

# **NHS SOUTH DEVON AND TORBAY CLINICAL COMMISSIONING GROUP**

---

## **ELIGIBILITY FOR PATIENT TRANSPORT POLICY**

---

Version: 1.1 dated 15 October 2015

Version Control

<b>DATE</b>	<b>VERSION</b>	<b>CONTROL</b>
01/10/2015	1.0	First draft – Phil Stimpson, senior project manager, Commissioning
15/10/2015	1.1	Approved by Commissioning and Finance Committee

**NHS South Devon and Torbay Clinical Commissioning Group promotes equality, diversity and human rights and is committed to ensuring that all people and communities it serves have access to the services we provide. In exercising the duty to address health inequalities, the CCG has made every effort to ensure this policy does not discriminate, directly or indirectly, against patients, employees, contractors or visitors sharing protected characteristics of: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender); sexual orientation or those protected under Human Rights legislation. All CCG policies can be provided in large print or Braille formats; translations on request; language line interpreter services are available; and website users can use contrast, text sizing and audio tools if required. For any other assistance, please contact the CCG at [sdtccg@nhs.net](mailto:sdtccg@nhs.net) or 01803 652500.**

---

## CONTENTS

---

Part	Description	Page
1	Purpose	2
2	Executive Summary	2
3	Introduction	3
4	Eligibility Criteria	5
5	Booking and Assessment process	5
6	Communications and Engagement	6
7	Quality and Equality	7
8	Conclusion	7
Appendix A	Patient Transport Services communications materials	8
Appendix B	Checklist questions for assessing Eligibility	9
Appendix C	Equality Impact Assessment	12

---

### 1 Purpose

---

The purpose of this policy is to provide clear guidance and to support NHS South Devon & Torbay Clinical Commissioning Group (the CCG) in providing a non-emergency Patient Transport Service (PTS) via its contracted providers.

---

### 2 Executive Summary

---

Non-emergency Patient Transport Services (NEPTS or, more commonly, PTS) are provided for patients who are transported to planned NHS funded treatment and who have been assessed as meeting the eligibility criteria so that the patient incurs no charges for the transport service.

The Department of Health published guidance in 2007<sup>1</sup> that described the eligibility criteria for free PTS in general terms. This policy specifies the eligibility criteria in more detail, the aim being to only provide PTS to those patients with a defined and clear need. Eligibility is based only upon medical need and mobility and so is equally applicable to all persons across all the protected characteristics described in the Equality Act 2010<sup>2</sup>.

The terms “Housebound Criteria” and “in receipt of District Nursing care” used in general practice have been added to the DH list as recognised and consistent criteria that can be used as the benchmark for PTS. Patients are identifiable because these criteria are clinically coded and/or recorded in patient notes.

Patients undergoing a sustained programme of treatment (e.g. renal dialysis) are normally eligible for PTS. Patients in receipt of defined benefits who are not eligible for PTS can apply for help with their transport costs to attend appointments.

A more descriptive list of Not Eligible criteria is included. The CCG’s main transport provider (Torbay and South Devon NHS Foundation Trust’s Patient Transport team) will be able to

---

<sup>1</sup> Eligibility Criteria for Patient Transport Services, Department of Health, August 2007

<sup>2</sup> <http://www.legislation.gov.uk/ukpga/2010/15/contents>

consistently apply these criteria when taking transport bookings from patients to ensure that only eligible patients are transported.

These better defined, but fair and consistent, criteria should reduce the number of non-emergency patients transported by the NHS, demand for which is increasing year-on-year. This in turn could release capacity to transport other patients in the healthcare system, such as hospital discharges and those requiring an intermediate up-step in care.

It is the CCG's intention to implement this policy via its main PTS provider from 1<sup>st</sup> December 2015.

A similar approach to making PTS provision financially affordable and sustainable has also been implemented by Oxfordshire and Dorset CCGs.

---

### **3 Introduction**

---

Non-emergency Patient Transport Services (NEPTS or PTS) are provided for patients who are being transported to an NHS funded service for pre-arranged NHS treatment and who are deemed medically eligible based on the Department of Health (DH) eligibility criteria.

This service is for non-urgent, planned transportation of patients whose medical condition is such that they require the skills or support of trained PTS staff (manual handling and first aid trained) and/or their equipment on/after their journey. Eligible patients are not charged for PTS transport provided by the NHS.

PTS should be seen as part of an integrated programme of care. A non-emergency patient is one who requires treatment but does not require an immediate or urgent response.

Some patients may be eligible to have their transport provided for them so that they are able to access non urgent planned healthcare i.e. procedures which were traditionally provided in hospital, but are now available in a hospital or community setting, in secondary and primary care settings, in a reasonable time and in reasonable comfort, without detriment to their medical condition.

Patients are not entitled to PTS for primary care appointments (e.g. GP or Dentist) and are only entitled to PTS for planned secondary care appointments when they meet the eligibility criteria described in Section 4.

Patients undergoing a sustained programme of treatment which requires them to attend appointments three or more times a week or 10 or more times a month (e.g. renal dialysis patients) are normally eligible for PTS.

Patients are able to book their transport directly by telephone with the Torbay Single Point of Contact (SPOC) once they know the location, date and time of their appointment. The eligibility assessment for PTS will be undertaken by the SPOC in consultation with the patient using the eligibility criteria in this policy.

PTS to/from Torbay hospital and the Community hospitals within the CCG's area is provided by Torbay and South Devon NHS Foundation Trust (TSDFT). TSDFT has a fleet of vehicles capable of transporting the full range of non-emergency patients operated by PTS staff who have manual handling and first aid training but are not paramedics or otherwise clinically trained. This fleet is supplemented by the Hospital Car Service which is staffed by volunteer drivers using their own cars.

In general terms eligible journeys are those:

- made to access non-primary healthcare services, for which the patient has been referred by a healthcare professional (such as a doctor or dentist);
- made to access treatment paid for by the NHS.
- 

For these journeys, eligible patients are those:

- whose medical condition is such that they require the skills or support of PTS staff on/after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means;
- whose medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means;
- who are recognised as a parent or guardian where children assessed as eligible are being carried.

There are 3 categories of medical need based on a patient's mobility, protection and treatment:

**Mobility**

- the patient will need substantial assistance/support to move from their bed/chair at the pick-up point (e.g. home) to the vehicle and from the vehicle to the destination (e.g. Torbay hospital outpatients);
- the patient is unable to weight-bear, transfer or self-mobilise.

**Protection**

- undertaking the journey by other means would be detrimental to the patient's health;
- the patient needs protection to prevent harm to themselves and/or an existing wound or condition;
- other passengers or the vehicle crew will need to be protected due to the patient's condition.

**Treatment**

- the patient needs to be monitored and/or treated on or after the journey.

If the patient is assessed as meeting these criteria by the SPOC, suitable transport will be arranged for the patient. At least 48 hours' notice is usually required to book this transport, on the basis that the appointments are non-urgent.

Patients are strongly encouraged to cancel any booked transport as soon as they become aware that they will be unable to undertake the journey. This will prevent unnecessary unfilled journeys and will make the vehicle and crew available for another patient journey.

Where a patient does not meet the eligibility criteria, an alternative will be suggested by the SPOC wherever possible; this would include signposting to a Volunteer Car Service where this is available in the patient's home area.

Patients who do not meet the eligibility criteria are, by default, able to travel in a private car or on public transport.

Patients who do not meet the eligibility criteria but who are on benefits<sup>3</sup> are able to make a claim for their reasonable travel costs to be reimbursed – this no change in the process that has operated across the CCG's area to date.

---

<sup>3</sup> The qualifying benefits are defined nationally and are described in detail at <http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx>

---

## **4 Eligibility Criteria**

---

The CCG has defined the criteria which patients need to satisfy to be eligible for PTS, along with clarification of situations which make a patient not eligible. By detailing these criteria, the SPOC should be able to consistently provide PTS to only those patients who are truly eligible.

### Eligible:

- Undergoing a sustained programme of treatment (three or more times per week or 10 times per month) – e.g. renal dialysis patients
- Receiving active care for treatment at the appointment for radiotherapy, renal dialysis, eye surgery, deep vein thrombosis or vascular clinic treatment. (i.e. not attending only for a consultation)
- Had a transplant within the previous 6 weeks.
- Needs the provision of oxygen during transit.
- Clinically coded as “Housebound” – code is 13CA.
- In receipt of District Nursing care at home.

### Not eligible:

- Patients who have family members who normally take them out.
- Patients who are capable of walking and getting in and out of vehicles unaided, or who can manage with minimal assistance.  
These patients can use the equivalent of a friend’s or relative’s car, a taxi, public transport or voluntary transport.
- Patients who are registered as disabled but who have their own means of transport which is suitable for transporting them back and forth to their appointment.
- Patient is able to, but is unwilling, to pay for transport and is not medically eligible.
- Patient is unable to afford to pay for transport and is not medically eligible.  
These patients may be able to apply for help with their travel costs if they are on certain defined benefits through the Hospital Travel Cost Scheme (HTCS). The SPOC would be able to advise the patient of the process in this respect.

---

## **5 Booking and Assessment Process**

---

The Single Point of Contact (SPOC) at Torbay Hospital will receive all telephone bookings for PTS and will carry out the initial assessment of patient’s eligibility.

The telephone call to the SPOC should be made by the patient or by a family member, carer or friend if the patient is unable to make the call.

Under normal circumstances the telephone call should not be made by a GP or a member of the Practice staff.

The questions that the SPOC will ask the patient are shown at Appendix B.

A patient’s route to seek a second opinion or raise a concern or complaint should be via the TSDFT PALs & Complaints team and/or via the CCG’s Patient Experience team

---

## **6 Communications and Engagement**

---

Oxfordshire Clinical Commissioning Group carried out a consultation between May and August 2014 to review the eligibility for patients using non-emergency patient transport.<sup>4</sup> Oxfordshire CCG had identified a backdrop of rising demand for health services and a significant increase in demand for these journeys since 2010; this was the basis of their seeking “the views of hundreds of people in Oxfordshire and to a broad range of voluntary and statutory organisations about its plans for non-emergency patient transport.”

This consultation was not about any change to a statutory service provision; it concerned how that CCG could continue to provide transport for the most vulnerable patients in the future by more clearly defining which journeys would continue to be eligible. If NHS South Devon and Torbay CCG were to carry out a similar exercise, the outcome would most likely be the same.

The Department of Health published guidance in 2007 which describes the general position regarding eligibility for free PTS - the CCG is not proposing to enforce any criteria that are not in keeping with this guidance.

Patients are usually first referred for treatment in secondary care by their GP. The GP Practices will be provided with an information pack (guides for staff and posters to display) to inform patients of the eligibility criteria for free NHS transport at the point at which a referral is made. Practices will be discouraged from making the telephone call for booking the transport on behalf of the patients.

This information pack will include the poster shown at Appendix A and a set of Frequently Asked Questions (FAQs) to provide more detailed answers to patients’ questions.

This policy (when approved) will be added to the CCG’s website along with a copy of all linked information and FAQs, to enable patients to access this directly.

It may be that some patients received PTS previously but will not in the future. This may be because the patient’s condition and mobility have improved as a result of treatment and recovery; or because the patient is not eligible for PTS now and wasn’t actually eligible previously, but the CCG and the transport provider were previously lenient. The quality and equality aspects of PTS are described in Section 7, but no patient will be disadvantaged in respect of any of the protected characteristics contained in the Equality Act 2010<sup>5</sup>.

This policy has been developed within the Commissioning directorate, with clinical input from 2 of the CCG’s Governing Body GPs.

This policy was first taken to the CCG’s Commissioning and Finance Committee (CFC) for approval, from where a recommendation was made to the CCG’s Governing Body to ratify the policy.

The intent of this policy was also shared and discussed with the Devon and Torbay Health and Wellbeing Boards and with Devon and Torbay Healthwatch.

---

<sup>4</sup> <http://www.oxfordshireccg.nhs.uk/news-and-media/news-articles/changes-to-eligibility-for-patient-transport-following-public-consultation/>

<sup>5</sup> <http://www.legislation.gov.uk/ukpga/2010/15/contents>

---

## **7 Quality and Equality**

---

NHS South Devon and Torbay CCG has carried out a Quality and Equality Impact Assessment on the effect of implementing the eligibility criteria described in Section 4; this is attached as Appendix C.

This showed that the eligibility criteria do not cause any quality concerns or introduce any inequalities because the criteria are based only upon medical need and an individual's mobility and so are equally applicable to all patients whatever their protected characteristic.

The only slight anomaly to this is that mental health (MH) and learning disability (LD) patients are positively included as being eligible; this is because of the recognised need to make it possible for these patients to access treatment in a safe, familiar and controlled manner.

To further put this in assessment in context, Dorset CCG carried out a full Equality Impact Assessment (EIA) in 2013. The conclusion from Dorset's EIA was that none of the groups having protected characteristics were disadvantaged in any way by a CCG or Provider strictly applying the eligibility criteria. This was because these criteria are based upon the medical need and mobility situation of the patient rather than any other aspect of the person.

---

## **8 Conclusion**

---

This policy is intended to ensure that non-emergency patient transport can continue to be provided for all eligible patients by NHS South Devon and Torbay CCG in a financially sustainable way.

The criteria for a patient to be eligible to receive PTS are based upon an assessment of their medical condition and mobility, and these criteria apply equally to all of the CCG's population without discrimination against any of the protected characteristics described in the Equality Act 2010.

## **Appendix A**

### **Patient Transport Services**

EXPLANATORY NOTE: NHS-funded transport includes ambulance, voluntary or taxi provision for non-emergency journeys to hospital and day centres. We have clarified the eligibility criteria for booking patients and escorts, to make sure this transport provision is fair and consistent across the CCG's area.

**This may mean that patients who previously travelled on NHS transport are no longer eligible.**

#### **PATIENTS:**

**It is the patient's responsibility to get themselves to and from their health care appointment or hospital admission. At all times patients must arrange their own transport unless they satisfy one or more of the following criteria:**

- Patients are Housebound (as already assessed by their GP) or in receipt of District Nursing care at home
- Patients requiring continuous oxygen or intravenous support
- Patients who are unable to stand or walk more than a few steps, cannot use public transport and cannot manage in a family car
- Patients requiring a stretcher
- Patients with clearly recognised disabilities who are genuinely unable to travel by private or public transport to and from their appointments

*Note: Under normal circumstances, a patient receiving Mobility Allowance is NOT eligible for NHS funded transport.*

#### **ESCORTS:**

Only professional escorts will normally be allowed to travel with the patient. A family member or friend may ONLY travel as an escort if the patient falls into one of the following categories:

- Is under the age of 16
- Has significant communication difficulties
- Has mental health problems that prevent travelling alone
- Requires constant supervision for their own safety
- Requires their specific assistance at the destination.

*Note: mobility needs alone do not necessitate an escort, as the patient's mobility needs will be met by the transport or hospital staff.*

## Appendix B

### **Checklist questions for assessing Eligibility**

The Torbay and South Devon NHS Foundation Trust (TSDFT) hosts the Single Point of Contact (SPOC) for all PTS journeys t/from Torbay hospital and the Community hospitals in the CCG's area.

The questions asked by the SPOC are shown in the table on page 10. In addition to these, the following questions will be added following the approval of this policy

Question	Notes
Are you Housebound?	This is a criteria used by GPs and should be clinically coded
	"Yes" – eligible for PTS
	"No" – not eligible for PTS
Are you in receipt of District Nursing care at home?	This is the situation where a patient needs regular nursing care at home (e.g. dressings regularly changed) but the patient is unable to travel to the GP surgery for this.
	"Yes" – eligible for PTS
	"No" – not eligible for PTS

Whilst researching for this policy, the author found that Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUHFT) have taken a slightly different approach to asking questions to ascertain eligibility. These questions could be considered by the CCG and the SPOC in the future if needed. The following is taken NNUHFT's PTS information:

"So the Trust can provide a quality service for those who are most in need, please do not request patient transport unless it is essential. The questions below are those that you will be asked to determine if you qualify:

- Do you have any means of getting to and from the hospital by public transport or private transport by family or friends?
- Do you receive mobility allowance?
- Do you have a mental health problem, illness or a learning disability as a result of a severe mental impairment?
- Are you receiving treatment whereby you experience physical side-effects on the day of your appointment
- Do you have severe eyesight problems either short or long-term?
- Do you have severe mobility problems as a result of illness or injury to lower limbs?
- Do you have severe mobility problems as a result of heart, lung or breathing difficulties?
- Do you have an uncontrolled illness, for example uncontrolled epilepsy?
- Is the patient a child with disability or special needs?
- Do you need to be accompanied on our journey to hospital?

"It is important that these questions are answered fully and correctly as they help to determine your mobility, and the type of transport that you need. For example, you may be in a wheelchair but can transfer yourself onto a seat in an ambulance, or you may require to be transported on a stretcher. It is vital that transport is correctly booked for your own comfort and safety, and that of other patients and staff/volunteers who will be caring for you on your journey."

### Questions asked by SPOC (1<sup>st</sup> October 2015)

Number	Question	Answer	Outcome
1	Does the patient need to lie down on a stretcher for the journey?	Yes	Eligible for PTS
		No	Go to Number 2
2	Does the patient travel in their own wheelchair and require assistance?	Yes	Possibly eligible for PTS. Go to Number 5
		No	Go to Number 3
3	Does the patient require assistance to get to and from the vehicle?	Yes	Possibly eligible for PTS. Go to Number 5
		No	Go to Number 4
4	Does the patient have a specific medical need for transport and require support in order to be able to travel?	Yes	Eligible for PTS
		No	Not eligible for PTS
		Unsure	Possibly eligible for PTS. Go to Number 5
5	How does the patient normally get out and about? (Such as visiting shops, going to the doctors etc?)	Uses own vehicle	Not eligible for PTS
		Public transport or taxi	Not eligible for PTS
		Assistance of friend, relative or carer	Not eligible for PTS
		Mobility transport or other option	Not eligible for PTS
		Does not leave home	Eligible for PTS
6	Why is this option not available for this journey?	Transport cost	Not eligible for PTS
		Parking concerns	Not eligible for PTS
		Inconvenient	Not eligible for PTS
		No one able to transport patient, but usually gets around fine	Not eligible for PTS
		Medically and clinically unsafe to use public transport or taxi service	Eligible for PTS
		No other alternative – carer of family / friend not available	Eligible for PTS
		Medical condition restricts patient's	Eligible for PTS

		travel - i.e. patient lives too far away and patient cannot stay on public transport for too long or patient is unable to drive following recent treatment	
7	Does the patient require an escort to travel with them?	Yes	Possibly eligible for PTS. Go to Number 8
		No	Not eligible for PTS
8	Is the patient under 18 years of age?	Yes	Eligible for non-medical escort
		No	Go to Number 9
9	Does the patient have severe communication difficulties meaning reliance upon a known carer in order to communicate?	Yes	Eligible for non-medical escort
		No	Go to Number 11
10	Does the patient have mental health problems which prevent the patient from travelling unaccompanied by a known carer?	Yes	Eligible for non-medical escort
		No	Go to Number 12
11	Does the patient need a translator in order to travel safely?	Yes	Eligible for non-medical escort
		No	Not eligible for non-medical escort
12	Does the patient require medical support during the journey which cannot be provided by the attending ambulance staff?	Yes	Eligible for medical escort (healthcare professional)
		No	Not eligible for medical escort (healthcare professional)

## Appendix C

### Quality and Equality Impact Assessment

Title of project		Eligibility for Patient Transport Services (PTS)					
Manager responsible		Phil Stimpson					
<p><b>Brief description of project</b></p> <p>To clarify and enforce the eligibility criteria for patients receiving free NHS patient transport services (PTS) for attendance at secondary care appointments.</p> <p>To make PTS available to those who have an approved medical need and/or mobility condition, but not to anyone else.</p>							
<p>Assessment:</p> <p>The purpose of this assessment is to quantify and record both impact and likelihood of occurrence <b>for potential negative impacts</b>. You will be able to record positive and neutral impacts, and evidence but no further scoring will be required for these domains.</p> <p>In order to provide evidence of your assessment of negative impact, please use the matrix and descriptors on page 7. It is important that you indicate the scoring for both impact and likelihood, in order to inform the decision making body clearly and accurately as to the nature of risk.</p> <p>Multiply the impact score by likelihood to obtain the overall score, and record all three figures in the columns provided.</p>							
		Yes	No	Negative Impact Rating			Evidence/Comments/mitigation
				IMPACT	LIKELIHOOD	= SCORE	
	Is the activity a result of national legislation or guidance which cannot be modified in any way?		X				If the change is as a result of national guidance no further information is required.
PATIENT SAFETY	Is there any potential negative impact on the patient?	X		3	4	12	Some patients who have received PTS previously may no longer be eligible, which may cause problems for the patient in organising their own transport.
	Will patients have to wait longer for treatment under the plan?		X				PTS is provided to get eligible patients to their appointments on time.
		X					This is safe.
	Is that safe?						
	Is this this new/ amended service safe for patients?	X					Better than before/ less safe/ about the same
							No change to the service provider, the staff or the vehicles used.

	Is there any negative impact on patient safety/ avoidable harm?	X					Better than before/ less safe/ about the same	No change to the service provider, the staff or the vehicles used.
	Are there any negative implications for safeguarding patients, both adults and children?		X					Risk assessment
	Will the planned service change impact on systems and processes for ensuring risks of HCAI to patients are reduced?		X					Risk assessment linked to prevention policy
	The plan should have a positive or neutral impact on quality. Is that the case?	X						This has a neutral impact on quality.
	Are essential standards able to be maintained under the proposal?	X					No change to the service provider, the staff or the vehicles used.	KPIs
	Is there potential negative impact on partner organisations?	X		4	3	12		The negative impact will most likely arise from patients (and/or their representatives) who object to the perceived removal of free PTS from some patients.
	Is there any aspect of shared risk?	X						The CCG is working in partnership with the PTS provider (TSDFT)
<b>CLINICAL EFFECTIVENESS</b>	Is there clear accountability/clinical leadership for service?	X						Service is led and provided by TSDFT
	Is the new service either: in line with NICE guidance or national evidence based guidelines?		X				No NICE guidance	
		X					“Eligibility Criteria for Patient Transport Services”, Department of Health, August 2007	The CCG will continue to work within this guidance, by defining and enforcing eligibility criteria for the patient’s medical needs and mobility capability.
	Will the new service mean patients receive a more evidenced based care package?	X						The care package will be more evidence based in the sense that the eligibility criteria will be better defined.

Has appropriate evidence been used to assess the potential negative impact on patient care?	X						Patient journeys analysed and those involving the lowest level of PTS are included in re-defining the eligibility criteria.
Are the clinical outcomes to be measured clearly identified?	X						The only clinical criteria from this is that patients arrive for their appointments on time and in a fit state.
Do the plans have a negative impact on variations in care provision?	X		2	3	6		Patients who choose to attend appointments outside the CCG's area may be subject to a different set of eligibility criteria. These criteria are likely to be more lenient so the majority of patients could be slightly disadvantaged.
Does the change have a negative impact on promotion of self-care for people with long term conditions?		X					No change
Do the plans have a negative impact on ensuring that care is delivered in the most clinically and cost effective setting/pathway?		X					No change
Do the plans eliminate inefficiency and waste by design?	X						Whilst not "eliminating" waste, the application of these criteria will enable a more efficient PTS to be run.
Is the staffing skill mix appropriate where necessary?	X						No change
Has it been approved?	X						No change
Does the proposal adversely affect staff experience?		X	2	4	8		There is the potential for PTS staff to receive negative comments from service users who are no longer eligible.
Have front line staff views and concerns been considered?	X						Policy has been developed in conjunction with TSDFT PTS team.

	Is there a process for ongoing feedback?	X						There is a good and open working relationship between the CCG and TSDFT PTS.
OUTCOMES	Can you identify outcomes measures? (Demonstrate link to NOF and CCG strategy and priorities)	X					1. PTS KPIs 2. CCG QIPP 3. Complaints and PALs	Feedback from PTS team. Complaints and PALs raised with TSDFT and the CCG.
	Has potential negative impact on other pathways been considered?	X		2	2	4		The demand on SWASFT could increase if patients try and use that route to attend appointments.
	Are there barriers to meeting potential?		X					
	Is there parity of esteem (with LD and MH services)?	X						Patients are assessed upon medical need and mobility, however MH and LD patients are specifically included in the eligibility criteria.
	Do the plans set out clearly what success looks like?	X						QIPP target
	Does the service deliver an integrated model of care?	X						PTS covers all secondary care appointments across the CCG's area.
	Are the KPI's focused on outcomes rather than process?	X						Costs savings; % journeys on time.
	Has any negative impact on the CCG reputation been suggested/mitigated?	X						This is not a substantial change, but patients who have previously received free PTS may no longer meet the criteria – the CCG is anticipating negative feedback on this and a Communications strategy will be put in place.
STAFF	Does the proposal mean changes to the way the service is staffed?		X					No change
	Does the scheme assure that patients are to be treated by suitably qualified and experienced staff?	X						No change

	Is staffing safe? (numbers/competency etc., Deliver15 environment)	X						No change
	Is the service location appropriate?	X						No change
	Have clinical staff been involved in the development of the proposal?	X						2 CCG Governing Body GPs involved in defining the criteria.
	Will this environment impact negatively on staff experience of delivering care?		X					No change
	Are there arrangements for capturing front line staff concerns?	X						Internally through the PTS team, and through the regular PTS / CCG meetings.
	Do the plans support staff to stay well?		X					No change
<b>PATIENT EXPERIENCE</b>	Is public consultation required?		X					No substantial change to current situation.
	Will the patient's experience be negatively affected as a result of the change or proposal?		X					No change
	Have patients, public and carers been involved in the development of the proposal?		X					No involvement
	Do the plans have a negative impact on patient's right to make choices about the care they receive under this proposal?		X					No change to the Right to Choose.
	Do the plans have a negative impact on patients being treated with dignity, respect and compassion?		X					No change
	Are there arrangements for capturing patient and carer concerns?	X						Via PTS staff and also Complaints and PALs.
	How will the changes affect patients carers and service users travel to receive treatment?	X						Eligible patients will continue to receive PTS. Non eligible patients will need to make their own arrangements.

EQUALITIES	Does this proposal impact by:						
	Race		X				Eligibility criteria are based on medical need and mobility.
	Age		X				Eligibility criteria are based on medical need and mobility.
	Sex		X				Eligibility criteria are based on medical need and mobility.
	Sexual orientation		X				Eligibility criteria are based on medical need and mobility.
	Gender reassignment		X				Eligibility criteria are based on medical need and mobility.
	Religion or belief		X				Eligibility criteria are based on medical need and mobility.
	Disability		X				Eligibility criteria are based on medical need and mobility.
	Marriage or civil partnership (not within PSED)		X				Eligibility criteria are based on medical need and mobility.
	Pregnancy and maternity		X				Eligibility criteria are based on medical need and mobility.
	Carers		X				Eligibility criteria are based on medical need and mobility.
	Other identified health inequalities groups, e.g. long-term unemployed, refugees and migrants, homeless, those living with deprivation or communication difficulties		X				Eligibility criteria are based on medical need and mobility.
	Are there any barriers to accessing this service (accessible information, transport, interpretation, hard to reach?)		X				Eligibility criteria are based on medical need and mobility.
Have you engaged stakeholders in gathering evidence or testing the evidence available?	X					GPs TSDFT	
In evidence column, please state who was involved, how and when engaged, and key findings	X					QIPP lock-in 01/10/2015 – GP. CCG/TSDFT meeting 22/09/2015 – PTS staff	

	Have you engaged stakeholders in testing the policy or programme proposals?	X						Discussions with 2 Governing Body GPs. Discussions with TSDFT PTS staff.
<b>SUSTAINABILITY</b>	Travel and transport options have been measured/not measured and recorded and environmental impact assessed	X						Detailed data considered on individual patient journeys to/from secondary care appointments.
	Resilience/sustainability has been considered as short/medium/long-term	X						Alternatives to PTS exist for non-eligible patients – taxi, volunteer car schemes.
	Service user needs and social issues have been assessed for current and future periods (1/3/5 years)	X						Each journey to secondary care will be assessed on its merits.