 80% from a

19/20 financial year baseline by 2032 in line with the Delivering a Net Zero NHS statutory guidance and supporting the NHS vision - **To deliver the world's first net zero health service and respond to climate change, improving health now and for future generations.**

Objective 6: Work collaboratively as part of the Sussex Health and Care System.

The transport provider must develop strong, collaborative working relationships and ensure excellent systems of communication exist with the entire health and care system. The transport provider will work as a member of the health and care system to help deliver the goals of the [Sussex Health and Care Strategy](#) and future iterations through supporting the actions set out in the Shared Delivery Plan. The primary role of the transport provider within this partnership is to ensure that patients access their hospital treatment on time and that the wider system has timely access to patient transport that supports patient pathway care and flow.

3.2 Engagement Work

As part of the development process for the new service, NHS Sussex has completed a full Equalities and Health Impact Assessment (EHIA); carried out engagement with patient groups; and worked closely with acute, community and mental health providers to develop the service model. NHS Sussex commissioning team also enlisted the support of Healthwatch Brighton & Hove and a patient voice representative from the outset of the procurement to help draft elements of the specification and join weekly engagement sessions to ensure quality, engagement and patient voice were at the heart of the service design. Healthwatch has given very positive feedback to the commissioning team on the openness with which we involved – and listened – to the patient voice.

NHS Sussex undertook market engagement in May 2023 to propose notional timelines for optimal service mobilisation, in the context of the emerging new service models, driven by the national review and pathfinder programmes, and recognising the ambition within and significant changes that this will introduce for providers. The mobilisation range discussed was between the NHS England provided guidance of six months and up to twelve months, considering the scale of change required.

During this market engagement event opportunity was given to interested service providers to schedule one-on-one engagement sessions with NHS commissioners to test their understanding and raise any potential challenges in delivery the suggested new service model. The transformational model was recognised as supporting the Sussex system with optimising flow and building efficiencies across the Sussex geography.

Actively seeking input from, and testing of ideas with, providers who have expressed their interest in having the opportunity to bid for this work, has been well received by the market.

4.0 Procurement Timeline

The timeline below outlines the governance route and timeline for the NEPTS procurement ahead of the contract going live on 1st April 2025.



5.0 Performance and Optimisation of Current Service

As described above, whilst the current contract no longer matches the needs of the healthcare system in Sussex, it has largely been delivered effectively since 2017. Outpatient journeys to and from a patient's residence for renal and non-renal patients, for example, have been consistently delivered throughout the duration of the contract at or above the Key Performance Indicator threshold of 85%. Outpatient journeys account for around 80% of activity and the majority of the rest of SCAS' activity is focused on discharging patients from hospital.

Despite the difficulty in making substantive changes to a directly awarded contract, NHS Sussex, SCAS and the NHS provider trusts in Sussex have worked together to deliver improvements to the service in recent years. These include:

- Helping to develop community voluntary car driver transport alternatives in Sussex for patients; this area was lacking in sufficient levels of alternative community provision,
- Implementing changes to the NEPTS call-handler script to refer patients to alternative transport providers,
- Test out the Healthcare Travel Cost Scheme (HTCS) as part of the national Pathfinder programme,
- Increase awareness of and relationships between SCAS, acute discharge teams and the voluntary sector Take Home and Settle Service at Royal Sussex County Hospital (RSCH).
- Manage demand and capacity daily to meet fluctuating demand whilst protecting discharge capacity.
- Develop a Standard Operating Procedure (SOP) for Humanitarian Transfers (transferring stable end of life patients up and down stairs within their own homes).
- Developing the Hospital Liaison Officer roles for each acute site to integrate acute and NEPTS provider operations and streamline efficient patient journeys, including introducing a single contact number for service users.

- Site focused monthly acute operational meetings to take stock of and identify solutions for improving liaison between SCAS and Sussex NHS trust providers.
- Training for the flow co-ordinators at Royal Sussex County Hospital (RSCH) to enable "training champions" of the online NEPTS booking service.
- Providing Flow-Coordination at RSCH with more access to book bariatric patients using the online portal, so long as the patient has had a risk assessment before, rather than calling SCAS.
- Adding mobility category descriptions to the online booking portal used for the NEPTS service to reduce hospital staff booking the wrong type of vehicle.
- Establishing a pilot at RSCH Pharmacy to prioritise medication for patients who have transport booked and a deadline package of care to meet, e.g., admission to a care home by a certain time of day. The intention is to draw learning from this pilot and consider wider implementation.

6.0 Conclusion

HOSC members are asked to:

- **NOTE** the background of the NEPTS service and the positive developments that have been delivered through the current contract.
- **NOTE** the significant engagement undertaken to develop the new service specification and to bring the market with us to support timelines.
- **NOTE** that NHS Sussex, as the responsible commissioner, is currently undergoing a tendering exercise for the NEPTS contract, following several contractual extensions triggered by Covid-19 and expectation of national guidance.
- **NOTE** the transformational nature of the new service specification for NEPTS in Sussex.