

Policy for Non-emergency Patient Transport Service (NEPTS) Eligibility Criteria

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Department:	Medical Directorate

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.
October 2025	1.0	Revised national NEPTS eligibility criteria (31 May 2022) replacing the former local policy in use under C&W CCG (Non-emergency Patient Transport Clinical Eligibility Policy).	National level: Extensive engagement with commissioners, providers, patient groups, including Age UK, Kidney Care UK and Healthwatch, including public consultation (2022).

		<p>Main changes:</p> <ul style="list-style-type: none"> - Introduction of renal re- imbursement scheme - Increased emphasis on ensuring alternative transport support options are promoted to patients - Clarifying eligibility on the grounds of safeguarding concerns 	<p>Local Level:</p> <ul style="list-style-type: none"> - C&W ICB Policy Advisory Group – 16.10.2025 - C&W ICB Quality Team – 22.05.2025 - Coventry Care Collaborative Forum – 27.02.2025 - Warwickshire Care Collaborative Forum – 05.03.2025 - CW ICB Clinical Policy Development Group – 20 October 2025
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Contents

1.	Category: Threshold	3
2.	Background	3
3.	Indication	4
4.	Eligibility Criteria / Commissioning Position	4
5.	Guidance/ References	8

1. Category: Threshold

This commissioning policy has been produced in order to provide and ensure equity, consistency and clarity relating to the Non-emergency Patient Transport (NEPTS) eligibility by the Integrated Care Board (ICB).

2. Background

Introduction

This document sets out the eligibility criteria for the Coventry and Warwickshire Integrated Care Board (ICB) Non-Emergency Patient Transport Services (NEPTS) and will apply to all NEPTS journeys funded by the ICB. It will ensure that there is transparency and a standard approach to eligibility assessments, thereby ensuring patients receive a consistent response to transport requests.

This ICB policy is based upon the updated national NEPTS eligibility criteria published by NHS England on 31 May 2022 <https://www.england.nhs.uk/wp-content/uploads/2022/05/B1244-nepts-eligibility-criteria.pdf>, accurate at the point of publication.

This policy updates the previous Eligibility Policy used in the ICB and predecessor CCGs which reflected the high-level criteria published by the Department of Health and Social Care (DHSC) in 2007.

Overarching Principle

It is expected that most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary. NHS-funded patient transportation is reserved for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery.

If patients do not meet the eligibility criteria, transport will not be awarded to ensure limited resources are available for those who really need them.

NEPTS caters for those patients where the medical or mobility condition will require the support of NEPTS staff to support them to and from a hospital or clinic for treatment and may be eligible for patient transport.

Further, NEPTS caters for patients whose medical condition will require the support of NEPTS staff and/ or it would be detrimental to their diagnosed condition or recovery if they were to travel by any other means.

Patients must be reassessed every time they request NEPTS as their condition may have changed. However, individual patient eligibility for those with long-term conditions will be subject to an eligibility review every 3 months (except for patients attending for haemodialysis).

Judgement will be made, in line with the eligibility criteria, to assess whether transport is required for both parts of the journey.

3. Indication

Only patients who meet one of the below reasons will be considered for eligibility for NEPTS:

- a) The patient has been referred by a doctor, dentist or ophthalmic practitioner for non-primary care NHS-funded healthcare service appointment – that is, diagnostics or treatment.
- b) The patient is being discharged from NHS-funded treatment.

4. Eligibility Criteria / Commissioning Position

4.1 Qualifying Criteria

Patients that have been referred for hospital treatment will receive written information about patient transport including the NEPTS booking centre details. The patient is likely to qualify for non-emergency patient transport if they meet one or more of the following criteria:

A. They have a **medical need** for transport (refer to Section 2: Overarching principle), typically because they:

- require oxygen and are unable to self-administer this during transit
- need specialised equipment during the journey
- need to be closely monitored during the journey
- need to be transferred to another hospital
- have a medical condition, have undergone major surgery (such as a transplant) and/or the potential side effects of treatment are likely to require assistance or monitoring during their journey
- have a medical condition or disability that could compromise their dignity or cause public concern on public transport or in a licensed taxi or private hire vehicle, and do not have access to appropriate private transport
- have a communicable disease with which travel on public transport or in a taxi is not advised, and do not have access to appropriate private transport
- have been clinically determined as at risk from using public transport due to being immunocompromised and are unable to make their own way with relatives/friends and/or escorts/carers whether by private transport or a taxi (refer to Section 2: Overarching principle).

Repatriation

The commissioner is the main contact to request funding approval by other transport providers for repatriation of Coventry & Warwickshire patients back to the local hospitals, care homes or

patient homes within Coventry & Warwickshire borders. The Commissioner will, subject to reasonable pricing, agree to use the local patient transport provider to repatriate service users.

There are some instances where the local transport provider will not undertake a journey to repatriate a user back to Coventry and Warwickshire or the cost is prohibitive. In these instances, Coventry & Warwickshire transport Provider will be expected to repatriate patients from other hospitals in England, Wales, Scotland and Northern Ireland.

B. They have a **cognitive or sensory impairment** requiring the oversight of a member of specialist or non-specialist patient transport staff or a suitably trained driver. In accordance with national core standards this is likely to include patients who:

- have dementia or another mental health diagnosed condition that means they are unable to make their own way with relatives/friends and/or escorts/carers whether by private transport, public transport or a taxi (refer to Section 2: Overarching principle)
- have a confused state of mind, learning/communication difficulties, hearing loss and/or impaired sight of a severity that they are unable to make their own way with relatives/friends and/or escorts/carers whether by private transport, public transport or a taxi (refer to Section 2: Overarching principle)
- are assessed as being at risk to themselves or others if they travel independently (please note that secure mental health transport for high-risk patients is managed separately from non-emergency patient transport).

C. They have a **significant mobility need** that means they are unable to make their own way with relatives/friends and/or escorts/carers whether by private transport (including a specially adapted vehicle if appropriate for the journey), public transport or a taxi (refer to Section 2: Overarching principle). This is likely to include patients who:

- need to travel lying down and/or need a stretcher for all or part of the journey
- need specialist bariatric provision
- are unable to self-mobilise
- are wheelchair users.

This may include wheelchair users who have no alternative means of transport and cannot transfer in or out of a vehicle without assistance.

D. They are **travelling to or returning from in-centre haemodialysis**, in which case specialist transport, non-specialist transport or reimbursement costs for private travel will be made available. This will be following a shared decision-making process to consider the appropriate requirements for the patient.

E. A **safeguarding concern** has been raised by any relevant professional involved in a patient's life, in relation to the patient travelling independently. This may mean that the patient requires the oversight of a suitably trained driver or other member of patient transport staff.

F. They have **wider mobility or medical needs** that have resulted in treatment or discharge being missed or severely delayed.

An authorised eligibility assessor within the NEPTS booking centre will provide a judgement on whether any other transport is suitable or available. Exceptional circumstances will be considered by the clinician for inpatient discharge arrangements, these reasons will need to be documented and supported by an audit programme.

The **transport options that should be exhausted** before NEPTS is provided include:

- the patient's own transport – for example, the person does not have a car or would not be able to drive for medical reasons, including the side effects of treatment
- a relative, friend or carer who could assist – for example, using their own vehicle to take the patient or escorting them on public transport or in a taxi
- patient booking their own taxi, including a mobility or assisted taxi
- public transport, including community transport, where the public transport journey is not unreasonably complex or long
- transport that people are entitled to as part of funded social care provision or a social security benefit.

If patients are deemed to be eligible for NEPTS under criteria F, appropriate NEPTS transport (including non-specialist) may be made available. Non-specialist transport may include community transport and support from volunteers (refer to Section 4.2 Wider support).

Escorts and carers

Patients are able to travel with their relatives/friends and/or escorts/carers when (refer to Section 2: Overarching principle):

- they are under 16 years of age and are required to travel with an escort or carer
- they need an escort or carer's particular skills and/or support
- they cannot be left alone, or their condition means that they need the support of someone who knows them well
- they are under the care of the patient who is eligible for NEPTS, cannot be left alone, do not require the support of the NEPTS ambulance care assistant when travelling, and no alternative care is available at that time.

Location of appointment

People referred by a healthcare professional for non-primary care NHS-funded healthcare services, and who are deemed eligible under the criteria above, will be offered access to NEPTS regardless of the geographical location of treatment. This may include transport to non-hospital settings such as community facilities and community diagnostic hubs.

NEPTS do not provide transport to primary care services but may be used for healthcare treatment delivered in primary care settings.

4.2 Wider support for non-eligible patients

Healthcare Travel Costs Scheme (HTCS)

It should be made clear that NEPTS will not be provided for social or financial reasons. For those patients who do not have a medical need for ambulance transport but may require help in meeting the cost of travel to and from their care, information should be provided for the Healthcare Travel Costs Scheme (HTCS).

When receiving enquiries, NEPTS eligibility assessors and/or services provided by transport co-ordination hubs should consider providing people with information about the HTCS. People who are eligible for the HTCS include those who are in receipt of a qualifying benefit and those who qualify for the Low-Income Scheme or under other specified criteria.

Further information can be found at: [Help with Healthcare Travel Costs Scheme](#)

Providing information and assistance

Local systems should encourage patients to make an independent journey where possible. If the patient does not meet the eligibility criteria then NEPTS services should provide signposting to other known services including:

- Local authority websites detailing alternative community transport services
- Public transport, including bus routes
- Voluntary sector transport provision
- Private hire/ taxi services.

Other sources of support

Patients may be entitled to wider transport support from other public bodies. This includes the Disability Living Allowance (DLA) mobility component or equivalent. In these instances, patients are unlikely to be also entitled to funding from the HTCS, and NEPTS would only be available if transport options usually funded by the patient's DLA are not appropriate. Support from social care or local transport schemes may also be available and should be considered when signposting patients to alternative options.

Local authority cost of living and benefits advice:

- Coventry: <https://www.coventry.gov.uk/costofliving>
- Warwickshire: <https://www.warwickshire.gov.uk/managing-money-debt/benefits-welfare/2>

4.3 Appeals

It is expected that the request for NEPTS must be declined and the patient sign-posted to alternative services if the patient does not meet the eligibility criteria and there are no other exceptional circumstances. Any appeal against the refusal to award NEPTS will be dealt with informally by the PTS provider, and if a satisfactory agreement cannot be reached it should be escalated to the ICB Complaints Team by the provider.

5. Guidance/ References

- [Improving non-emergency patient transport services: Report of the non-emergency patient transport review Version 1, August 2021 \(NHSE\)](#)
- [Eligibility criteria for non-emergency patient transport: A consultation version 1, August 2021 \(NHSE\)](#)
- [Non-emergency patient transport services eligibility criteria: Consultation response 31 May 2022 \(NHSE\)](#)
- [Non-emergency patient transport services eligibility criteria: 31 May 2022 \(NHSE\)](#)
- [Transport support for patients attending in-centre haemodialysis: August 2022 \(NHSE\)](#)

Equality and Quality Impact Assessment Tool

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.

Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

Quality Impact Assessment

Quality and Equality Impact Assessment

Scheme Title:	Non-emergency Transport Services (NEPT) - Adoption of the National Eligibility Criteria (2022)		
Project Lead:	Joanne Evans, ICB Senior Contract Manager	Senior Responsible Officer:	Marie West, ICB Head of Contracting
	Jenni McLaren, ICB Senior Urgent Care Manager (Warwickshire) Robin Fontaine, ICB Senior Urgent Care Manager (Coventry)	Quality Sign Off:	ICB Quality Team Members
Intended impact of scheme:	<p>The aim of NEPTS is to provide individual patients with NHS-funded transport to/ from their secondary care treatment (including discharge from hospital) when it is medically necessary.</p> <p>All NEPT bookings for Coventry and Warwickshire (C&W) ICB registered patients are made via the provider's Patient Transport Booking Office, the majority of these are made via a phone call although an online booking system is available. Patients can contact the booking request line 01926 310 312 and select option 1, the office is open from 8:30am to 6.00pm Monday to Friday. Healthcare professionals also use this contact number to request bookings or email ptsenquiries@wmas.nhs.uk. The booking service operates from Monday to Sunday 8.00am to 8.00pm and must approve all bookings.</p>		

It is the responsibility of the PTS provider to ensure all bookings made meet the current Coventry and Warwickshire ICB (previously Arden CCG's) PTS Eligibility criteria by completing a full assessment of whether the patient meets the criteria for each booking. Any patients transported which are found not to meet the eligibility criteria will not be funded by the C&W ICB. All C&W NEPTS screening processes are based on the previous (2007) national eligibility criteria and were reflected in the former CCGs eligibility policy. [C&W Non-emergency Patient Transport Eligibility](#)

The national review (2022) states that NHS-funded NEPTS should be reserved for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery. The review identified inconsistent application of the 2007 criteria and difficulties accessing NEPTs for many patient groups. Following extensive engagement with commissioners, providers, patient groups (including Age UK, Kidney Care UK and Healthwatch), and a public consultation, the **updated eligibility criteria** were published in **May 2022**

Local implementation of the updated national criteria now requires the ICB and their partners (including acute trusts, primary care providers and other referrers to NEPTS) to:

- oversee any necessary more specific local guidance on the eligibility assessment process and how to determine eligibility within this national framework;
- determine which individuals are authorised to assess the eligibility of patients under each criterion – this includes describing the competencies required to undertake those assessments and where the assessment workload should sit;
- determine how needs assessments informs the provision of appropriate specialist and non-specialist vehicles, or reimbursement and other forms of support.

Adopting the national criteria (2022) will also inform our planned re-procurement of NEPTs including the development of patient and public engagement and stakeholder communication planning.

How will it be achieved:

Establish C&W NEPT working group to support our QIA and EIA impact assessment across partners:

1. Review against the current NEPT criteria and WMAS eligibility question set used. This is based on the former SWCCG NEPT eligibility policy as the lead commissioner. Please refer to the current screening questions included below (received 18/02/25 from WMAS Patient Transport Service).
2. Review who uses the current services now and those most likely to be affected by the change to the national criteria.
3. Review of where journeys take place to and from and identify service areas most likely to be affected by the change to the national criteria.
4. Develop our public and stakeholder involvement building upon the NHSE national consultation (2nd August 2021 to 25th November 2021) engagement/stakeholders/ patient groups (Age UK, Kidney Care UK and Healthwatch).
5. Review the alternative transport options to NEPTs (including voluntary provision) and the information that is provided as mitigation for those who may not meet the qualifying criteria.

The current NEPTS question set is used by the provider to assess eligibility and service user needs as follows:

1. Does the patient need to travel lying down due to medical need?
2. Does the patient require oxygen or other medical gases whilst travelling?
3. Does the patient require intravenous support (medical drugs in vein)?
4. Is the patient confined to a wheelchair?
5. Is the patient compromised from using public transport because of their medical condition, side effects etc?
6. Can the patient walk without the aid of a walking frame, zimmer etc?
7. Does the patient have their own transport?
8. Does the patient receive the Disability Allowance Mobility Component or a vehicle under Mobility Scheme?
9. *Prompt for PTS staff* - Are you satisfied the patient meets the Eligibility Criteria for PTS as defined by the Arden Cluster / C&W Commissioners?
10. Is there any requirement that means the patient needs an escort?

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Name of person completing assessment:	Joanne Evans, Senior Contract Manager Jenni McLaren, Senior Urgent Care Manager (Warwickshire) Robin Fontaine, Senior Urgent Care Manager (Coventry)
Position:	
Date of Assessment:	8 th May 2025 Revised final v2.2

Quality Review by:	Anna Crane, Sarah Chamberlain, Lorna Jones, Petty Trowell, Micaela Loveridge, Sharon Stuart, Lee Hill
Position:	Quality Team Members
Date of Review:	22/05/2025

High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating action s
		Positive	Negative	Neutral		Impact	Likelihood	Score IxL	
Duty of Quality Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome	✓			NHSE national criteria was published by NHSE in May 2022 following extensive stakeholder engagement including Age UK, Kidney Care UK and other patient groups. Key aims were to ensure fair access across different patient cohorts and reduce variation in eligibility between different CCG/ICB areas. NEPTS Eligibility Criteria				
	Patient experience	✓			The policy emphasises the use of eligibility assessors to ensure all other reasonable transport options are				

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		Positive	Negative	Neutral		Impact	Likelihood	Score IxL	
					considered first, including patients able to walk freely and wheelchair users. The current NEPTS provider uses a series of prompt questions when assessing patient/carer-initiated requests. Upon agreement of adopting the national eligibility criteria Contracting will work with WMAS to develop new eligibility screening questions and identify any training needs for WMAS assessors applying the new questions.				
	Patient safety	✓			<p>Please refer to the above comment re eligibility assessors.</p> <p>Please refer to the detailed qualifying criteria along with the provision for Escorts and Carers (4) and Wider Support (5). https://www.england.nhs.uk/wp-content/uploads/2022/05/B1244-nepts-eligibility-criteria.pdf</p> <p>Secure specialist mental health transport is not</p>				

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		Positive	Negative	Neutral		Impact	Likelihood	Score IxL	
					<p>covered by NEPTS. Journeys for lower acuity patients with mental health needs are risk assessed.</p> <p>The agreed process around the appropriate transport needs for MH adult patients out of acute hospitals can be found in appendix 1.</p> <p>These include journeys from acute hospitals to Mental Health units in Coventry & Warwickshire or transfers in & out of Caludon Centre (CWPT site).</p> <p>The provider will follow the Patient Safety Incident Response Framework (PSIRF) national guidance on reporting incidents via the Learning from Patient Safety Events (LFPSE) system as per individual policy/ procedures to protect patients and maintain safety.</p>				
	Parity of esteem	✓			Only patients who meet one of the below reasons for an appointment will be considered for eligibility for NEPTS: a) The patient has				

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating action s
		Positive	Negative	Neutral		Impact	Likelihood	Score IxL	
					<p>been referred by a doctor, dentist or ophthalmic practitioner for nonprimary care NHS-funded healthcare services – that is, diagnostics or treatment. b) The patient is being discharged from NHS-funded treatment.</p> <p>The 2022 national criteria will be recommended for adoption as the ICB NEPT Eligibility Policy. The qualifying criteria specifies the considerations across a range of needs: medical (A), cognitive and sensory impairment (B), significant mobility need (C), attending in-centre haemodialysis (D), safeguarding concerns (E) and (F) wider mobility or medical needs that have resulted in treatment or discharge being missed or severely delayed.</p> <p>Further provision is made for those travelling/ returning from in-centre haemodialysis, in which case specialist transport, non-specialist transport or upfront/reimbursement costs</p>				

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating action s
		Positive	Negative	Neutral		Impact	Likelihood	Score IxL	
					<p>for private travel will be made available.</p> <p>The ICB will need to implement a local reimbursement scheme, preparatory work has already been undertaken with Renal Units. The pilot is expected to be implemented in 2025/26, and the impact will be reviewed after 6 months.</p> <p>Dialysis Transport Support Offer</p>				
	Safeguarding children or adults	✓			<p>Safeguarding is now included as an eligibility criteria (E). Transport requests for safeguarding reasons are already reviewed on a case-by-case basis. Upon adoption of the policy a requirement will be introduced that booking under this eligibility criteria can only be made by relevant health or social care professionals, and they will need to confirm that safeguarding issues have been reported and recorded in the patient records.</p>				

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating action s
		Positive	Negative	Neutral		Impact	Likelihood	Score IxL	
					Maintenance of current safeguarding arrangements as per ICB Local Authority and/or Provider safeguarding policies and procedures. A systemwide approach to care with a collaborative, integrated approach, will enable learning from incidents to be shared across the system.				
NHS Outcomes Framework Could the scheme impact positively or negatively on the delivery of the five domains:	Enhancing quality of life	✓			Dialysis patients, in general, attend dialysis 3 times each week, for life (or until they receive a successful kidney transplant). Therefore efficient transport is vitally important for patients, not least as it has the potential to directly impact their care and treatment outcomes. Dialysis patients will be able to claim for alternative transport to and from their haemodialysis. Please refer to the parity of esteem comment regards the local planning underway to develop a suitable reimbursement scheme.				

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating action s
		Positive	Negative	Neutral		Impact	Likelihood	Score IxL	
	Ensuring people have a positive experience of care	✓			<p>The aims of the revised NEPT criteria are to:</p> <p>a) clarify core eligibility criteria for those with a medical need, cognitive or sensory impairment, significant mobility need or safeguarding need, and for the transport of carers and escorts</p> <p>b) provide more consistency and certainty for patients receiving haemodialysis treatment through a universal commitment to transport support for all journeys to and from in-centre haemodialysis.</p> <p>c) reinforce the expectation that people will otherwise be responsible for their own transport, while allowing discretion where treatment or discharge may otherwise be significantly delayed or missed.</p> <p>d) ensuring patients are provided with alternative travel options/ information for those who do not qualify.</p>				

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes) Impact Likelihood Score IxL			Mitigating action s
		Positive	Negative	Neutral					
	Preventing people from dying prematurely	✓			Effective NEPT access for those who qualify is essential for timely healthcare.				
	Helping people recover from episodes of ill health or following injury	✓			As above including timely discharge or hospital transfers are included within the updated qualifying criteria. Section F identifies the need to consider those with wider mobility or medical needs that have resulted in treatment or discharge being missed or severely delayed.				
	Treating and caring for people in a safe environment and protecting them from avoidable harm	✓			As above regards to Section F consideration				
Patient services Could the proposal impact positively or negatively on any	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors			✓	N/A – transport service is separate to direct patient care provision.				
	Access to the highest quality urgent and emergency care	✓			Timely discharge and hospital transfers are included within the updated national qualifying criteria.				

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating action s
		Positive	Negative	Neutral		Impact	Likelihood	Score IxL	
of the following:	Convenient access for everyone			✓	NEPTs is reserved for those have been referred by a doctor, dentist or ophthalmic practitioner for non-primary care NHS-funded healthcare services – that is, diagnostics or treatment and meet the qualifying criteria.				
	Ensuring that citizens are fully included in all aspects of service design and change	✓			National criteria consultation completed 2022, this included a range of patient groups and feedback from individuals. NEPT Criteria Consultation Report Local engagement and communications plan will be developed to support the communicating the changes and re-procurement process.				
	Patient Choice	✓			The reimbursement scheme is only mandated to haemodialysis - see national eligibility criteria section D. Choice for other patient groups is not affected by the introduction of the new criteria. The national criteria recommends that NEPTS is				

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					<p>offered to all in-centre dialysis patients as standard. However, sometimes other forms of transport might suit a dialysis patient better (such as the patient using public transport, when driving themselves or being driven by a friend or relative).</p> <p>The universal dialysis transport support offer therefore provides a mechanism for each dialysis patient to choose transport options that are best for them, and to receive financial reimbursement at a locally agreed rate for those journeys. Please refer to the Parity of Esteem comments regards local planning.</p>				
	Patients are fully empowered in their own care	✓			<p>The universal dialysis offer includes a reimbursement scheme that is based upon a shared decision-making model. Please refer to the Parity of Esteem comments regards local planning Transport Support Offer</p> <p>The reimbursement scheme is only mandated to haemodialysis - see national eligibility criteria section D.</p>				

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		Positive	Negative	Neutral		Impact	Likelihood	Score IxL	
	Wider primary care, provided at scale			N/a	NEPTs provision is reserved for non-primary care NHS-funded healthcare services – that is, diagnostics or treatment, or discharge from NHS-funded treatment.				
Access Could the proposal impact positively or negatively on any of the following:	Patient choice	✓			Please refer to the Dialysis Transport Support Offer. NEPTs is reserved or those who meet the qualifying criteria.				
	Access	✓			WMAS PTS C&W Eligibility Information Historically the WMAS PTS have not been requested to sign post patients who are ineligible for transport to wider support services. As part of the adoption of the new eligibility criteria WMAS will be asked to sign post patients to alternative transport options. The ICB will also be adding supplementary information to the policy on the alternative transport options. This will				

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					<p>apply to both the ICB and WMAS website content.</p> <p>Please refer to Section 6. Wider support detail. NEPTS eligibility assessors and/or services provided by transport co-ordination hubs should consider providing people with information about the Healthcare Travel Costs Scheme (HTCS). People who are eligible for the HTCS include those who are in receipt of a qualifying benefit and those who qualify for the Low-Income Scheme or under other specified criteria. This includes the Disability Living Allowance (DLA) mobility component or equivalent.</p>				
	Integration			✓	N/A – transport service separate to direct patient care provision				
Compliance with NHS Constitution	Quality of care and environment	✓			Please refer to Eligibility assessor requirement and information provision requirements for those who do not meet the qualifying criteria. No changes to the NEPTS staff or vehicles are anticipated.				

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		Positive	Negative	Neutral		Impact	Likelihood	Score IxL	
	Nationally approved treatment/drugs			N/a					
	Respect, consent and confidentiality			✓	As detailed in the current service specification for Main Lot 1 and Renal Lot 2 requirements (2.2 local outcomes, quality).				
	Informed choice and involvement	✓			Please refer to National Criteria Consultation Report (2022) and Dialysis Transport Support Offer.				
	Complain and redress			✓	As detailed in the current service specification for Main Lot 1 and Renal Lot 2 requirements (2.2 local outcomes, complaints, and the management of incidents).				

Equality Impact Assessment

Project / Policy Details

What is the aim of the project / policy?

All C&W NEPTS screening processes are based on the previous (2007) national eligibility criteria and were reflected in the former SWCCG eligibility policy (as the former lead commissioner). The aim of NEPTS is to provide individual patients with NHS-funded transport to/ from their secondary care treatment (including discharge from hospital) when it is medically necessary.

The **national review (2022)** states that NHS-funded NEPTS should be reserved for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery. The review identified inconsistent application of the 2007 criteria and difficulties accessing NEPTs for many patient groups.

Following extensive engagement with commissioners, providers, patient groups (including Age UK, Kidney Care UK and Healthwatch), and a public consultation, the **updated eligibility criteria** were published in **May 2022**. The overarching principle is that 'most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary. NHS-funded patient transportation is reserved for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery.

The national timeframe for existing services to implement the national criteria was April 2023. Adopting the national criteria (2022) will inform our planned procurement of NEPTs including the development of patient and public engagement and stakeholder communication planning.

Who will be affected by this work? eg staff, patients, service users, partner organisations etc.

Local implementation requires Integrated Care Boards and their partners (including acute trusts, primary care providers and other referrers to NEPTS) to:

- oversee any necessary more specific local guidance on the eligibility assessment process and how to determine eligibility within this national framework;
- determine which individuals are authorised to assess the eligibility of patients under each criterion – this includes describing the competencies required to undertake those assessments and where the assessment workload should sit;
- determine how needs assessments informs the provision of appropriate specialist and non-specialist vehicles, or reimbursement and other forms of support.

WMAS Patient Transport Staff i.e. especially those working within the booking centre applying the eligibility screening questions, managing any queries and complaints, including those involved with supervising and training.

Healthcare providers and trusts – acute and community services including mental health, primary care.

Voluntary Community Faith and Social Enterprise organisations – access to current NEPT eligibility / booking information and signposting resources.

The 2022 national criteria (section 6) include recommendations that local systems, healthcare providers or NEPTS co-ordination service for an area may consider providing local information on transport options – such as public transport, community transport or taxi companies – to those who make enquiries about eligibility for NEPTS.

This also includes consideration around providing people with information about the Healthcare Travel Costs Scheme (HTCS). Patients may also be entitled to wider transport support from other public bodies which should be considered when signposting patients to alternative options. e.g. local transport or volunteer schemes. This includes the Disability Living Allowance (DLA) mobility component or equivalent.

Is a full Equality Analysis Required for this project?

Yes	Proceed to complete this form.	No	Explain why further equality analysis is not required.
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If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.

N/A

Equality Analysis Form

1. Evidence used

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

- [Improving non-emergency patient transport services: Report of the non-emergency patient transport review Version 1, August 2021 \(NHSE\)](#)
- [Eligibility criteria for non-emergency patient transport: A consultation version 1, August 2021 \(NHSE\)](#)
- [Non-emergency patient transport services eligibility criteria: Consultation response 31 May 2022 \(NHSE\)](#)
- [Non-emergency patient transport services eligibility criteria: 31 May 2022 \(NHSE\)](#)
- [Transport support for patients attending in-centre haemodialysis: August 2022 \(NHSE\)](#)
- [Guidance for Non-emergency Patient Transport \(NEPTS\) Dataset: April 2023](#)
- [Non-emergency mobility categories guidance, July 2023 \(NHSE\)](#)
- CW ICB NEPT SUS dataset for Lot 1 (Main contract) and Lot 2 (Renal contract) 1/12/23 to 30/11/24
- [Phase 1 NEPTS Pathfinder. Summary Evaluation Report - Improving non-emergency patient transport services \(NEPTS\) - FutureNHS Collaboration Platform](#)
- [Healthcare Travel Costs Scheme](#)
- [Coventry City Council Joint Strategic Needs Assessment](#)
- [Warwickshire County Council Joint Strategic Needs Assessment](#)

Consultation/ involvement

Following the publication of the national NEPT review NHSE launched a public consultation to seek feedback on the patient eligibility recommendations they had outlined. This public consultation ran from 2 August 2021 until 25 November 2021. NHSE received 156 responses in total. During this time NHSE also ran four public engagement events which gave them a valuable opportunity to hear the views of members of the public, patients, NEPTS providers, NHS trusts, commissioners, and local authorities.

In response to this feedback, NHSE updated and published the eligibility criteria. The updated criteria will give patients clarity on who is eligible for transport and to ensure that where relevant, they have appropriate access to patient transport.

Consultation response

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

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not answered	Don't know
33.33%	35.26%	10.26%	8.97%	10.90%	0.64%	0.64%

2. Do you agree with our proposed criteria on qualifying cognitive or sensory impairment?

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not answered	Don't know
40.38%	41.03%	4.49%	6.41%	6.41%	0.64%	0.64%

3. Do you agree with our proposed criteria on qualifying significant mobility need?

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not answered	Don't know
40.38%	33.33%	10.90%	7.69%	5.77%	0.64%	1.28%

For full details please see [Consultation Feedback Report](#)

NEPT Activity 1st April 2023 to 31st March 2024

Activity April 2023 to March 2024			
Transport Needs	Renal	Non Renal	Total
Walker transport with driver	43,729	19,121	62,850
Walker transport with double crew	4,021	22,502	26,523
Wheelchair	10,083	12,927	23,010
Stretcher & Complex	2,379	15,065	17,444
Total	60,212	69,615	129,827
Escorts	296	9,553	9,849
Overall Activity	60,508	79,168	139,676

Nature of Use

The number of C&W people who used NEPTs has been shown according to the contract split across Lot 1 Main and Lot 2 Renal for the 12-month time period December 2023 to November 2024. This includes all patients that are registered with C&W ICB including a small volume that reside over the C&W local authority borders. Place has been defined according to their registered GP.

NEPT Journeys from 1st December 2023 to 30th November 2024

Includes all C&W registered patient journeys including a small volume that reside over the C&W local authority borders.

Lot 1 Main Contract Journeys

Lot 1 Main Contract Journeys from 1st December 2023 to 30 th November 2024				
Place (as per registered GP)	Completed	Aborted	Cancelled	Total
Coventry	22970	2172	4204	29346
Rugby	7036	587	1246	8869
South Warwickshire	19570	1552	5267	26389
Warwickshire North	12287	1239	2864	16390
Total	61863	5550	13581	80994

Lot 2 Renal Contract Journeys

Lot 2 Renal Contract Journeys from 1st December 2023 to 30 th November 2024				
Place (as per registered GP)	Completed	Aborted	Cancelled	Total
Coventry	28420	884	3318	32622
Rugby	4802	166	785	5753
South Warwickshire	13218	219	1649	15086
Warwickshire North	13247	319	1164	14730
Total	59687	1588	6916	68191

Journey definitions:

- **Completed Journey:** NEPTs transport provided for patient (e.g. hospital appointment, discharge, Discharge to access outward journey or home to hospice).
- **Aborted Journeys:** NEPTs provider arrived at a destination and the service user is not available to be picked up. These journeys are chargeable by the provider.
- **Cancelled Journeys:** All journeys cancelled by healthcare providers or service users prior to the vehicle commencing the journey (wheels turning), will not be considered chargeable or aborted. Journeys must not be cancelled by the Provider at any time.

Potential activity impact

Those who are travelling to or returning from in-centre haemodialysis i.e. Lot 2 Renal, and in which

case specialist transport, non-specialist transport or upfront/reimbursement costs for private travel will be made available, are eligible according to the May 2022 national criteria (point D).

Therefore, those patients who accessed NEPTs in line with the Lot 1 Main for outpatient, day patient or discharge journeys have been shown according to mobility categories to understand how many may be impacted by the introduction of the May 2022 national criteria. Across the mobility categories of walkers (4,832) and wheelchairs (2,363) there are 7,195 individuals.

It is not anticipated the adoption of the 2022 national criteria will impact on these individuals as the current eligibility screening questions already assess mobility, walking aid/ wheelchair use needs along with considering whether the individual is able to use public transport and if not the reasons for that. In addition, the screening questions also consider whether the individual receives the Disability Allowance Mobility component or a vehicle under the mobility scheme.

Within the NEPT service some bookings equal two journeys and some only one, because of this each booking made (on a given day) has been counted as a single discrete episode of use.

For activity breakdown by **mobility status** see the Disability section below.

2. Impact and Evidence:

In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.

Age: A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)

NEPTS will continue to be provided for all ages.

Positive impact: There are no negative impacts on age present. The 2022 qualifying criteria includes additional detail regarding cognitive or sensory impairment, which may be linked to age-related conditions e.g. dementia. In addition, recognised safeguarding needs are now included along with whether service users require the support of a family member/ carer or escort to travel safely.

However, this will be monitored including careful consideration of these protected characteristics when implementing any changes associated with the NEPT screening questions and process. In doing this it should ensure there are no negative impacts on these protected characteristics and where possible, positive impacts are identified and delivered.

The provision of written information and signposting resources for alternative transport offers, Healthcare Travel Costs Scheme (HTCS) eligibility and other wider support will be considered with the current NEPTs provider and partner organisations.

Lot 1 Main Contract from December 2023 to November 2024

Lot 1 Main Contract	Age Band – Distinct Patients				
	0-17	18-65	66-80	81+	Total
Coventry	24	1227	2022	3016	6289

Rugby	8	276	703	1082	2069
South Warwickshire	23	926	1740	3050	5739
Warwickshire North	10	707	1245	1630	3592
Total	65	3136	5710	8778	17689

Lot 1 Main Contract	Age Band – Distinct Patients %				
Place	0-17	18-65	66-80	81+	Total
Coventry	0.4%	19.5%	32.2%	48.0%	100.0%
Rugby	0.4%	13.3%	34.0%	52.3%	100.0%
South Warwickshire	0.4%	16.1%	30.3%	53.1%	100.0%
Warwickshire North	0.3%	19.7%	34.7%	45.4%	100.0%
Total	0.4%	17.7%	32.3%	49.6%	100.0%

- The majority of C&W Lot 1 main contract users are aged 66 years and over 82% (14,488), with 32.3% (5,710) in the 66-80 age range, 49.6% (8,778) within the 81 years and older age range.
- The lowest percentage of users are aged 17 years or under and represent 0.4% of users.

The proportion of Lot 1 main contract users that reside in the most deprived area (IMD 1 and 2) have been detailed as below by age.

Lot 1 Main Contract	Distinct Patients by Age Band and Core 20			
Place (as per registered GP)	0-17	18-65	65-80	81+
Coventry	50%	34%	27%	17%
Rugby	0%	4%	6%	4%
South Warwickshire	4%	2%	1%	0%
Warwickshire North	10%	32%	20%	15%
Total	22%	21%	15%	9%

Lot 2 Renal Contract from 1st December 2023 to 30th November 2024

Lot 2 Renal Contract	Age Band - Distinct Patients				
Place	0-17	18-65	66-80	81+	Total
Coventry	0	426	72	42	540
Rugby	0	13	17	12	42
South Warwickshire	0	26	60	31	117
Warwickshire North	0	85	41	16	142
Total	0	550	190	101	841

Lot 2 Renal Contract	Age Band - Distinct Patients %				
Place	0-17	18-65	66-80	81+	Total
Coventry	0.0%	78.9%	13.3%	7.8%	100.0%
Rugby	0.0%	31.0%	40.5%	28.6%	100.0%

South Warwickshire	0.0%	22.2%	51.3%	26.5%	100.0%
Warwickshire North	0.0%	59.9%	28.9%	11.3%	100.0%
Total	0.0%	65.4%	22.6%	12.0%	100.0%

- The majority of C&W Lot 2 renal contract users are aged 18-65 years 65.4% (550)
- For those aged 66 years and older 35% (291), users aged 66-80 years represent 22.6% (190) and those aged 81 years and over 12% (101).
- During this time period there were no users aged under 17 years accessing NEPTs.

The proportion of Lot 2 renal contract users that reside in the most deprived area (IMD 1 and 2) have been detailed as below by age.

Lot 2 Renal Contract Place (as per reg. GP)	Distinct Patients by Age Band and Core 20			
	0-17	18-65	65-80	81+
Coventry	0%	89%	22%	19%
Rugby	0%	15%	6%	0%
South Warwickshire	0%	0%	2%	0%
Warwickshire North	0%	78%	22%	13%
Total	0%	82%	14%	10%

Disability: A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

Positive impact: The 2022 national criteria recommends that NEPTS is offered to all in-centre dialysis patients as standard. Further, as other forms of transport might suit a dialysis patient better (such as the patient using public transport, when driving themselves or being driven by a friend or relative) the universal dialysis transport support offer therefore provides a mechanism for each dialysis patient to choose transport options that are best for them, and to receive financial reimbursement at a locally agreed rate for those journeys.

However, the development of a local reimbursement scheme will need to incorporate the terms and conditions relating to Mobility Cars and which will be built into the planning work underway with UHCW as the lead provider for specialist renal services.

The updated eligibility criteria builds upon the high-level criteria set out by the Department of Health in their earlier guidance in 2007 in relation to a range of needs across cognitive or sensory impairment, mobility needs, safeguarding concerns, wider support and the role of escorts and carers. Further, the national review produced updated NEPTS mobility categories, to assist integrated care systems (ICSs) in planning their process for commissioning these services and providers in provision of their services.

Please refer to the below **Main Contract (Lot 1)** analysis across mobility categories to identify the transport categories required across the **17,759 service users** for the period December 2023 to November 2024.

	Total number of individuals who used NEPTS in FYE period (Dec 23- Nov 24)	Number who used NEPTS once in FYE period (Dec 23- Nov 24)	Number who used NEPTS more than once in FYE period (each booking on a given day counts as single episode; whether inward & outward or only outward)	Average number of episodes of discrete use per individual	Total number of discrete episodes
Total Renal Dialysis journeys only, all mobility categories	847	498	349	40.5	34291
Walkers	504	243	261	48.7	24548
Wheelchairs	99	26	73	55.5	5492
Stretchers	133	110	23	5.6	740
Other	247	150	97	14.2	3511
Total Non-Renal (Main contract Lot 1) Inc non-dialysis renal OP appts	17759	8097	9663	3	53725
Walkers	4833	3179	1654	2.4	11626
Wheelchairs	2364	1233	1131	3	7171
Stretchers	5090	3045	2045	1.9	9535
Other	11673	6479	5194	2.2	25393

Gender reassignment (including transgender): Where a person has proposed, started or completed a process to change his or her sex.

Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment.

Positive Impact: There are no identified negative impacts on gender reassignment at present. The NEPT service staff should have the knowledge to support all backgrounds and no protected characteristic will be excluded from this service. However, this will be monitored and promote the careful consideration of these protected characteristics from design through to implementation service changes. In doing this it should ensure there are no negative impacts on these protected characteristics and where possible, positive impacts are identified and delivered.

Marriage and civil partnership: A person who is married or in a civil partnership.

Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities.

Positive Impact: There are no identified negative impacts on marriage and civil partnership at

present. The service will outline the expectation that all NEPT staff have the knowledge to support all backgrounds and no protected characteristic will be excluded from this service. However, this will be monitored and promote the careful consideration of these protected characteristics from design through to implementation service changes. In doing this it should ensure there are no negative impacts on these protected characteristics and where possible, positive impacts are identified and delivered.

Pregnancy and maternity: A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.

Positive Impact: There are no negative impacts on pregnancy and maternity at present. The NEPT service expectation is that staff should have the knowledge to support all backgrounds and no protected characteristic will be excluded from this service. However, this will be monitored and promote the careful consideration of these protected characteristics from design through to implementation service changes. In doing this it should ensure there are no negative impacts on these protected characteristics and where possible, positive impacts are identified and delivered.

Race: A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

Positive Impact: There are no identified negative impacts on race at present. The service will outline the expectation that staff should have the knowledge to support all backgrounds and no protected characteristic will be excluded from this service. However, this will be monitored and promote the careful consideration of these protected characteristics from design through to implementation service changes. In doing this it should ensure there are no negative impacts on these protected characteristics and where possible, positive impacts are identified and delivered.

The current provider is required to consider those with English as a second language, other language barriers or who may have literacy difficulties when screening for NEPT eligibility or providing information about alternative transport. The provision of verbal and written information and signposting resources for alternative transport offers, Healthcare Travel Costs Scheme (HTCS) eligibility and other wider support will be considered with the current NEPTs provider and partner organisations.

The current NEPT dataset for ethnicity was 95% incomplete.

Source: WMAS NEPT contract (Main and Renal) 1/12/2023 to 30/11/2024 (contracted local flow dataset).

Religion or belief: A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally, a belief should affect an individual's life choices or the way in which they live.

Positive Impact: There are no identified negative impacts on at present. The service will outline the

expectation that staff should have the knowledge to support all backgrounds and no protected characteristic will be excluded from this service. However, this will be monitored and promote the careful consideration of these protected characteristics from design through to implementation service changes. In doing this it should ensure there are no negative impacts on these protected characteristics and where possible, positive impacts are identified and delivered.

Sex: A man or a woman

Positive Impact: There are no identified negative impacts at present. The service will outline the expectation that staff should have the knowledge to support all backgrounds and no protected characteristic will be excluded from this service. However, this will be monitored and promote the careful consideration of these protected characteristics from design through to implementation service changes. In doing this it should ensure there are no negative impacts on these protected characteristics and where possible, positive impacts are identified and delivered.

Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).

Positive Impact: There are no identified negative impacts on sexual orientation at present. The service will outline the expectation that staff should have the knowledge to support all backgrounds and no protected characteristic will be excluded from this service. However, this will be monitored and promote the careful consideration of these protected characteristics from design through to implementation service changes. In doing this it should ensure there are no negative impacts on these protected characteristics and where possible, positive impacts are identified and delivered.

Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support

Positive Impact: Patients are able to travel with their relatives/friends and/or escorts/carers when (refer to NEPT Criteria Section 1: Overarching principle):

- They are under 16 years of age and are required to travel with an escort or carer
- They need an escort or carer's particular skills and/or support
- They cannot be left alone, or their condition means that they need the support of someone who knows them well
- They are under the care of the patient who is eligible for NEPTS, cannot be left alone, do not require the support of the NEPTS ambulance care assistant when travelling, and no alternative care is available at that time.

There are no identified negative impacts on carers at present. The service will outline the expectation that staff should have the knowledge to support all backgrounds and no protected characteristic will be excluded from this service. However, this will be monitored and promote the careful consideration of these protected characteristics from design through to implementation service changes. In doing this it should ensure there are no negative impacts on these protected characteristics and where possible, positive impacts are identified and delivered.

Other disadvantaged groups:

Positive Impact: There are no identified negative impacts on disadvantaged groups at present. The service will outline the expectation that staff should have the knowledge to support all backgrounds and no protected characteristic will be excluded from this service. However, this will be monitored and promote the careful consideration of these protected characteristics from design through to implementation service changes. In doing this it should ensure there are no negative impacts on these protected characteristics and where possible, positive impacts are identified and delivered.

The current default position, as per the former CCGs Eligibility Criteria (Schedule 2a, appendix 1) is that patients are expected to make their own transport arrangements. NEPTS must only be provided for those patients who have a clinically stated medical need that prevents them using private or public transport. This is in line with the national criteria (2022) introduction with the overarching principle that ‘most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary. NHS-funded patient transportation is reserved for when it is considered essential to ensuring an individual’s safety, safe mobilisation, condition management or recovery.

For those groups that may experience disadvantage as detailed below, continued mitigation will be applied and reviewed with partners and the NEPT provider (please refer to section 5 below):

- Those who live in rural areas where public transport is not available or as regular as in urban areas, potentially increasing the cost of travel.
- Those whose first language is not English; who may struggle to navigate both the eligibility criteria assessment and the alternative advice or information on transport options.
- Those on lower incomes who do not meet the threshold for either NEPTS or the Healthcare Travel Costs Scheme (HTCS) and may find the cost of transport unaffordable.

3. Human Rights

FREDA Principles / Human Rights	Question	Response
Fairness – Fair and equal access to services	How will this respect a person’s entitlement to access this service?	Effective NEPT eligibility screening and provision of appropriate information and support via signposting resources and accessible information.
Respect – right to have private and family life respected	How will the person’s right to respect for private and family life, confidentiality and consent be upheld?	NEPT provider will adhere to any information sharing policies, keeping information confidential where appropriate and implicating GDPR regulations to keep individuals’ data and information safe.
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	NEPT service expectation is that staff should have the knowledge to support all backgrounds and no protected characteristic will be excluded from this service. However, this will be monitored and promote the careful

		consideration of these protected characteristics from design through to implementation service changes. In doing this it should ensure there are no negative impacts on these protected characteristics and where possible, positive impacts are identified and delivered.
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	Existing NEPT service specification. Usual ICB, Local Authority and or Provider Policies relating to respect, safeguarding and consent continue to apply.
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	Existing NEPT service specification. Continued monitoring of complaints and compliments.
Right to Life	Will or could it affect someone's right to life? How?	Existing NEPT service specification. Continued monitoring of NEPT access, performance and KPIs.
Right to Liberty	Will or could someone be deprived of their liberty? How?	Any decisions around safeguarding needs will require HCP confirmed records at the time of booking.

4. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with which protected groups:

Engagement Activity	Protected Characteristic / Group / Community	Date
<p>The national team led a comprehensive consultation programme to inform development of the revised criteria from 2020 to 2021.</p> <p><i>“The review conducted a call for evidence, which received over 160 responses, held workshops with experts and patients specifically on eligibility, and conducted reviews of individual eligibility criteria in use within England and internationally. The review team also undertook a more specific analysis and engagement to support the development of proposals on renal dialysis, including surveying 64 renal units.”</i></p> <p>As well as asking for feedback on proposed new eligibility criteria, the consultation questions also specifically asked for views on possible equality implications in terms of protected characteristics and wider health inequalities.</p> <p>Source: Eligibility criteria for non-emergency patient transport: A consultation version 1, August 2021 (NHSE)</p>	<p>The groups covered by the consultation process, including patient workshops, were not specified in the output document as referenced.</p>	<p>2020-2021</p>

Local engagement assessed as not required as criteria has been mandated nationally plus comprehensive engagement work already undertaken at national level.	N/A	N/A
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For each engagement activity, please state the key feedback and how this will shape policy / service decisions (E.g. patient told us So we will):

National consultation feedback was fed into the new eligibility criteria policy.

5. Mitigations and Changes

Please give an outline of what you are going to do, based on the gaps, challenges and opportunities you have identified in the summary of analysis section. This might include action(s) to mitigate against any actual or potential adverse impacts, reduce health inequalities, or promote social value. Identify the **recommendations** and any **changes** to the proposal arising from the equality analysis.

Those whose first language is not English and who may struggle to navigate both the eligibility criteria assessment and the alternative advice on transport options.

- Review current practice with NEPTs provider, including any service user complaint themes, to consider whether any additional measures may be required.
- Work with C&W NEPTs Operational Group representatives to review the current information and resources provided on alternative transport.

Those who live in rural areas where public transport is not available or as regular as in urban areas, potentially increasing the cost of travel.

- Map alternative transport options for those who may not meet the qualifying criteria and live in rural areas with limited public transport and or have limited incomes. This will need to scope Local Authority websites, public transport provision e.g. bus and rail and Voluntary sector transport options.
- Link with Local Authority Transport Commissioning Leads to assist the above mapping.
- Ensure all information provided across the ICS is current i.e. by trusts, NEPTs provider and relevant websites with partners by working with the C&W NEPTs Operational Group, Communication leads and partners.
- Engage with VCFSE partners.

Those on lower incomes who do not meet the threshold for either NEPTS or the Healthcare Travel Costs Scheme (HTCS) and may find the cost of transport unaffordable.

- As detailed above.

In line with the national criteria (2022) section 6, wider support recommendations are as follows.

Healthcare Travel Costs Scheme (HTCS)

When receiving enquiries, NEPTS eligibility assessors and/ or services provided by transport co-ordination hubs should consider providing people with information about the HTCS. HTCS information and advice is available online or via telephone line.

[HTCS NHSBA Online Help or Telephone Line](#)

- If you have questions about help with health costs, [contact the NHS Business Services Authority \(NHSBSA\) online](#) or call 0300 330 1343. They will respond to your queries Monday to Friday, 8am to 6pm and Saturday, 9am to 3pm.

Providing information and assistance

Local systems should encourage patients to make an independent journey where possible. The integrated care system (ICS), local healthcare provider or NEPTS co-ordination service for an area may consider providing local information on transport options – such as public transport, community transport or taxi companies – to those who make enquiries about eligibility for NEPTS. Areas may also choose to help with booking these forms of transport and facilitate wider transport co-ordination. Action – to explore any VCFSE assistance that is presently available for residents or the potential to assist.

Other sources of support

Local authority cost of living and benefits advice:

- Coventry: <https://www.coventry.gov.uk/costofliving>
- Warwickshire: <https://www.warwickshire.gov.uk/managing-money-debt/benefits-welfare/2>

Patients may be entitled to wider transport support from other public bodies. This includes the Disability Living Allowance (DLA) mobility component or equivalent. In these instances, patients are unlikely to be also entitled to funding from the HTCS, and NEPTS would only be available if transport options usually funded by the patient's DLA are not appropriate.

Support from social care or local transport schemes may also be available and should be considered when signposting patients to alternative options.

Through complaints process monitoring or should the ICB be informed by a service manager of a specific patient where a patient's treatment or discharge may be missed or severely delayed, but they are not eligible for NEPTS under the criteria outlined above, systems may consider adding a threshold whereby the NHS contributes towards the journey costs. Patients should consider if other forms of private or public transport are available or suitable and whether they are eligible for HTCS in the first instance.

6. How will you measure how the proposal impacts health inequalities?

eg Patients with a learning disability were accessing cancer screening in substantially lower numbers than other patients. By revising the pathway the ICB is able to show increased take up from this group, this is a positive impact on health inequalities. You can also detail how and when the service will be monitored and what key equality performance indicators or reporting requirements will be included within the contract.

The ICB will:

- Compare NEPTS activity data after (e.g. 6 months) of implementation, based on the information available within the NEPTS dataset:
 - Age
 - Deprivation (post-code derived)
 - Sex
- Review any potentially relevant complaints, in collaboration with the current NEPTS provider.

7. Is further work required to complete this assessment?

Please state what work is required and to what section. eg additional consultation or engagement is required to fully understand the impact on a particular protected group (eg disability).

Work needed	Section	When	Date completed
Finalise the local renal reimbursement pilot scheme details with input from local patient groups and renal unit leads. The scheme will need to incorporate the terms and conditions relating to Mobility Cars and which will be built into the planning work underway with UHCW as the lead provider for specialist renal services.	QIA	Q1 2025/26	
Confirm current HTCS rates for 2025/26	EIA		

8. Sign off

The Equality Analysis will need to go through a process of **quality assurance** by a Senior Manager within the department responsible for the service concerned before being submitted to the Policy, Procedure and Strategy Assurance Group for approval. Committee approval of the policy / project can only be sought once approval has been received from the Policy, Procedure and Strategy Assurance Group.

Requirement	Name	Date
Senior Manager Sign-off	Dr Mike Caley	08.10.2025
Which committee will be considering the findings and signing off the EIA?	Finance and Performance Committee	12.11.2025
Approved by the Policy Procedure and Strategy Assurance Group.		16-Oct-2025