



**Non-emergency patient transport eligibility criteria – patient survey feedback report**

**December 2024**

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# Executive summary

NHS England launched a public consultation on patient eligibility recommendations in 2021. In response to feedback, the eligibility criteria for non-emergency patient transport were updated and published. To help understand the impact of the changes in Humber and North Yorkshire, and to inform our decision making, we sought the views of patients, during October and November 2024.

A total of 1020 surveys were sent out to individuals who would be mostly impacted by the proposed changes to the eligibility criteria for non-emergency patient transport. The survey closed on 15th November with a response rate of 28%. Key findings that the Clinical and Professional Committee were asked to consider based on the survey findings were:

1. **81%** of people reported that they have a disability or long-term medical condition that limits daily activities. This is lower than the pathfinder modelling and suggests that a higher percentage of people would continue to be eligible for patient transport under other criteria. Therefore, the number of people who are impacted by this change may be lower than initially calculated.
2. **34%** of people use their own transport for normal day to day use and **30%** of people have relatives or friends to support with transport for normal day to day use. **21%** of people receive Personal Independence Payments for mobility. This suggests that a high proportion of people will be able to make alternative arrangements if they are not eligible for NHS patient transport.
3. However, **29%** of people said that without NHS patient transport they would not be able to attend their hospital appointments. This suggests that, for some people there would be an impact on their patient outcomes and, given the data regarding age and deprivation and rurality/coastal areas, this may be likely to widen health inequalities in certain groups.
4. **73%** of people were not aware of the Healthcare Travel Costs Scheme (HTCS). **94%** of people said they would consider or were not aware of voluntary or community transport options. This suggests further work to raise awareness of these options and other alternatives to non-emergency patient transport may be beneficial.

# Introduction

Non-emergency patient transport services (NEPTS) provide funded transport where a medical condition means that a patient would struggle to safely attend their treatment or appointment independently.   
  
NHS England launched a public consultation on patient eligibility recommendations in 2021. In response to feedback, the eligibility criteria for NEPTS were updated and published. In summary, this eligibility criteria states 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.  
  
The updated criteria gives patients clarity on who is eligible for transport and to ensure that where relevant, they have appropriate access to patient transport.  Included in the updated eligibility criteria is a universal commitment of transport support for patients attending in-centre haemodialysis.

In the Humber and North Yorkshire area, we are aware that the national changes to the non-emergency patient transport eligibility criteria will impact upon:

* People who currently access patient transport due to the complexity or frequency of the journey AND who do not have any other medical, mobility or safeguarding need.
* People who require transport for chemotherapy and radiotherapy AND who are no longer eligible due to a medical, mobility or safeguarding need.
* People up to 17 AND who do not have any medical, mobility or safeguarding need.

Based on regional pathfinder modelling the analysis showed that **5424** people each year are likely to be impacted by these changes. To help understand the impact on our patients in Humber and North Yorkshire, we have undertaken engagement with a sample of **1020** patients who have used the service in the past twelve months. The purpose of this targeted engagement was to enable the ICB to understand the potential impact of proposed changes to eligibility criteria, and to help inform our decision making alongside other data analysis.

This report sets out the approach taken to engage patients and the results of this feedback.

# How we have listened - methodology

To ensure the views of those who use the service were heard, a survey was sent to a sample of 1020 patients who had accessed patient transport within the previous 12 months. This sample was further defined and targeted using a stratified approach to reflect the people identified as potentially most impacted should the revised eligibility criteria be implemented. The sample was stratified by the following:

* Patients using non-emergency patient transport for chemotherapy and radiotherapy treatment – sample of 100 patients (out of 541)
* Patients living in our rural and coastal communities – sample of 500 patients (out of 2990)
* Random sample of 420 other patients (out of 1893) using non-emergency patient transport

All patients included in the sample have been using W1 (wheelchair) and SC (saloon car) category transport as these patients are more likely to be impacted by proposed changes in the eligibility criteria. The survey was sent to a total sample size of 1020 patients across Humber and North Yorkshire (excluding North East Lincolnshire), which is a significant proportion of those using the service and targeted at those expected to be most impacted.

## Engagement methods

A survey was designed to collect primarily quantitative data with the opportunity for respondents to complete free text responses where applicable. The survey was printed and posted directly to patients by the service provider Yorkshire Ambulance Service (YAS), with a covering letter to explain this was being sent on behalf of the Integrated Care Board as the commissioner of the service. This adhered to data protection principles as the ICB did not need to access any patient details and ensured that responses would be anonymised.

The printed survey and letter included a Freepost envelope and a QR code with details of how to complete the survey online should the respondent wish to do so. The survey was held on a Smart Survey account and all returned questionnaires were input into this account alongside the online responses.

People were also offered the opportunity to complete the questionnaire over the telephone and could also request the survey in different languages or formats. The questionnaire and covering letter can be found in Appendix A on page 23.

The questionnaire was open for a total of 4 weeks, launching on Monday 21st October 2024, and closing on Friday 15th November 2024. The initial closing date was then extended by a week to allow for additional responses to be received in the post.

Skip-logic explained

As a self-completion questionnaire was used, not all respondents answered all the questions. Therefore, the base size (the number of people answering) varies slightly for each question. The response rate is calculated based on the response rate for each question.

Skip logic was applied to this questionnaire to ensure respondents only answered questions relevant to their experience and previous answers.

# What do we already know?

During the 2023/24 financial year, a total of 33818 eligible patients successfully accessed non-emergency patient transport across HNYICB footprint. This equated to 265,913 completed journeys with an average of 7.8 journeys per patient.

The ICB, working with Yorkshire Ambulance Service, has undertaken a detailed analysis of the current people using patient transport, in the categories that will be impacted by the changes to the National Eligibility Criteria. Based on regional pathfinder modelling the analysis showed that:

* **5424** people are likely to be impacted by the changes. This excludes people in North East Lincolnshire where a different transport provider is commissioned to provide the service.
* Of these, **2990** or just over 55% are from rural or coastal postcode areas.
* **541** people are like to be accessing patient transport due to chemotherapy or radiotherapy.
* **28** people are under 17 and over 3850 of people are over 66.
* **1952** or 36% of people impacted live in deprivation quintiles 1 and 2.

This number excludes In Centre Haemodialysis journeys as this cohort of patients will remain automatically eligible for patient transport as part of the revised national criteria.

Whilst a number of these patients will still meet the eligibility criteria due to their medical need, there will be some who will not meet the revised national criteria. In Humber and North Yorkshire, our rural and coastal patients will see some impact where transport links and long and complex journeys are a challenge, as well as areas with higher levels of deprivation. There may also be some impact on patients attending chemotherapy or radiotherapy appointments.

# Questionnaire findings

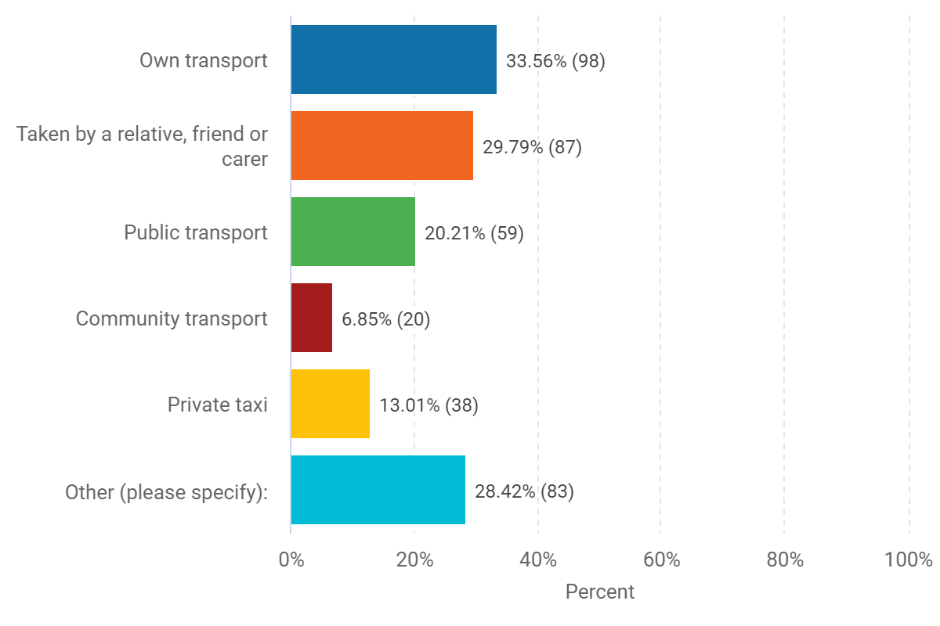
The overall response rate for the survey was **297** returned questionnaires, resulting in a good response rate at **29%**.

**68 (23%)** of these responses were from chemotherapy and radiotherapy patients.

The results have been considered to identify any differences between the overall findings and those for geographical areas. Where there is a significant difference when the data is filtered by area, this is outlined in the report.

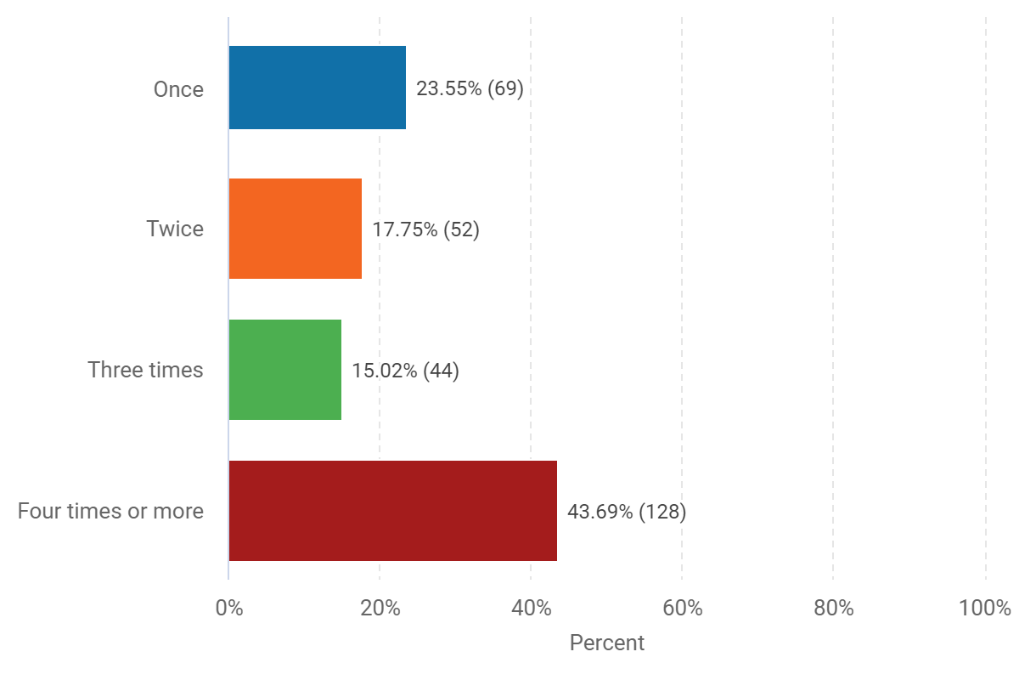
**Question 1 - What transport do you normally use day to day?**  *n=292 skipped=5*

A third of respondents said they use their own transport for day-to-day activities, with approximately a third saying they would be taken by relatives, friends or carers. 20% (59) would use public transport. People were able to choose more than one response to this question.



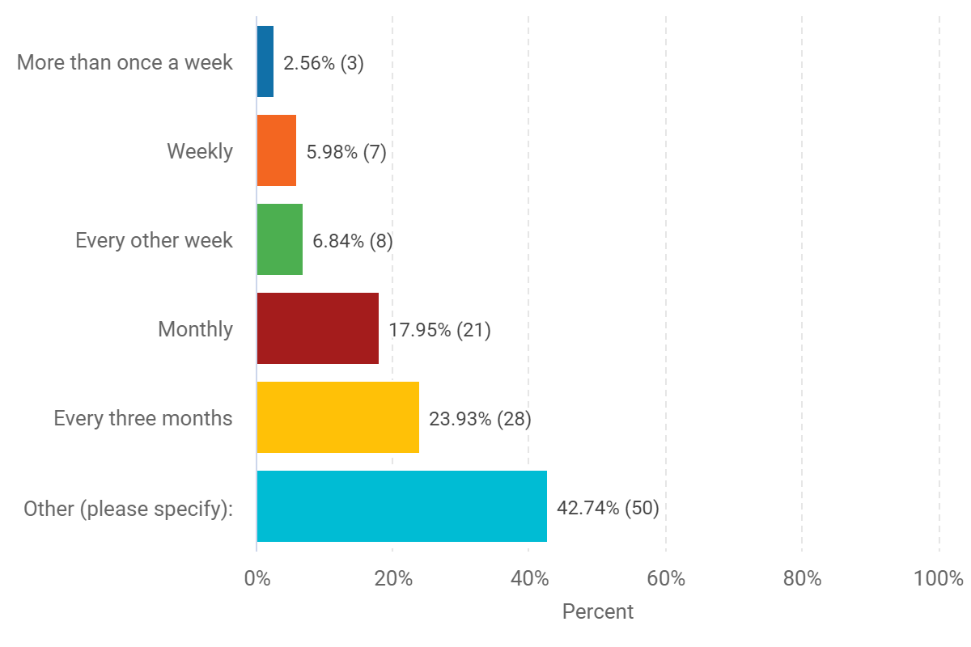
Of those who provided an ‘other’ response to this question, 25 said they are not able to go out of the house, 20 said they use a scooter, and 13 would walk. For those in **North Lincolnshire**, almost half are taken around by relatives, friends or carers (46.67%, n=21) which is higher than the sample as a whole. In **Hull** more respondents would use a taxi day to day (20.83%, n=5) and less would be taken by a friend or relative (20.83%, n=5). Slightly more in **East Riding** used public transport (16.67%, n=6). More people in **York** were taken by a friend or relative (35.56%, n=16) than the whole sample, whilst this was less in **North Yorkshire** (19.97%, n=19).

**Question 2 - How many times have you used the Non-Emergency Patient Transport service in the last 12 months?** *n=293 skipped=4*

Over 40% had used the patient transport service more than four times in the past 12 months. Just over a third of these (34%, n=44) were chemotherapy and radiotherapy patients. Just under a quarter had used it only once. This suggests that a significant proportion are regularly using non-emergency patient transport.

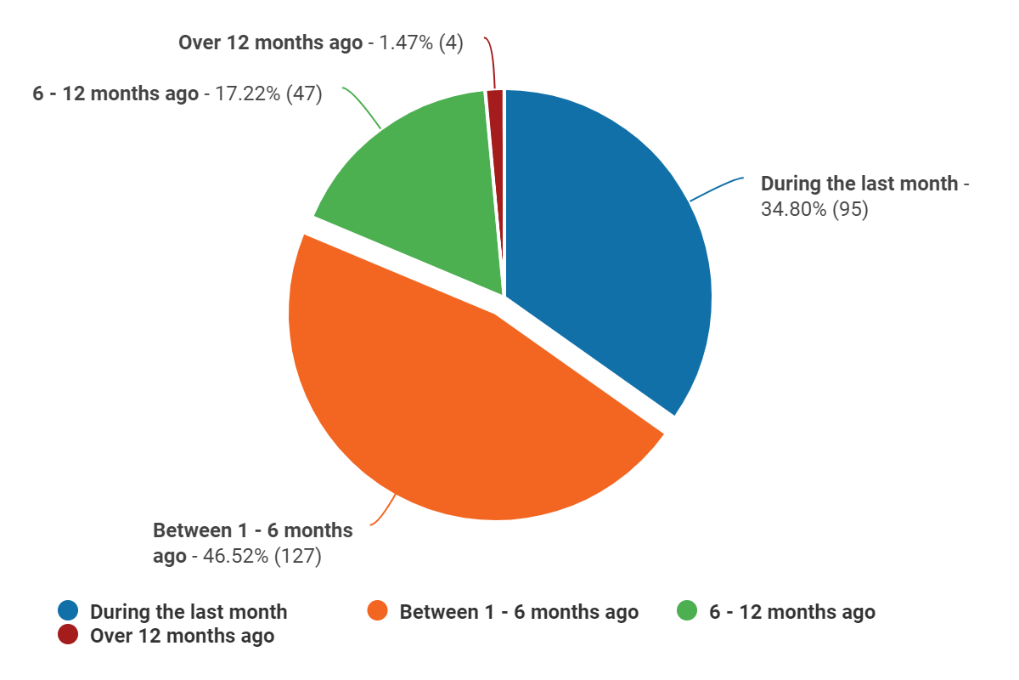
**Question 3 - If more than four times, approximately how often are regular visits made?** *n=117, skipped=180*

Almost a quarter of patients were travelling by patient transport every three months, with 18% (n=21) using the service monthly.

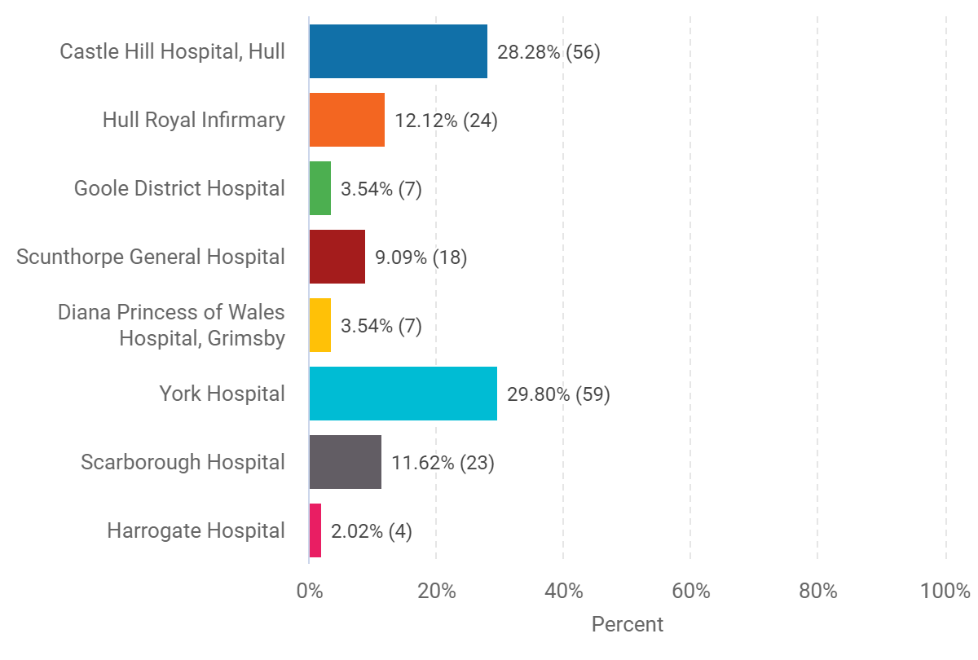
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In **Hull** more people were travelling to appointments every month (50%, n=4) than the total sample.

**Question 4 - When did you last use the Non-Emergency Patient Transport service?** *n=273, skipped=24*

****Almost half of respondents had used the service between one and six months ago. Just over a third had used it in the last month.

**Question 5 - On your most recent journey, where did you travel to?** *n=198, skipped=99*

The graph illustrates where patients were visiting some of the more frequently used services in our area. Some patients said they travelled to other locations including hospitals including Leeds (19 responses), Middlesborough (9 responses) and Bridlington (12 responses).

**Question 6 - Do you use a wheelchair?** *n=276 skipped=21*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes | |  | | --- | |  | | 23.91% | 66 |
| No | |  | | --- | |  | | 76.09% | 210 |

More people in **Hull** said they used a wheelchair (41.67%, n=10) than the whole sample, but less of all the respondents in **York** (22.73%, n=10) or the total for **North Yorkshire** (20.83%, n=20).

**Question 7 - Have you travelled for a chemotherapy or radiotherapy appointment?**

*n=273 skipped=24*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Yes | |  | | --- | |  | | 24.91% | 68 |
| 2 | No | |  | | --- | |  | | 75.09% | 205 |

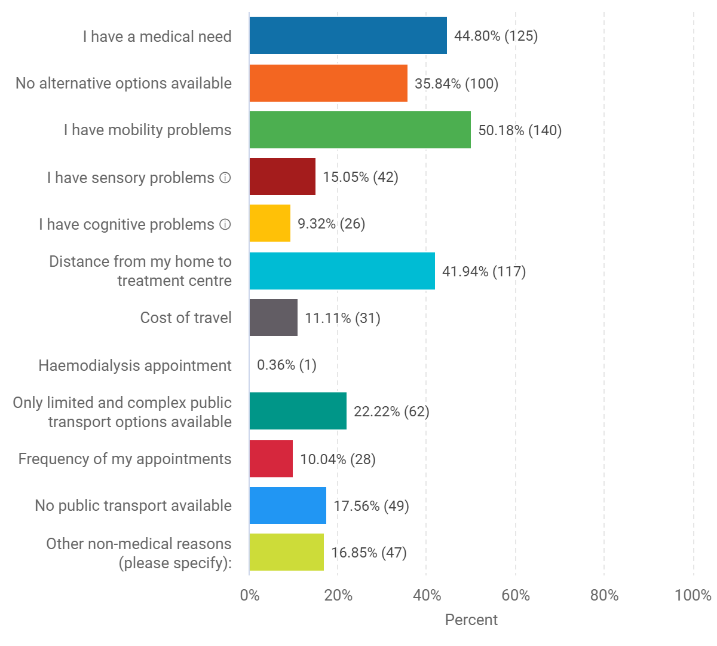
There were 31.82% (n=14) of the sample in **North Lincolnshire** who were travelling for chemotherapy or radiotherapy so slightly higher in this area.

**Question 8 - Do you receive Personal Independence Payment (PIP) for help with your mobility?***n=277 skipped=20*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Yes | |  | | --- | |  | | 20.58% | 57 |
| 2 | No | |  | | --- | |  | | 63.18% | 175 |
| 3 | I don't know what this is | |  | | --- | |  | | 16.25% | 45 |

Slightly more people in **East Riding** received PIP (32.43%, n=12).

**Question 9 - Why did you feel you needed to use the Non-Emergency Patient Transport service?** *n=279 skipped=18*

Half of respondents said they used patient transport due to a mobility problem, which suggests that they may be less likely to be able to make their way to public transport or may need to bring a wheelchair which would need to be accommodated on transport. Slightly less said they had a medical need (45%, n=125). The distance from the home to the treatment centre was cited as a reason for needing patient transport by 42% (n=117) of respondents. Respondents were able to choose more than one reason for using patient transport as well as suggesting other reasons.

Other reasons provided were having a particular health condition (13 respondents), the nature of the appointment, for example where eye treatment means the patient is unable to see following treatment (9 respondents) and mental health reasons such as anxiety about making the journey (6 respondents). Less common ‘other’ reasons given include one person who said the appointments were too early in the day for other transport options to be possible, and two people who said they needed help from ambulance staff to transfer from a vehicle to their clinic once at the location.

People in **Hull** were less likely to have a medical need (29.17%, n=7) but reported more mobility problems (58.33%, n=14). The distance was of less concern to them (20.83%, n=5). People in **York** were more likely to have a medical need (55.56%, n=25), but less reported having no other options (24.44%, n=11). In **North Yorkshire** people were more likely to have no alternative options (46.39%, n=45).

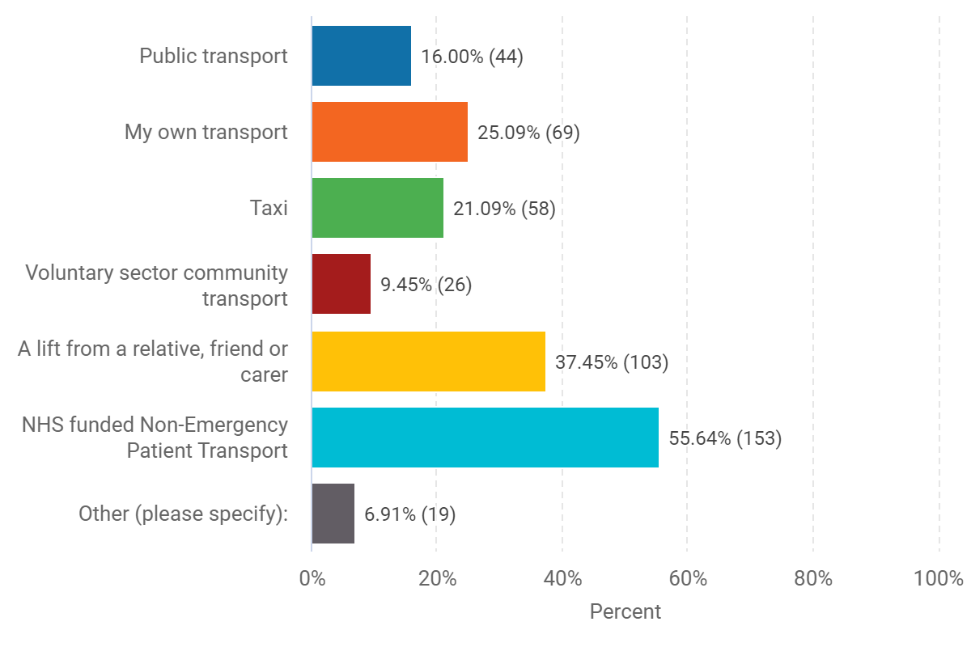
**Question 10 - Did you bring a relative / friend / escort or carer along with you on your most recent patient transport journey?** *n=279 skipped=18*

The majority of respondents to this questionnaire (75.63%, n=211) did not bring an escort on their journey. 11% (n=30) said they did because they needed the support of someone who knows them well. More people in **Hull** said they need to help to reach the department upon arrival (20.83%, n=5), and in **East Riding** (16.22%, n=6).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | No | |  | | --- | |  | | 75.63% | 211 |
| 2 | Yes, because the patient is under 16 years of age | |  | | --- | |  | | 0.36% | 1 |
| 3 | Yes, because I need someone to help me reach the department or clinic when I arrive at hospital (e.g. for reasons such as mobility, vulnerability or dementia) | |  | | --- | |  | | 8.96% | 25 |
| 4 | Yes, because I need the support of someone who knows me well | |  | | --- | |  | | 10.75% | 30 |
| 5 | Yes, because I care for a person who cannot be left along and no alternative care is available for them so they needed to stay with me | |  | | --- | |  | | 0.72% | 2 |
| 6 | Yes, for other reason (please specify): | |  | | --- | |  | | 3.58% | 10 |

**Question 11 - Which of the following have you used in the past to travel to your hospital appointments?***n=275 skipped=22*

56% (n=153) had previously used patient transport, however a quarter had used their own transport in the past. In the comments, some people explained that they had used their own transport in the past but declining health left them unable to do this any longer. Over a third (37%, n=103) had relied on a lift from a relative, friend or carer in the past, but people explained that these people are not always available to help. Those who had suggested other options for this question were mostly explaining that they have no other option available to them. Slightly less people in **North Lincolnshire** (15.56%, n=7) had used their own transport in the past. More people in **Hull** had used public transport in the past (30.43%, n=7), and less used a lift from a relative or friend. Far less in **East Riding** had used public transport in the past (5.41%, n=2) but more had used a lift from a relative or friend (45.95%, n=17). People in **York** were less likely to have used a taxi (13.64%, n=6). More people in **North Yorkshire** had used their own transport in the past (34.38%, n=33).



**Question 12 - If the NHS funded Non-Emergency Patient Transport service wasn't available to you, how would you consider travelling to hospital?**  *n=272 skipped=25*

If patient transport was not available, just over a quarter (26%, n=70) of respondents said they would not be able to attend their appointment. There were 15% (n=41) who said they would have to ask a friend, relative or carer. ‘Other’ options expressed concerns about the location of appointments, the expense involved in alternative transport options and others said they did not know what they would do.

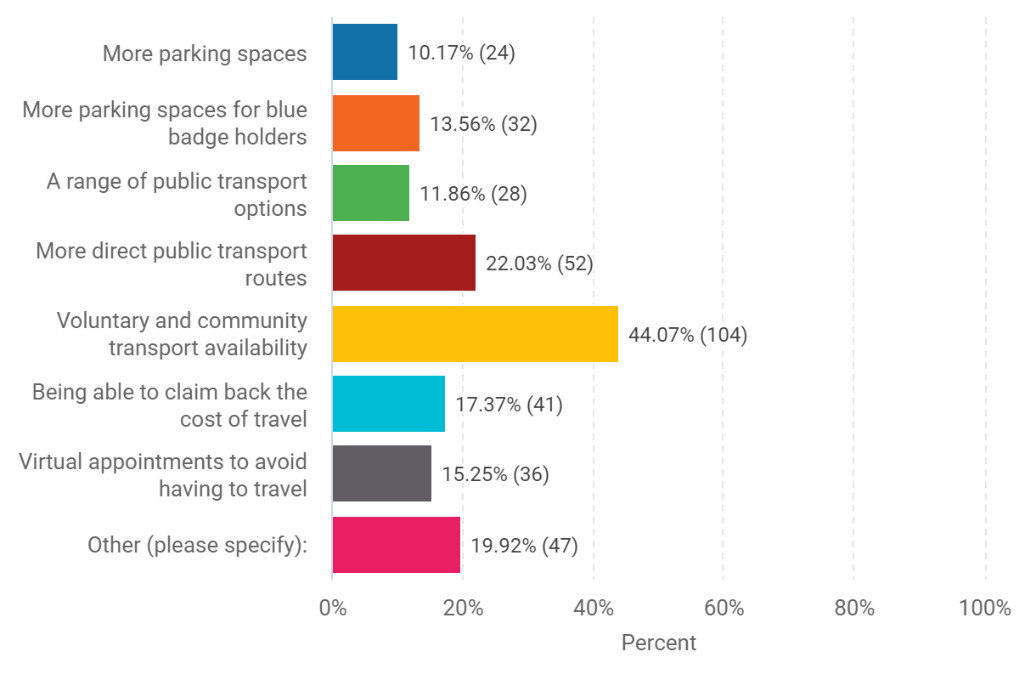
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In **North Lincolnshire**, none of the sample said they would use public transport or their own transport. In **Hull**, significantly more would use a taxi (25%, n=6). In **East Riding** less would have the help of a relative or friend (5.71%, n=2) and more would not attend their appointment (34.29%, n=12). In **North Yorkshire** less people had the help of a relative or friend (12.77%, n=12).

**Question 13 - Would any of the following enable you to get to your appointment without using the NHS funded Non-Emergency Patient Transport service?***n=236 skipped=61*

There were 44% (n=104) of respondents who said that they would consider using voluntary and community transport for their appointments. This suggests a willingness to consider voluntary and community transport as an alternative option. Almost a quarter (22%, n=52) said more direct public transport routes would help and 17% (n=41) said being able to claim back the costs of travel would help them to get to their appointments.



Most of those suggesting an ‘other’ option were telling us that there were no other options if patient transport isn’t available. A couple of people had suggested that voluntary sector transport could be an option if it was a confirmed booking and did not require two weeks’ notice.

Those in **North Lincolnshire** placed less importance on claiming back the cost of travel (5.41%, n=2). People in **Hull** were less concerned about more direct transport routes (8.33%, n=2) suggesting public transport is more available. They were less likely to consider voluntary and community transport (29.17%, n=7). More direct transport routes were more of a concern for those in the **East Riding** (40%, n=12). More parking spaces were important for people in **York** (18.42%, n=7). Being able to claim back the cost was more important for people in **North Yorkshire** than the overall sample (22.89%, n=19).

**Question 14 - What would you be prepared to pay for transport to your hospital appointments, if NHS funded Non-Emergency Patient Transport was not available?** *n=243 skipped=54*

Just over half of respondents would be willing to pay 45 pence a mile for their journey, suggesting they would consider options that were not NHS funded and require a contribution.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | I would not be able to pay | |  | | --- | |  | | 33.33% | 81 |
| 2 | I am not willing to pay for transport | |  | | --- | |  | | 13.17% | 32 |
| 3 | I could pay 45 pence a mile for my journey | |  | | --- | |  | | 53.50% | 130 |

More people in **Hull** were prepared to pay 45 pence a mile (69.57%, n=16), whereas this was less in **North Yorkshire** (48.84%, n=42).

**Question 15 - Would you consider voluntary and community transport options available in your area to get to appointments?**  *n=273 skipped=24*

Over half of respondents would consider voluntary and community transport (57%, n=157), but a significant proportion (37%, n=100) said they that didn’t know about this option, suggesting a lack of awareness. More people in **Hull** were willing to consider voluntary and community transport (66.67%, n=16). In **York**, more people were unaware of these options (45.45%, n=20).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Yes | |  | | --- | |  | | 57.51% | 157 |
| 2 | No | |  | | --- | |  | | 5.86% | 16 |
| 3 | Don't know about voluntary and community transport options | |  | | --- | |  | | 36.63% | 100 |

**Question 16 - Have you missed a hospital appointment due to lack of access to transport or being able to afford transport?**  *n=276 skipped=21*

The majority (80%, n=219) had not missed an appointment due to lack of transport, however those that had were mainly due to lateness or unreliability and lack of access to transport.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | No | |  | | --- | |  | | 79.35% | 219 |
| 2 | Yes, due to lateness caused by unreliable transportation | |  | | --- | |  | | 10.51% | 29 |
| 3 | Yes, due to inability to afford the transportation | |  | | --- | |  | | 1.45% | 4 |
| 4 | Yes, due to lack of access to transportation | |  | | --- | |  | | 8.70% | 24 |

People in the **East Riding** were less likely to have missed an appointment due to these reasons (69.44%, n=25) as were those in **York** (89.13%, n=41).

**Question 17 - What do you see as the MAIN barrier to travelling by public transport, taxi, community transport or asking friends or family for a lift to your appointments?***n=243 skipped=63*

This was an open text question designed to hear from people what they thought the main barriers were to getting to an appointment. These responses were themed and coded under the following:

| **Theme** | **Number of responses on this theme** |
| --- | --- |
| Mobility difficulties | 66 |
| Public transport is expensive | 48 |
| Public transport is not available | 45 |
| Person I know who drives isn’t available | 45 |
| Family live out of the area | 29 |
| Don’t know anyone who drives | 29 |
| Hospital or clinic is too far from my home | 26 |
| Wheelchair user/ concern about wheelchair | 22 |
| Can’t drive or use public transport due to nature of appointment | 19 |
| Visual impairment | 18 |
| Can’t use public transport due to medical condition | 17 |
| Worry about being late | 15 |
| Long term condition / immune suppressed | 12 |
| Public transport unreliable | 12 |
| Need support of the transport staff during and when I get there | 12 |
| Too much hanging around for someone else to take me | 10 |
| Public transport takes too long | 8 |
| Anxiety | 6 |
| Time of the appointment | 5 |
| Worry about parking | 4 |
| Can’t drive in the dark | 2 |
| I am a carer | 2 |

There were 22 people who said they were a wheelchair user, with some explaining that this means they need transport that can take a wheelchair. This was a particular barrier for people with a motorised wheelchair or one that needs to be fixed.

***“I use a wheelchair full time that needs securing down when travelling so it’s not safe on public transport.”***

***“As I use an electric wheelchair transport is difficult to get”***

***“I am unable to stand or walk I can only travel in an electric wheelchair. Taxi no longer available and cannot be booked for specific dates and must be vehicle with a ramp”***

Being unable to drive due to the nature of the appointment was a barrier for 19 people, with many having procedures on the eye which involve drops and being unable to drive or use public transport afterwards.

***“None of us can drive in the dark as the distance is too far and age”***

There were 12 people who said they need support from patient transport staff to get to and from the vehicle and to their appointment location. 15 people worry about being late without patient transport.

***“I prefer NHS transport. If any of my symptoms flair up they are there to help.”***

***“Public transport would be impossible as I have to be at Scarborough Hospital by 8.30am and seldom leave before 4pm.”***

***“Public transport: 3 buses required - often cancelled without warning.”***

***“From my home to Leeds, I would need at least three different buses.”***

***“Public transport impossible to return on when visibility non existent and no direct buses.”***

Some people told us about difficulties in having to get a number of buses or other public transport and the waiting involved due to where they live and the distance they need to travel.

***“On these occasions when I travelled to James Cook Hospital, Middlesborough leading up to my heart operation it is 6 buses there and back from my house and waiting for the buses. I was not well enough to do that.”***

***“Taxis cost on average £80 to £90 return from my house.”***

***“I attend Castle Hill for my chemo treatment, it's an exhausting process which I have many side effects - nausea/dizziness/headaches/shivers/aches and general fatigue. To get to Castle Hill would require me to walk 15 minutes to train station, catch a train to Cottingham, then walk to bus stop. 20 minutes walk to catch bus to hospital. I am not well enough to do this…….patient transport is my lifeline.”***

There was a perception that voluntary and community transport was difficult to arrange.

***“Community Transport: they need 2 weeks notice to find a volunteer driver which is not always possible.”***

***“There are no voluntary and community transport options available in Whitby.”***

***“Community transport - it's a powered wheelchair therefore community transport difficult”***

***“Community transport need advance notice”***

**Question 18 - Are you aware of the Health Transport Costs Scheme?** *n=232 skipped=65*

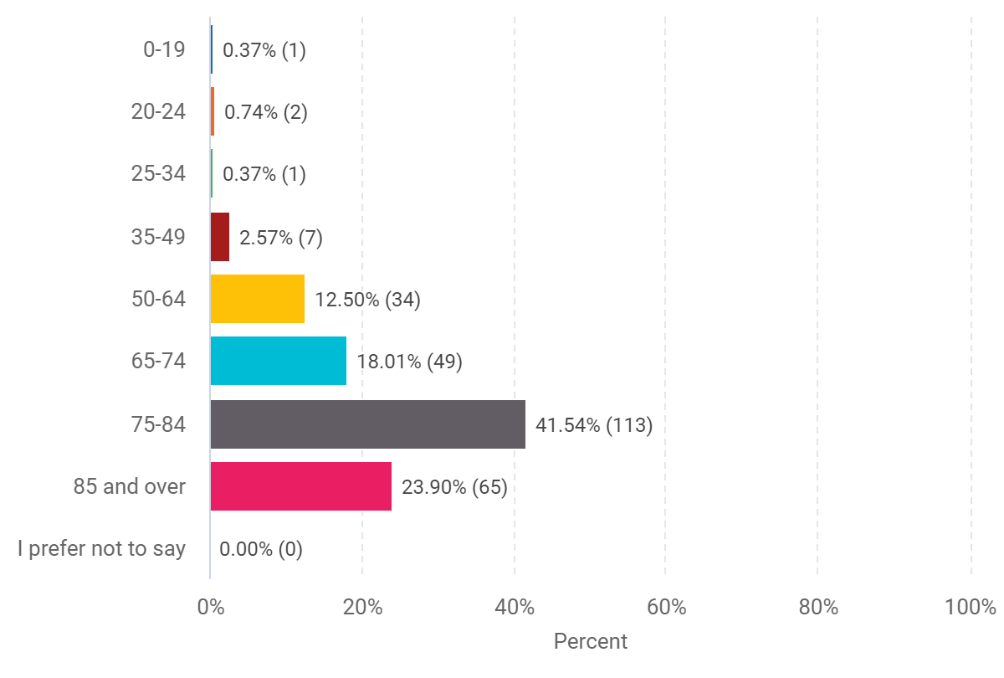
A significant proportion (73%, n=169) of respondents had not heard of the Health Transport Costs Scheme and would be interested in learning more about it. More in the **East Riding** were unaware of this scheme (80.65%, n=25).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | No, but I will now look at this as an option | |  | | --- | |  | | 72.84% | 169 |
| 2 | I am not eligible, so I have to pay full cost of transport | |  | | --- | |  | | 9.48% | 22 |
| 3 | I am eligible and find the scheme easy to use | |  | | --- | |  | | 8.19% | 19 |
| 4 | I am eligible but find the scheme and claiming money back an inconvenience | |  | | --- | |  | | 3.88% | 9 |
| 5 | Aware, but do not require the scheme | |  | | --- | |  | | 5.60% | 13 |

# About the respondents

The following illustrates a breakdown of the demographics of the respondents to this survey, according to their responses to these questions. Answering this section was optional.

**Age** *n=272 skipped=25*



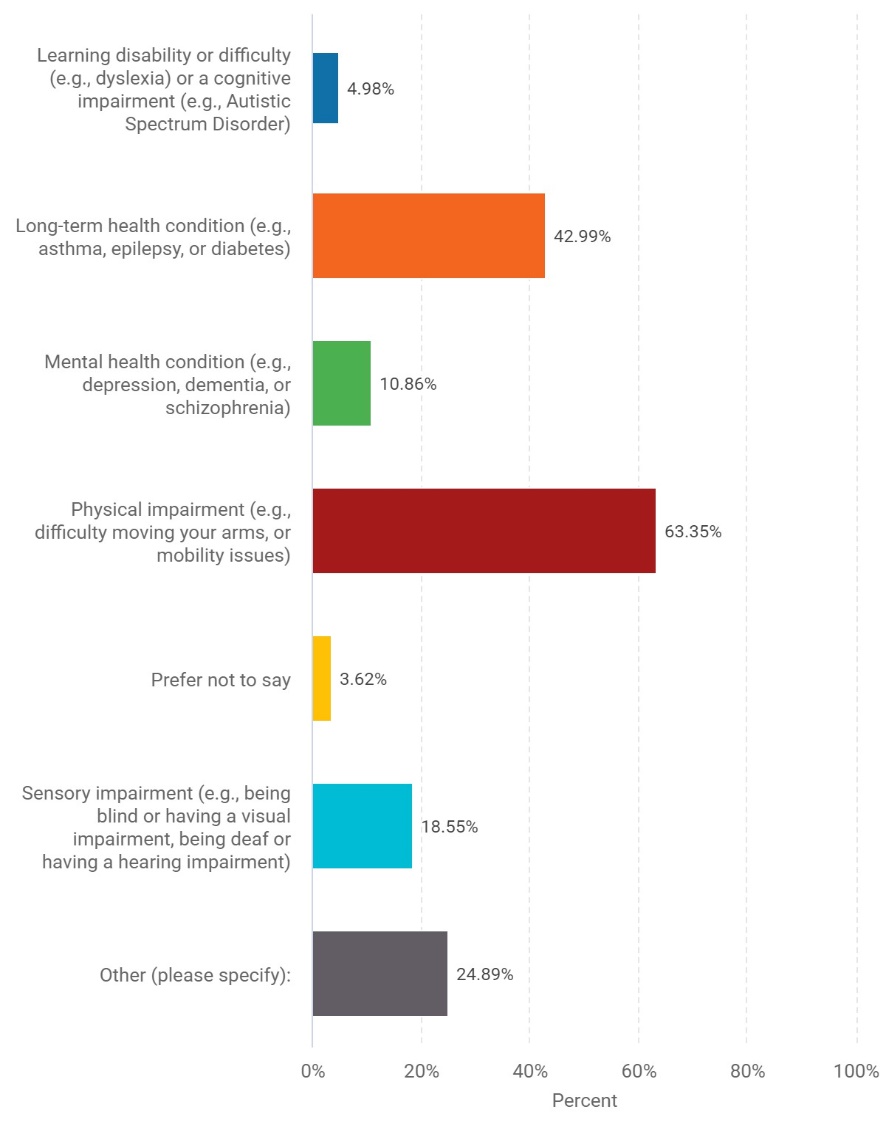
**Gender** *n=266 skipped=31*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Female | |  | | --- | |  | | 47.74% | 127 |
| 2 | Male | |  | | --- | |  | | 51.88% | 138 |
| 3 | Non-binary | |  | | --- | |  | | 0.38% | 1 |

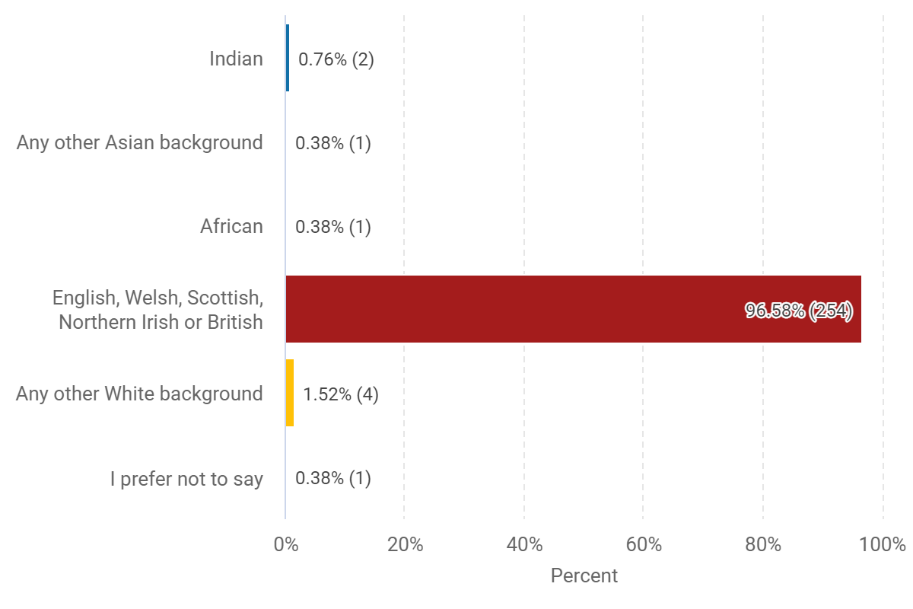
**Disability** *n=265 skipped=32*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Yes | |  | | --- | |  | | 81.13% | 215 |
| 2 | No | |  | | --- | |  | | 15.47% | 41 |
| 3 | I prefer not to say | |  | | --- | |  | | 3.40% | 9 |

**Disability type** *n=221, skipped=76*



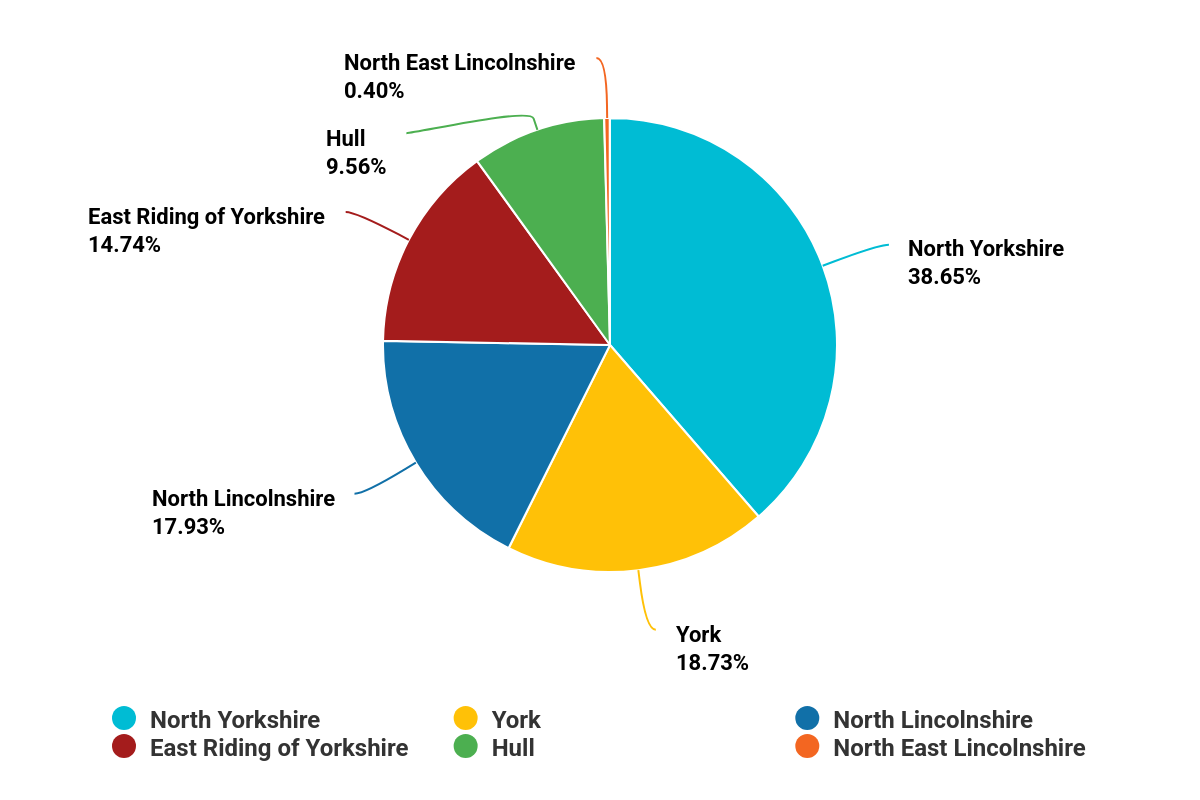
**Ethnicity** *n=263 skipped=34*



96.58% (254)

**Postcode of respondent** *n=251, skipped or out of area=46*

The targeted sample was not stratified by geography, but by cohorts identified in the introduction on page 6. The greater proportion from North Yorkshire (38.65%, n=97) and the East Riding of Yorkshire (14.74%, n=37) is likely to reflect the portion of the sample which was allocated specifically to those in rural and coastal communities. There were 45 responses (17.93%) identified as from North Lincolnshire, 24 (9.56%) from Hull and 47 (18.73%) from York. One response identified as from North East Lincolnshire.

****

# Conclusions

Some of the key findings for consideration are:

* Over 80% of people said they had a disability or long-term condition, suggesting that they would continue to be eligible for transport. This may reduce the impact from 5424 people to around 3600 patients in Humber and North Yorkshire.
* A significant proportion of people in the survey had reported that they have access to alternative transport either through driving or using friends and family. The National Eligibility Criteria states that most people should travel to and from hospital independently, by private or public transport or with the help of relatives or friends.
* Over half of people impacted in Humber and North Yorkshire are from rural and coastal areas, where public transport options for some hospital appointments are limited or involve very lengthy journeys. The impact on this population may be further exacerbated by the age profile, as most people using non-emergency patient transport are over 66 years old. A significant minority of people from the patient survey stated that without patient transport they would be unable to attend hospital appointments. This would be a significant impact on those people where public transport alternatives were not feasible and could lead to increasing health inequalities.
* Almost three quarters of respondents were not aware of the Health Care Travel Costs scheme (HTCS) and 94% of people would consider or were not aware of voluntary and community transport options. These may be suitable for some of those impacted and raising awareness of these options and how to go about applying for them should be considered. This could further reduce the impact on patients in Humber and North Yorkshire.

# Next steps

ICBs have been asked to implement the updated criteria as soon as possible. NHS partners across the Humber and North Yorkshire, including Yorkshire Ambulance Service and the Humber and North Yorkshire Integrated Care Board are reviewing their current eligibility for patient transport.

The Clinical and Professional Committee will consider the outcome of this patient survey and the data analysis alongside recommendations from the Task and Finish Group to inform their decision making.

This engagement has not included North East Lincolnshire because this is currently commissioned through a different provider. The ICB aims over time to align eligibility criteria and will replicate this work for North East Lincolnshire.

# Appendix A

Health House

Grange Park Lane

October 2024 Willerby

HU10 6DT

www.humberandnorthyorkshire.icb.nhs.uk

Dear Sir / Madam

**PLEASE GIVE US YOUR VIEWS**

NHS partners across the Humber and North Yorkshire, including Yorkshire Ambulance Service and the Humber and North Yorkshire Integrated Care Board (who commission health care services on behalf of the population), are writing to you to you as you’ve previously used the Non-Emergency Patient Transport Service and would like your views and feedback on some proposed changes to this service. This is because we are reviewing the eligibility criteria for Non-Emergency Patient Transport Services. This is in line with the updated national eligibility criteria.

The NHS provides funded non-emergency transport where a medical condition means that a patient would struggle to safely attend their hospital treatment or appointment independently and it is essential for their condition management or recovery. When we talk about Non-Emergency Patient Transport we are referring to NHS transportation to appointments for a consultation or treatment within a hospital or community setting. This could also include transport when being discharged from a hospital stay. It does not include transport to your GP or dental appointments.

The updated national criteria gives patients clarity on who is eligible for NHS funded transport and to ensure that where relevant, they have appropriate access to patient transport.  Included in the updated eligibility criteria is a universal commitment of transport support for patients attending in-centre haemodialysis.  
   
To help us understand the impact any change to the criteria might have, Humber and North Yorkshire Integrated Care Board are seeking your views and feedback about how you have used patient transport

You can fill this survey in yourself or ask someone to do this on your behalf. Completing the survey is entirely voluntary, however your views are valuable to us as they will help us shape future service provision. If you require this questionnaire in an alternative format (including large print or alternative languages), or if you require additional support to complete this questionnaire, please contact us:

**Telephone: 01482 672156 (and leave a message) or Email: hnyicb.engagement@nhs.net**  

Please return any completed surveys back to us **by Friday 15th November 2024** using the FREEPOST envelope provided, no stamp is necessary. This survey is also available to complete online, just scan the QR code below to complete:

A qr code with a few black squares

Description automatically generated

**Scan Me!**



Thank you for your time and support.

Yours sincerely

**Dr Nigel Wells, Executive Director of Clinical and Professional**

**NHS Humber and North Yorkshire Integrated Care Board**

# Appendix B

