

<b>Document Title:</b>	<b>NON EMERGENCY PATIENT TRANSPORT SERVICES POLICY (NEPTS)</b>		
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Shevaun Mullender	Head of Clinical Improvement	25 <sup>th</sup> October 2019
Sonia Pocock	Transport Facilitator	15 <sup>th</sup> October 2019
Emily Hughes	CCG	21 <sup>st</sup> October 2019
Alison Walker	CCG	21 <sup>st</sup> October 2019

<b>Related Trust Policies</b> (to be read in conjunction with)	11037 Adult Discharge Policy
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<b>Version No:</b>	<b>Authored/Reviewer:</b>	<b>Summary of amendments/ Record documents superseded by:</b>	<b>Issue Date:</b>
1.0	Sharon Salthouse		January 2006
2.0	Claire Brannigan		27th October 2011
2.1	Claire Brannigan/ Sonia Pocock	point 3.3, 3.6, 4.5, 4.6, 4.8, section 6, 7.1, 7.2, 8.2, 9.1, 12.1, 13.1, 15.1, 16.1, 18.0, 19.0, 20.0, Appendix 3 and 4.	September 2013
2.3	Sonia Pocock	Working Draft	November 2014
3.0	Lisa Telford	Full Review	31 <sup>st</sup> October 2019

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## 1. Purpose

- 1.1 The policy will provide staff guidance on booking appropriate non-emergency patient transport for patients who meet the eligibility criteria (**see Appendix 1 for eligibility criteria**).

## 2.0 Aims

2.1 The policy aims to:

- To provide guidance to staff on when and under what circumstances non-emergency patient transport services should be used,
- Guidance to ensure the correct mode of transport is booked taking into account the patients' needs,
- Monitor and reduce inappropriate and aborted journeys to ensure Trust resources are used appropriately and reduce delays in patient transport and reduce aborted journey charges,
- Offer guidance to patients, their carers and members of staff in relation to patients who do not meet the clinical criteria,
- To enable a robust service contract can be designed which will meet the full needs of the Trust to facilitate patient movement for both in patients and out patients,
- To enable the NEPTS service to be more responsive to the demands for non-emergency patient transport,
- To achieve the best use of resources.

## 3. Scope

- 3.1 To provide a contracted service for all patients who have a clinical need for non-emergency transport.

## 4. Background

- 4.1 Non-emergency Patient Transport Services (NEPTS) is the non-urgent, planned transportation of patients with a medical condition that deems them clinically unable to travel by any other form of transport, to and from their place of residence to and from premises providing NHS funded Healthcare.
- 4.2 Essex Clinical Commissioning Group (CCG) commission NEPTS for patients registered to a GP practice within their CCG boundaries. The current NEPTS provider is Thames Ambulance Services Limited (TASL).
- 4.3 The principle is that all patients should make their own arrangement for getting to and from hospital by private or public transport unless there is a clearly defined medical need for transport to be provided (i.e. patient requires a stretcher for transport, 2 crew for assistance).

- 4.4 A clinical need for treatment does not automatically imply a medical need for transport. Non-emergency patients assessed may not necessarily require an ambulance; other forms of transport maybe more appropriate and cost effective.
- 4.5 Planning for hospital Admissions is part of an on-going process that should commence prior to admission and as soon as possible for other admissions. Therefore communication to the patient should be explicit on expectation about transport arrangements.
- 4.6 Discharge is a process and not an isolated event. It has to be planned for at the earliest opportunity therefore transport issues must be discussed so patients can make appropriate arrangements for their discharge home. If discharge patients meet the eligibility criteria for patient transport then transport should be booked by 12 midday the previous day to ensure a safe and timely discharge for the patient.

## 5.0 Roles and Responsibilities

- 5.1 All staff involved in the booking of non-emergency patient transport must ensure they follow the booking guidance and the eligibility criteria when booking patient transport (Refer to Appendix 1 for guidance)
- 5.2 **Managing Director** is the Accountable Officer of the Trust and as such has overall accountability and responsibility for ensuring safe and effective systems are in place for patient transport and that staff are fully informed and skilled to carry out their responsibilities.
- 5.3 **Chief Operating Officer** has overall executive responsibility for ensuring effective systems are in place for patient transport.
- 5.4 **Deputy Director of Commissioning** is responsible for ensuring the systems in place are effective, robust and meet the needs of our patients.
- 5.5 **Ward and Departmental Managers**
- Ward/Departmental Managers must ensure staff are kept up to date with any changes to the transport booking process including eligibility criteria and update reinforcements.
  - Ward/Departmental Managers are responsible for making sure their staff are following the patient transport guidance and adhering to the policy.

**5.6 Nursing/Medical Staff**

It is the responsibility of all nursing and medical staff involved in the transport booking process to assess the patient at each visit/admission to check if their needs have changed and they still qualify for patient transport as determined by the eligibility criteria.

**5.7 The Contracted Provider Staff**

There is an operational requirement for the Contracted Provider staff to support this policy.

**5.8 Trust Patient Transport Coordinator**  
(Refer to Appendix 2)

- Contact details – extension 6880 or 2664 or via bleep on #6555 2803;
- Update Trust staff of any changes to the service;
- Liaise with Trust staff assisting with any queries and problems that may arise;
- Work with wards/departments to ensure patients are ready on time at the time originally booked to avoid any delays and ensure patient flow at the front door;
- Create, amend and cancel transport bookings on the TASL portal as and when necessary;
- Authorise all patient taxi bookings during normal working hours and maintain accurate records of all activities;
- Organise all patients' journeys that need technician crews booked through an approved provider and send monthly records to the CCG;
- Liaise with patients on a daily basis, either face to face or on the telephone and ensure queries are dealt with, (TASL bookings patients to be redirected to the TASL booking number)
- To notify the TASL local manager of any operational or transport issues. E.g. Trust on Critical Incident or patient specific requirements.
- Organise training for staff on the TASL transport portal booking system;
- Coordinate complaints and datix received with regard to patient transport concerns and provide necessary feedback;
- Respond to freedom of information requests (FOI) from service users within the required timeframe;
- Attend monthly contractual meetings with TASL and the CCG.
- Organise and oversee extra contractual requests (ECRs) for journeys outside of the TASL contract, create a record of these journeys and feedback to the relevant CCGs.

**6.0 Education and Training****6.1 Staff Local Induction**

All new staff involved in the booking of non-emergency patient transport must be shown where to access the Non-emergency patient transport policy and informed on the procedures for booking patient on local induction into their areas.

## 7.0 Non- Emergency Patient Transport Services (NEPTS)

(Refer to Appendix 3)

### 7.1 Overview of the service

7.1.1 NEPTS are typified by the non-urgent, transportation of patients with a medical need to and from a premises providing NHS healthcare and between NHS healthcare providers. This can and should encompass a wide range of vehicle types and levels of care consistent with the patient's medical needs.

7.1.2 The place of residence is defined as any address specified at the time of booking, e.g. home, residential care home, nursing home, hospice, hospital or treatment centre. The types of journey are to/from:

- Outpatient and clinic appointments at hospitals, treatment centres and health centres;
- Day case and Inpatient attendances;
- Renal Dialysis Attendances;
- Discharges from hospitals (Acute and Community and including on the day requests);
- Out of area discharges;
- Inter hospital transfers - between the designated treatment sites;
- GP short notice requests to dedicated assessment units;
- Patients travelling to the Rapid Assessment Unit at Braintree Community Hospital and the Assessment & Rehabilitation Unit at St Peter's Hospital in Maldon;
- Occupational Therapy assessments, these assessments include patients who are under the care of MEHT or within an Intermediate Care Bed which could be at either a residential home or nursing home. The patient would need to be taken from this site to their usual place of residence for the assessment and returned to the original site;
- Accident and Emergency Post Treats;
- Burns Unit ;
- Journeys for End of life patients. Due to the nature of the patient's condition these may need to be fast tracked through the system. These journeys will be identified as "Fast Track Patients".

### 7.2 Operational Hours of the Patient Transport Service.

TASL Call Centre	Open 24/7	0808 1699612
Office Hours	Monday to Saturday	06:00 - 18:00
	Monday to Saturday (Control Centre)	18:00 – 06:00
	Sunday Via control Centre Lincoln	
Vehicle operating hours	Monday to Friday	08:00 -12:00am
	Saturday and Sunday	08:00 - 12:00am

Renal Dialysis hours	Morning Session Monday to Saturday	Arrive 7.30 to 8.00 Depart 12.30 to 13.30
	Afternoon Session Monday to Saturday	Arrive 12.30 to 13.30 Depart 17.30 to 18.30
	Evening Session Monday to Saturday	Arrive 17.30 to 18.30 Depart 22.30 to 23.30

- 7.3 For patients' booking for appointments for Mid Essex, the patient must call TASL Call Centre on **0808 1699612** and any follow up appointments whereby patient transport is required the patient will need to book direct.
- 7.4 Patients who are attending on an outpatient basis should be routinely asked about their normal day to day methods of getting around when not attending hospital prior to booking transport. If a patient is able to get around normally without support or assistance they should not be offered hospital transport. A series of questions will be used on the HealthCab portal to assess a patient's eligibility.
- 7.5 Patients must be assessed at each visit to check if their needs have changed and they still qualify for patient transport.
- 7.6 Staff in pre assessment clinics must ensure the appropriate mode of transport is booked for admission and discharge, if patients meet the eligibility criteria.
- 7.7 All outpatients should be assessed on each visit – repeat bookings should not be made just because they have had transport before.
- 7.8 The Trust monitor this contract arrangement on a monthly basis and the services provided in keeping with the service specification and contract set out by the CCG.
- 7.9 The Trust Patient Transport Coordinator will feedback any issues with the service to the CCG to ensure the service is robust and changes are made where appropriate.
- 7.10 Escalation process:
- A clear escalation process to escalate any concerns that cannot be resolved by TASL Call Centre is in place and is managed by the Clinical Operations Office at Broomfield out of hours – extension 4074 or 4512 or via bleep #6555 2200. (Refer to Appendix 4);
  - The Patient Transport Coordinator can be contacted at all times during working hours.
- 7.11 **Cancelled Journeys**
- 7.11.1 A cancelled journey is defined as a journey cancelled with a minimum of 3 hours' notice and prior to the vehicle commencing its journey.
- 7.11.2 Where journeys are to be cancelled or restricted in relation to severe weather (or other incident), the Provider will decide on whether to convey patients, based on an analysis of risk to patients and NEPTS staff. Any decisions to restrict service provision will be communicated to the Commissioner.

## 7.12 Aborted Journeys

7.12.1 A journey is classed as abortive when:

- Patients are not ready within 10 minutes of the vehicle arriving to collect (i.e. booked ready time);
- An ambulance resource arrives to convey the patient and they are unable to be conveyed and a cancellation has not been received by the transport provider;
- A patient is conveyed to a treatment centre and is booked for a return journey and decides not to travel or has made their own way if less than 3 hours' notice is given.

7.12.2 An inward and outward journey has been planned onto a vehicle and a cancellation is received on the day. This will be classed as an abortive journey for the inward journey only; the outward will be treated as a cancelled journey.

7.12.3 The Contracted Provider staff will:

- Make every reasonable effort to confirm that the Patient is not at home. The Providers Staff will wait no more than 10 minutes for a response.
- Make immediate contact with the booking centre to check the address of the Patient, and take every action prior to aborting the journey.

7.13 Any disagreements between the decision of staff and the patient should be escalated within the directorate to the Ward/Department Manager/Lead Nurse. However the Transport Coordinator will be able to provide advice to both staff and to the patients on the application of the criteria and the patient's suitability for transport. Please see **Appendix 1** for patient eligibility criteria

## 8.0 Authorisation of non-emergency Patient Transport (NEPTS)

(Refer to Appendix 3)

### 8.1 Patient Assessment

8.1.1 All patients must be assessed in order to determine if they qualify for NEPTS.

8.1.2 Below are some examples of whereby a patient would qualify:

- Where a medical condition is such that they require the skills of support of NEPTS staff during/after the journey;
- If it would be detrimental to the patient's condition/recovery to travel by any other means;
- If the patient's medical condition impacts their mobility to such an extent they cannot access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means.

### 8.2 Inappropriate use of Non – Emergency Patient Transport Services

- Inappropriate use of Non - Emergency Patient Transport Services will result in delays for patients who meet the eligibility criteria;
- Patients who do not meet the eligibility criteria must be advised and supported of the alternative means available to them. These can include:

- Public transport;
- Taxis;
- Community transport or volunteer services in local areas, please visit <http://www.chelmsforddialaride.org.uk/> for more information;
- Refer to **Appendix 1** for patient Eligibility Criteria and Mobility Criteria;
- Please see section 15 for patients who may qualify for financial assistance.

### 8.3 Authorising requests

- 8.3.1 Responsibility for ensuring that a patient's needs meets the eligibility criteria lies with the appropriate clinical staff making the transport booking.
- 8.3.2 Patient's eligibility should be assessed at each appointment as the patient's condition may have improved/deteriorated since the last request.

## 9.0 Transportation provision - Exclusions

- 9.1 The following groups of patients and/or activity do not currently form part of this contract;
- Patients who do not meet the eligibility as deemed by the NHS Mid Essex CCG Eligibility and Assessment Criteria;
  - 999 emergency Calls;
  - Critical Care Transfers: Neonatal; Paediatric; Adult Emergency Care Services: Mobile response to Category A and B calls;
  - Patients who are identified as high risk, and are not suitable for NEPTS e.g. Patients sectioned under the Mental Health Act etc. who would potentially raise serious health and safety concerns for other staff and patients;
  - Patients registered to a GP outside of Mid Essex Clinical Commissioning Group (except for out of area discharge journeys);
  - Home to Home addresses;
  - The Commissioner has no responsibility for assisting visitors to travel to hospital;
  - Transfers between residential homes or nursing homes;
  - Primary care i.e. GP surgeries, dental, optician appointments (except where secondary healthcare services have been moved to a community setting);
  - Prisoners – Transport is provided by the prison service;
  - Neonatal Intensive Care Unit (NICU) urgent transfers to available NICU and Children's Acute Transfer Service (CATS) facilities;
  - Non NHS-funded Patients.

## 10.0 Inpatient discharges requiring non-emergency patient transport (Refer to Appendix 4)

- 10.1 All discharges from the wards will be conveyed by TASL with the exception of the following:
- Patients registered with a GP in North East Essex, West Essex, East and North Hertfordshire, Peterborough, Cambridgeshire and Huntingdon in these cases, patients will be conveyed by East of England;

- Patients known from the Mental Health Trust; these patients will be transported by EZEC Medical.
  - Patients requiring a technician or paramedic crew during the journey.
- 10.2 All wards must ensure that the patients transport needs are included in the discharge planning process and enquiries must be made with patients if they can make their own way home with the help of relatives and/or friends. Transport bookings for discharge patients must be made by 12 midday the previous day to guarantee a safe and timely discharge for the patient, on the day bookings may result a delay in the patient discharge. On the day bookings have to be slotted into the already planned journeys which means the ambulance service cannot guarantee a specific collection time for the patient if one is required.
- 10.3 Ward staff must ensure that the Patient Transport Eligibility criteria are adhered to.
- 10.4 Ward staff must follow the Trust 11037 Adult Discharge Policy and instructions within the discharge checklist.
- 10.5 Patients and relatives must be made aware that not all patients qualify for non-urgent patient transport on discharge.
- 10.6 Patients' belongings shall be limited to one piece of hand luggage and their specialist equipment. Where possible ward staff must ensure extra luggage is collected by relatives.
- 10.7 If there is excess equipment the ward must contact the non-patient transport department to organise delivery of the equipment to the patient's address (please contact transport or Red Cross on extensions 3440/4256/4257 or via bleep on **#6555 2314**); please note this must be organised in advance.
- 10.8 All inpatients that meet the Discharge Lounge criteria must be transferred to the Discharge Lounge to await transport on the day of discharge.
- 10.9 All patients who require patient transport on discharge must have the following ready before transport arrives to collect the patient:
- Medication to take home (TTA's);
  - Discharge Summary;
  - Social Services informed of any care packages need and start times and date;
  - Community services are arranged to provide on-going care following discharge;
  - Therapy aids;
  - If patients are discharged with equipment i.e. walking frames, ward staff must ensure NEPTS are aware of how much equipment the patient will have as they may not be able to fit the equipment on the vehicle, TASL will take 1 item of equipment and 1 bag as long as these can be safely secured in the vehicle.

## **11.0 Escorts/Carers**

- 11.1 Patient Qualification for Escorts:

Escorts/carers will not normally be able to travel with patients who are approved for transport unless the patient has a medical need for their assistance during the journey. Approval is not guaranteed and will depend on seat availability and priority will be given to other patients travelling on the same route. A maximum of one fully mobile escort will be allowed per patient. Where an escort is accompanying the patient, and the return journey is not required by the patient, i.e. The patient is admitted, then the escort must make their own arrangement to return home.

11.2 If a patient requests an escort or carer to assist them, and they do not fit into the category above the following information will be sought to ensure a carer/escort is only considered in the appropriate cases:

- Escorts will usually only be approved in the following circumstances:
  - Patient has communication or sensory difficulties and would require assistance whilst travelling or at the hospital;
  - Patient is a minor and with a physical or mental incapacity under 16 years of age;
  - Clinical escorts who are medically required to accompany the patient.

## **.12.0 Renal Dialysis Patients**

12.1 Currently the dialysis unit provides a service to the Mid Essex catchment area.

12.2 Patients should arrive and depart from the Renal Unit within the following times:

Morning Session	Arrive 07.30-08.00	Depart 12.30-13.30
Afternoon Session	Arrive 12.30-13.30	Depart 17.30-18.30
Evening Session	Arrive 17.30-18.30	Depart 22.30-23.30

## **13.0 Use of Taxis for Patient Transportation**

13.1 Transporting patients by taxi should only be done in extreme cases e.g. out of hours and at weekends when no other form of transport is available;

13.1.2 Patients must be assessed by a clinical member of staff to determine if they are suitable for taxi transportation;

13.1.3 It should be remembered that, if clinical staff have judged that a patient requires the use of an ambulance based on their medical condition, and then a taxi is used, the staff member is breaking Trust policy and putting the patient at risk;

13.1.4 TASL drivers are trained to provide a level of medical support and will assist the Patient in and out of the ambulance. The taxi service drivers have no responsibility for patient care.

### **13.2 Authorisation and Payment**

- Patients will be expected to pay for the taxi journey if they do not meet the patient eligibility criteria. Please remember this is not a free service;

- All patient taxi bookings must be authorised by the Trust Patient Transport Coordinator during normal working hours and the Clinical Operations Manager out of hours;
- Out of hours switchboard keep a log of all patient taxi requests and hand this information over to the Patient Transport Coordinator.

## **14.0 Financial Assistance for Patients who do not qualify for patient transport**

- 14.1 Financial help is available to patients on low incomes who do not have a medical need hence do not qualify for NHS funded transport. Details are available within the Department of Health Guidance 'Healthcare Travel Costs Scheme, [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213883/dh\\_116385.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213883/dh_116385.pdf)
- 14.2 Health Care travel cost (HTCS) forms are available from General Office for patients who require reimbursement. Patients must provide bus/train ticket or if claiming petrol expenses it will be reimbursed postcode to postcode. <https://www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costs-scheme-htcs/>
- 14.3 Patients must be able to prove genuine financial hardship and must be in receipt of income support, working family tax credits or income based job seekers allowance.

## **15.0 Infection Prevention**

- 15.1 All staff should follow Trust guidelines on infection prevention control by ensuring that they effectively 'decontaminated their hands' before and after each patient contact
- 15.2 Patients who must travel on their own for infection prevention reasons – this information must be clearly identified on the patient transport booking request failure to do this will result in a delay.

## **16.0 Risk Management**

- 16.1 Any incident in relation to non-emergency patient transport and must be documented and reported via the Datix Web.
- 16.2 TASL staff will also report any incidents via their Datix web.
- 16.3 Any incidents or complaints will be investigated by the Trust Patient Transport Coordinator or the TASL Customer Services Manager through the appropriate processes.

## **17.0 Audit and Monitoring**

- 17.1 TASL will regularly audit the non-emergency patient transport activity and identify unusual or increased trends in activity

- 17.2 Any unusual or increase in activity trends will be reported to Clinical Commissioning Group (CCG).
- 17.3 TASL will produce monthly activity reports to the CCG as per their contract.
- 17.4 It is the responsibility of the Ward/Departmental Managers to ensure they monitor appropriate use of the non-emergency patient transport services

## **18.0 Equality Impact Assessment**

- 18.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.  
(Refer to Appendix 5)

## **19.0 Communication and Implementation**

- 19.1 The policy will be available for staff to view/access on the hospital intranet and websites.
- 19.2 A copy will be emailed to all appropriate staff.
- 19.3 Staff will be able to contact the Trust Patient Transport Coordinator for any queries.

## **20.0 References**

Clinical Commissioning Group Contract with TASL

South Essex Eligibility Criteria for non-emergency passenger/Patient Transport Services (NEPTS) September 2014

Trust Discharge policy

Healthcare Travel Costs Scheme, gateway reference 9602 (May 2010)

**Appendix 1**

**ELIGIBILITY CRITERIA FOR PATIENT TRANSPORT**

The Mid Essex Clinical Commissioning Group (CCG) have set out the eligibility criteria to determine if a patient is eligible for transport or not.

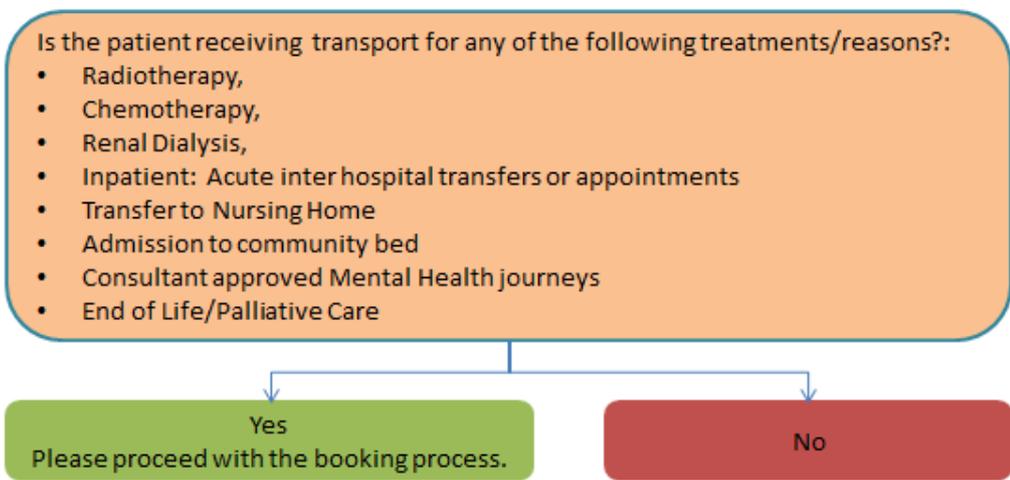
**NHS**

# South Essex CCGs

## PTS Eligibility Assessment

### April 2018 – AMENDED

This daily living assessment should be used to assess **ALL** patients eligibility for patient transport services with the following exceptions. These patients are currently excluded from the eligibility assessment and transport should be arranged accordingly. Note this may be subject to change in the future.



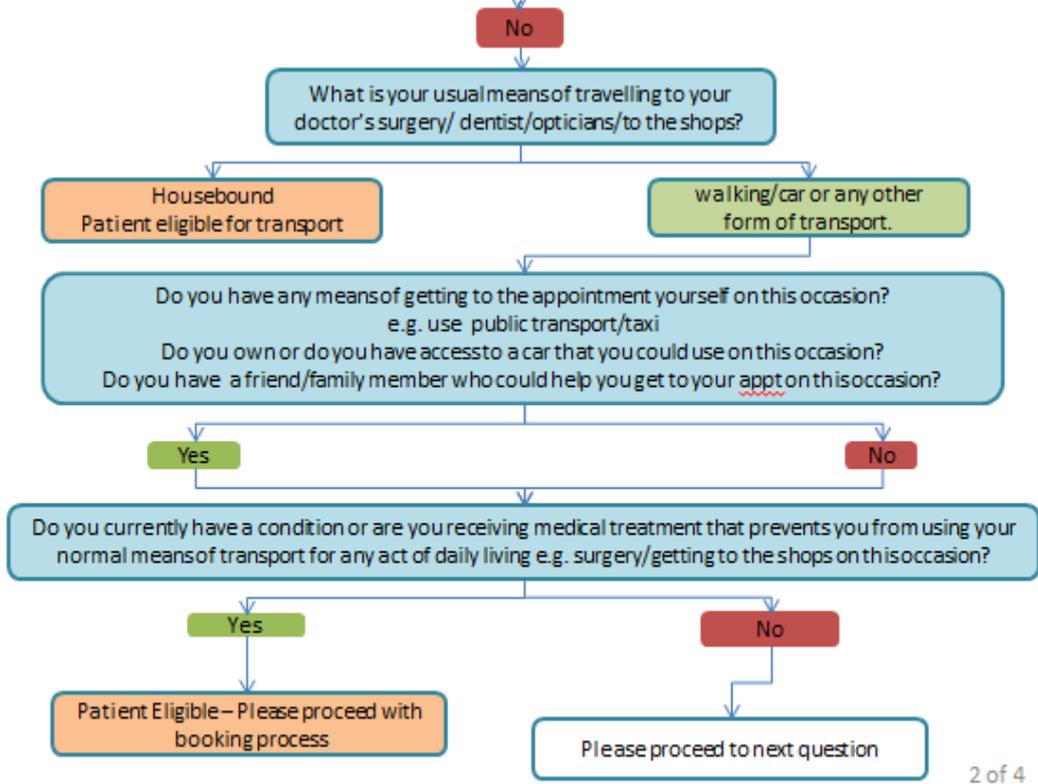
Is this an outpatient appointment/day case/admission/ Non Acute Inpatient Journey request  
If yes; proceed to **section one**.

Is this a hospital discharge?  
If yes; proceed to **section two**.

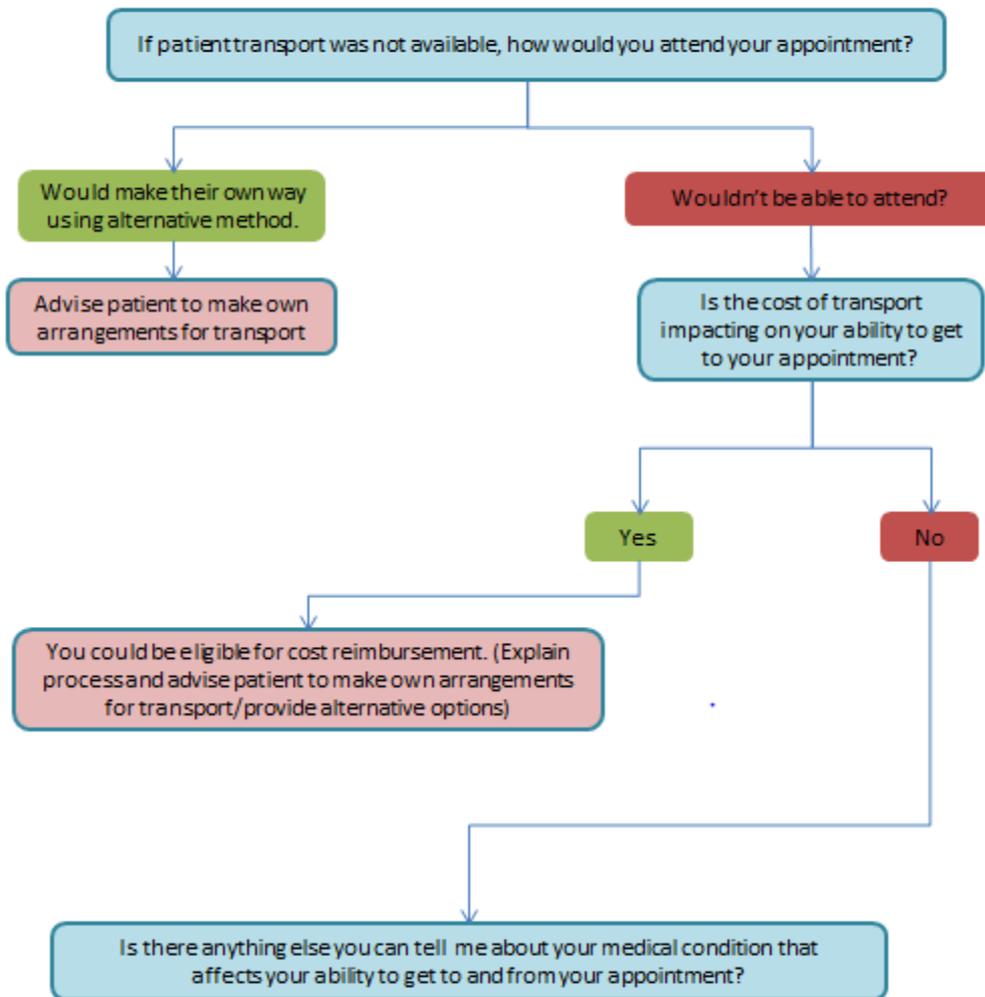
**PTS: Section One (outpatient/day case/admission)**

**Disclaimer:**  
 We will now ask you a series of questions to assess whether you are eligible for PTS. You are expected to give honest responses to the questions asked. The responses will be recorded. We will regularly review patients to ensure they are still eligible for the service. If responses given are later found to be inaccurate, it may impact on your entitlement to use PTS.  
 Do you understand the assessment process?  
 Are you happy to continue with the eligibility assessment?

- Is the reason for requesting transport one or more of the following:
- a) The treatment you are due to receive at hospital may cause considerable side effects. **If yes, return journey only.**
  - b) Patient is currently bed bound and can only be transported on a stretcher
  - c) Patient requires skilled assistance to transfer to/from a vehicle. (e.g. wheelchair bound patient unable to transfer alone)
  - d) Patient is currently experiencing LD/mental incapacity which makes using private or public transport unsuitable.
  - e) Intravenous support
  - f) Has a communicable (contagious) disease
  - g) Uncontrollable illnesses – e.g. epilepsy
- if yes to any of the above – patient eligible – please proceed with booking process)**



**PTS: Section One (outpatient/day case/admission) CONTINUED**



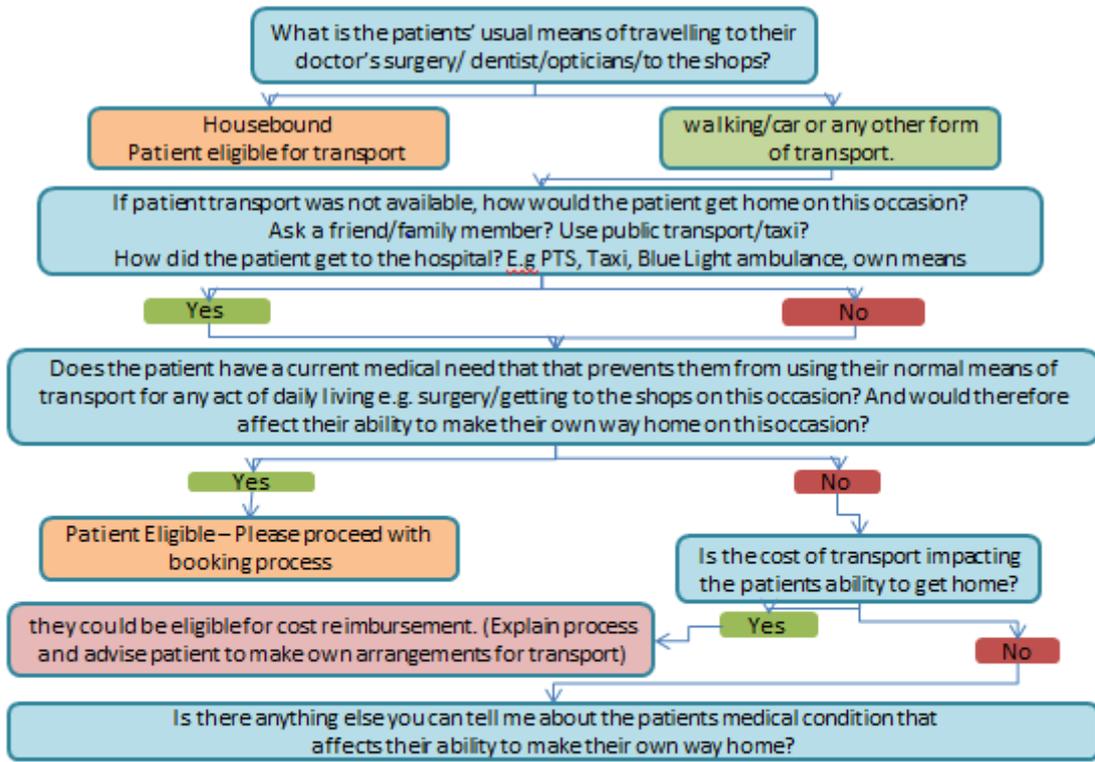
**NOTE: If Patient not eligible alternative transport options to be provided**

**NOTE TO PATIENT:** In the event appointments are cancelled or, appointment times change, patient transport must be advised to ensure transport bookings are changed accordingly. And to ensure this NHS resource is used effectively.

**PTS: Section Two (Discharges)**

**Disclaimer:**  
 You will now be asked a series of questions. Please ensure that you have discussed each question with the patient to ensure the information is as accurate as possible, to determine the appropriate outcome for the patient, including the patients mobility requirements  
 Please do not attempt to book patients that do not meet the eligibility criteria, as this could prevent availability of vehicles for those with a genuine medical need.  
 Do you understand the assessment process?  
 Are you happy to continue with the eligibility assessment?

- Is the reason for not being able to use your normal means of transport one or more of the following:
- a) Patient is currently bed bound and can only be transported on a stretcher
  - b) Patient requires skilled assistance to transfer to/from a vehicle. (e.g wheelchair bound patient unable to transfer alone)
  - c) Patient is currently experiencing LD/mental incapacity which makes using private or public transport unsuitable.
  - d) Intravenous support
  - e) Has a communicable (contagious) disease
  - f) Uncontrollable illnesses – e.g. epilepsy
- if yes to any of the above – patient eligible**



**NOTE RE CANCELLATIONS:** In the event that transport is no longer required for this patient, transport must be advised to ensure the vehicle is released for another patient and to ensure NHS resource is used effectively.

## Appendix 2

**LIST OF TRANSPORT PROVIDERS COVERING CLINICAL COMMISSIONING GROUPS BY AREA****Non-emergency patient transport contact details****For Discharges ONLY (and some Transfers – please check with Transport office)****\*\*\*PLEASE IDENTIFY THE GP SURGERY THE PATIENT IS REGISTERED WITH THEN REFER TO GP SURGERY LIST ATTACHED TO DETERMINE THE PROVIDER TO CONTACT\*\*\*****Mid Essex CCG patients (PLUS any other CCG's not listed below FOR DISCHARGES ONLY) The Provider is: TASL**

Call Centre opened <b>24/7</b> to book transport or mark a patient ready	0808 169 9612
TASL desk in the Atrium <u>to mark a patient ready ONLY</u>	X 4528 – MON TO FRI
10am-6pm	
Dispatch office at MEHT	via Call Centre 0808 169 9612 or x 6880

**North East Essex CCG patients The Provider is: East of England Ambulance**

Call Centre opened Monday to Sunday 08:00 - 18:00	0300 0134 996
<b>***Out of hours, the same number can be called but will divert to the On-Call manager answering service***</b>	
Dispatch office Monday to Saturday 06:00 – 22:00	01245 444 595
Dispatch office Sunday 07:00-19:00	01245 444 595
OUT OF HOURS NUMBER for urgent queries ONLY (after 20:00) (ALO)	01603 481 233

**West Essex CCG patients The Provider is: East of England Ambulance**

Call Centre opened Monday to Friday 07:00 - 20:00	0300 123 2296
Dispatch office Monday to Friday 07:00 – 20:00	01245 444 596
Dispatch office at week-ends and bank holidays 07:00 to 17:00	01245 444 <b>595</b> (not 596)

OUT OF HOURS NUMBER for urgent queries ONLY (after 20:00)  
(ALO)

01603 481 233

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**East and North Hertfordshire CCG patients – Please follow below process as the provider for this area is currently NOT contracted to take discharges or transfers from MEHT**

In hours

Contact Patient  
Transport office to  
arrange with CCG

Out of hours – Director on Call CCG

0330 124 1725 to seek  
authorisation to use a  
private provider to  
convey the patient –  
ensure provider  
invoices CCG direct

**Any queries, please contact the Patient Transport Office:**

**Ext 6880 /2664 or Bleep on #6555 2803 - Monday to Friday 8.00 – 18.00 – Switchboard  
has a mobile no. for Sonia Pocock for any urgent queries**

**Out of hours – Please contact Clinical Operations on x 4074 or bleep #6555 2200**

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## Appendix 3

**Non – Emergency Patient Transport contact details for Outpatients/ Admission/ Day case and Home visit.****Non-emergency patient transport contact details for  
Outpatients/Admission/Day Case and Home Visit ONLY**

**\*\*\*PLEASE CHECK WHICH GP SURGERY THE PATIENT IS REGISTERED WITH  
TO IDENTIFY WHICH TRANSPORT PROVIDER TO CONTACT\*\*\***

**IF ANY ISSUES/QUERY, PLEASE CONTACT PATIENT TRANSPORT OFFICE**

**Extn 6880 or 2664 – bleep #6555 2803 Monday to Friday 08:00 – 16:00**

**Out of hours please contact the Clinical Site Managers on extn 4512/4074 – bleep #6555 2200/2127**

**Call centre tel no. – To make a future booking only**

**Dispatch tel no. – To mark a patient ready/to chase crew's arrival/make an enquiry**

**Mid Essex CCG patients – TASL**

Call Centre opened 24/7 for patients

0808 169 9614

Call Centre opened 24/7 for **MEHT**

0808 169 9612

**Dispatch office**

**01245 951 209**

TASL desk in the Atrium **to mark a patient ready ONLY**

X 4528 – MON TO FRI

10am-6pm – *if no answer, please  
call the call centre no. above*

**Basildon & Brentwood/Thurrock/Castle Point & Rochford/Southend CCG patients - East of England Ambulance**

Call Centre opened Monday to Friday for patients 10:00-16:00

0300 0134 997

Call Centre opened Monday to Friday for **MEHT** 07:00-20:00

0300 0134 998

NUMBER FOR MEHT

**Dispatch office opened 07:00-20:00**

**01245 444 597**

**Dispatch office week-ends and bank holidays 07:00-17:00**

**01245 444 595 (not**

**597)**

**\*\*\*IF PATIENT IS ATTENDING A PLASTIC SURGERY CLINIC AT BASILDON HOSPITAL, PLEASE CONTACT THE TRANSPORT OFFICE ON THE NUMBERS AT THE TOP TO BOOK TRANSPORT\*\*\***

**North East Essex CCG patients – East of England Ambulance**

Call Centre opened Monday to Sunday for patients 08:00 to 18:00

0300 0134 995

Call Centre opened Monday to Sunday **MEHT** 08:00 to 18:00

0300 0134 996

NUMBER FOR MEHT

**Dispatch office opened Monday to Friday 07:00-20:00**

**01245 444 595**

**Dispatch office week-ends and bank holidays 07:00-17:00**

**01245 444 595**

**West Essex CCG patients – East of England Ambulance**

Call Centre opened Monday to Friday for patients 09:00-17:00

0300 123 2295

Call Centre opened Monday to Friday for **MEHT** 07:00-20:00

0300 123 2296

NUMBER FOR MEHT

**Dispatch office opened 07:00-20:00**

**01245 444 596**

**Dispatch office week-ends and bank holidays 07:00-17:00  
596)**

**01245 444 595 (not**

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**East and North Hertfordshire/Bedfordshire/Luton/Herts Valley CCG patients –  
East of England Ambulance**

Call Centre opened Monday to Sunday 8:00 until 18:00 (Patients)

03456 051 208

Call Centre opened Monday to Sunday 8:00 until 20:00 for **MEHT**

03456 051 209 NUMBER  
FOR MEHT  
(may have to dial via  
Switchboard)

**Dispatch office 07:00-18:00**

**01438 284 517/675**

**Dispatch office 06:00-22:00 Monday to Sunday**

**01245 444 582**

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**Cambridgeshire/Peterborough/Huntingdon patients – East of England Ambulance**

Call Centre opened Monday to Sunday 8:00 until 18:00 (Patients)

0345 603 8117

Call Centre opened Monday to Sunday 8:00 until 20:00 for **MEHT**

0345 603 8119 (may  
have to dial via  
Switchboard)

**Dispatch office 07:00-18:00 for Peterborough area**

**01733 294 214**

**Dispatch office 07:00-18:00 for Huntingdon area**

**01733 294 206**

**Dispatch office 07:00-18:00 for Cambridge area**

**01223 248 769**

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**Barking and Dagenham/Havering/Redbridge CCG patients – G4S**

No Call Centre  
arrange transport

Patient to contact GP to

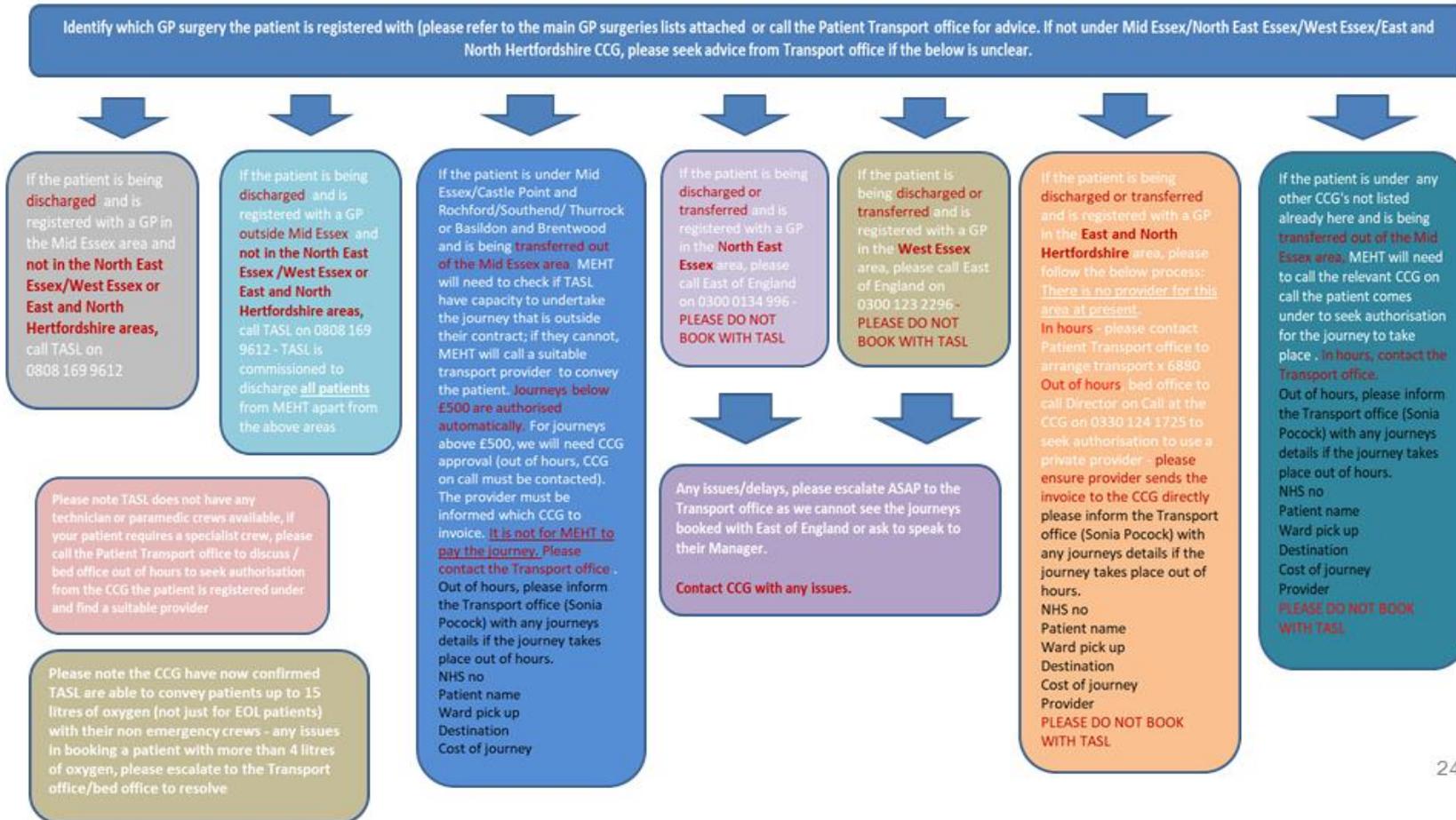
**Dispatch office**

**Before 6pm 0208 598  
2342 After 6pm 0800  
953 0373 or 07786 312  
813**

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Appendix 4

How to book a discharge / transfer for a patient at Broomfield - Updated July 2019



Any queries, please contact the Patient Transport Office:

Extn 6880 /2664 or Bleep on #6555 2803 - Monday to Friday 8.00 – 18.00

**Out of hours** – Please contact Clinical Operations on Extn 4074 or bleep #6555 2200

## Appendix 5: Preliminary Equality Analysis

This assessment relates to: (please tick all that apply)

A change in a service to patients	<input type="checkbox"/>	A change to an existing policy	<input checked="" type="checkbox"/>	A change to the way staff work	<input type="checkbox"/>
A new policy	<input type="checkbox"/>	Something else (please give details)			

Questions	Answers
1. What are you proposing to change?	Full Review
2. Why are you making this change? (What will the change achieve?)	3 year review
3. Who benefits from this change and how?	Patients & Clinicians
4. Is anyone likely to suffer any negative impact as a result of this change? If no, please record reasons here and sign and date this assessment. If yes, please complete a full EIA.	No
5. a) Will you be undertaking any consultation as part of this change? b) If so, with whom?	Yes  Refer to pages 1 & 2 consultation

Preliminary analysis completed by:

<b>Name</b>	Lisa Telford	<b>Job Title</b>	Clinical Operations Manager	<b>Date</b>	October 2019
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