



**Isle of Man
Government**

Reiltys Ellan Vannin



Consultation on Changes to the On-Island Non-Emergency Patient Transport Service

March 2022

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We asked, you said, we did

We asked

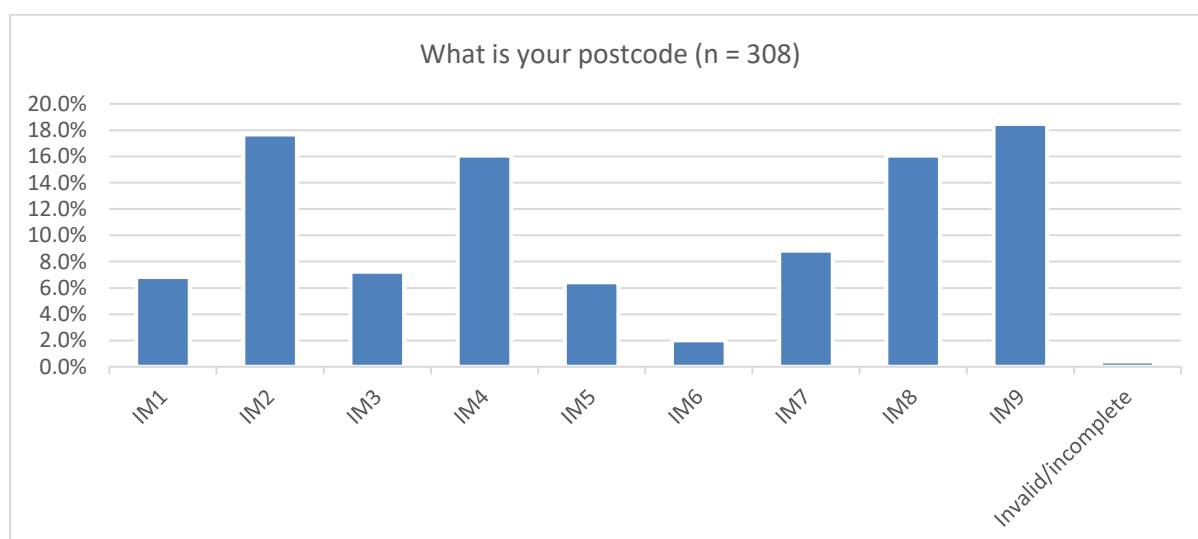
We asked for your views about what you thought might be influencing Non-Emergency Patient Transport Service (NEPTS) demand and why you thought people currently use it. We also asked who you think should be able to access the service. Using your responses, we want to form a fair and consistent set of eligibility criteria for patients accessing NEPTS.

You said

Who responded?

The consultation received 308 responses from people across a wide spread of geographical areas on the island.

Figure 1: Respondents' postcodes

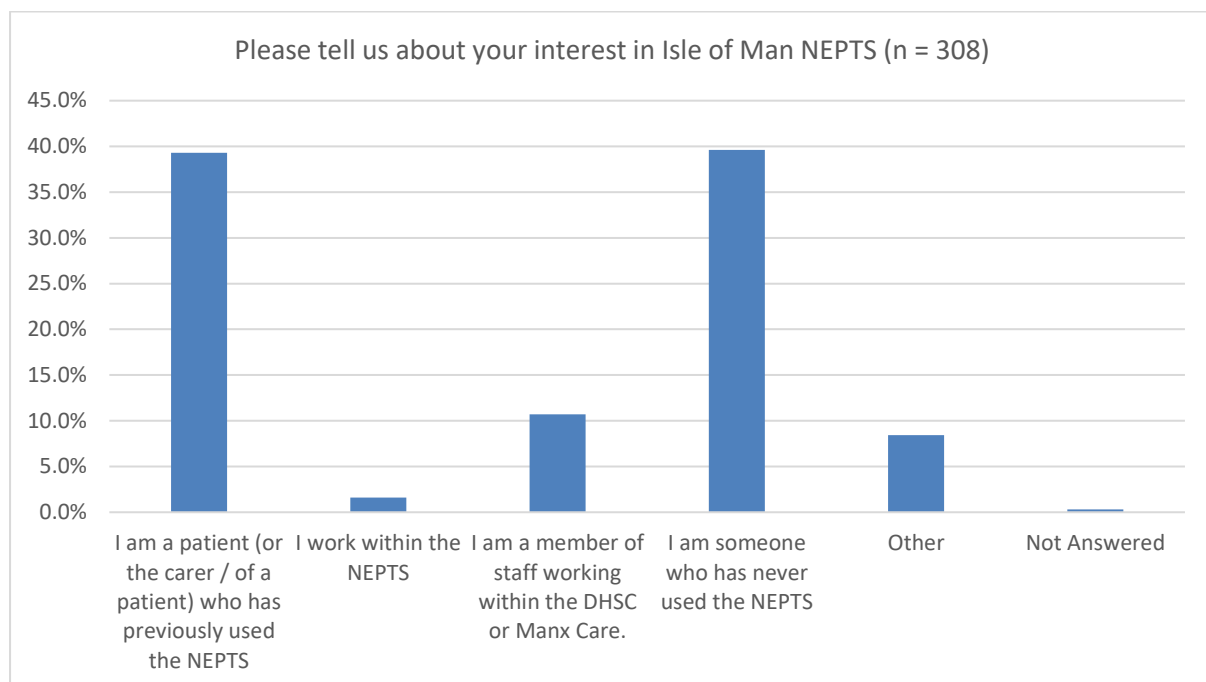


Eleven of you were answering on behalf of organisations we had already identified as a key stakeholder – someone we felt would be representative of current users of the service. These organisations included other government departments, care services, and charities.

The rest of you were answering the survey as individuals, representing your own views and experiences.

39% of you had some experience of the service either, as a patient or carer/loved one of a patient using it, while 40% had no experience of the service. 11% are members of staff at the DHSC or Manx Care, and the remainder said they are interested parties.

Figure 2: Respondents' interest in this consultation

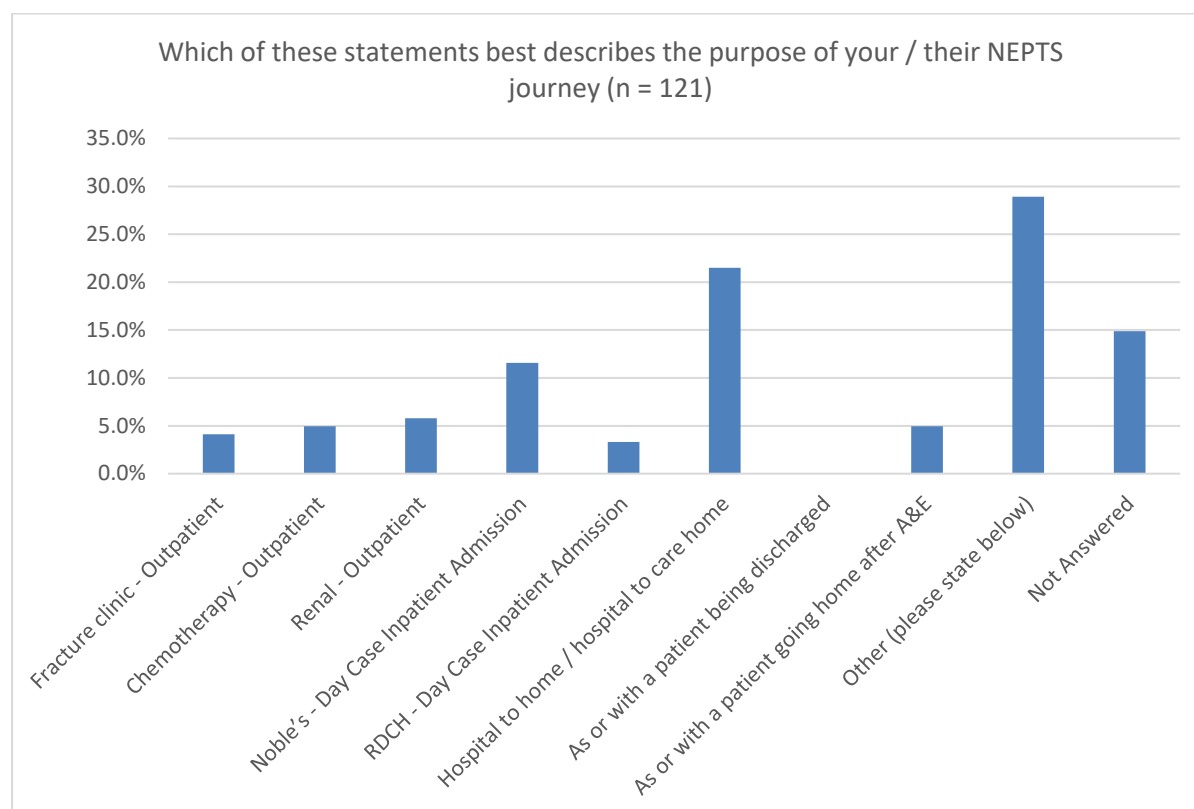


What do people use NEPTS for?

In part 1 of the survey, we asked only those of you who had experience of NEPTS to tell us why you had used the service, if anyone else was carried at the same time and how you would normally travel around in your day-to-day life.

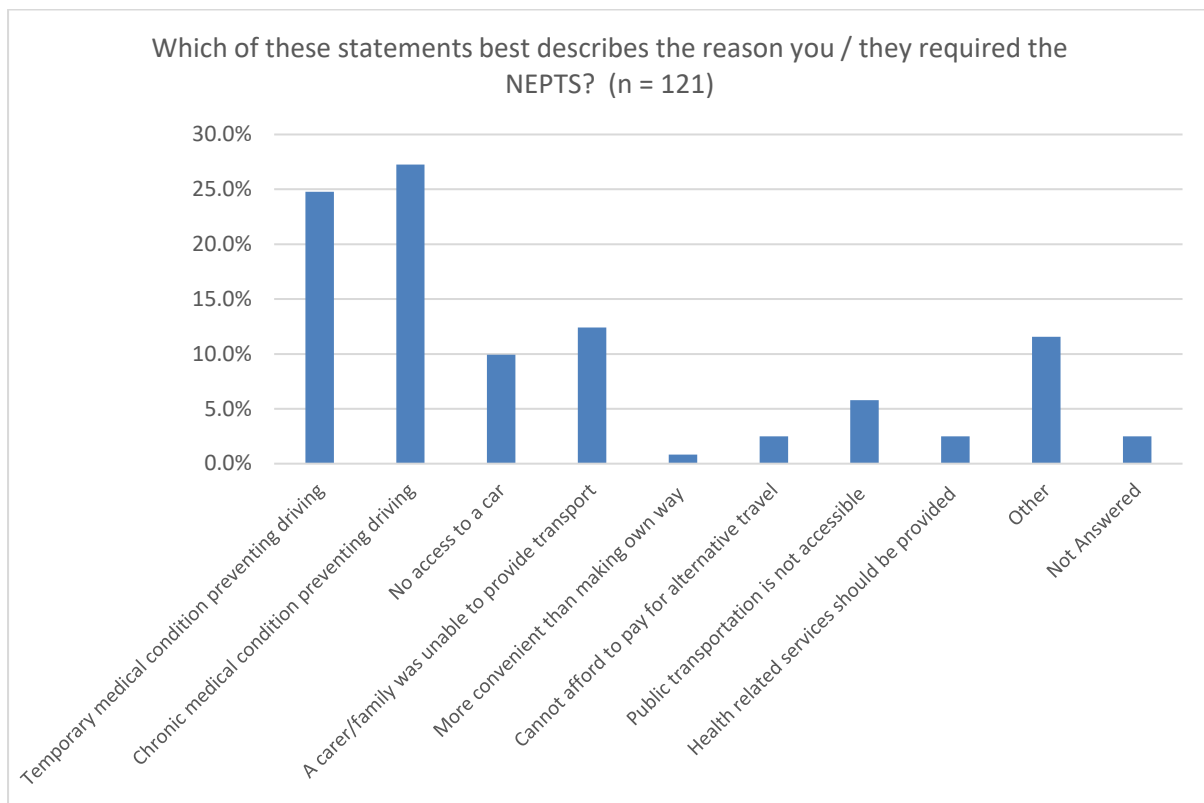
22% of you told us that you/your loved one had used the service to get from hospital to home/care home, 15% for outpatient appointments, 15% as a day case inpatient (Nobles and RDCH) and 33% other reasons including airport transport for UK appointments, eye clinics and physiotherapy.

Figure 3: Purpose of NEPTS journeys



27% of service users said you had travelled with NEPTS because you have a chronic medical condition which made you legally unable to drive; 25% said you had a medical condition which made you temporarily unable to drive; 12% said no one else was able to provide transport for you; and 10% said you had used NEPTS because you do not drive or have access to a vehicle. The remaining 23% of you gave a variety of reasons for using NEPTS, including affordability and mobility issues (3% did not answer this question).

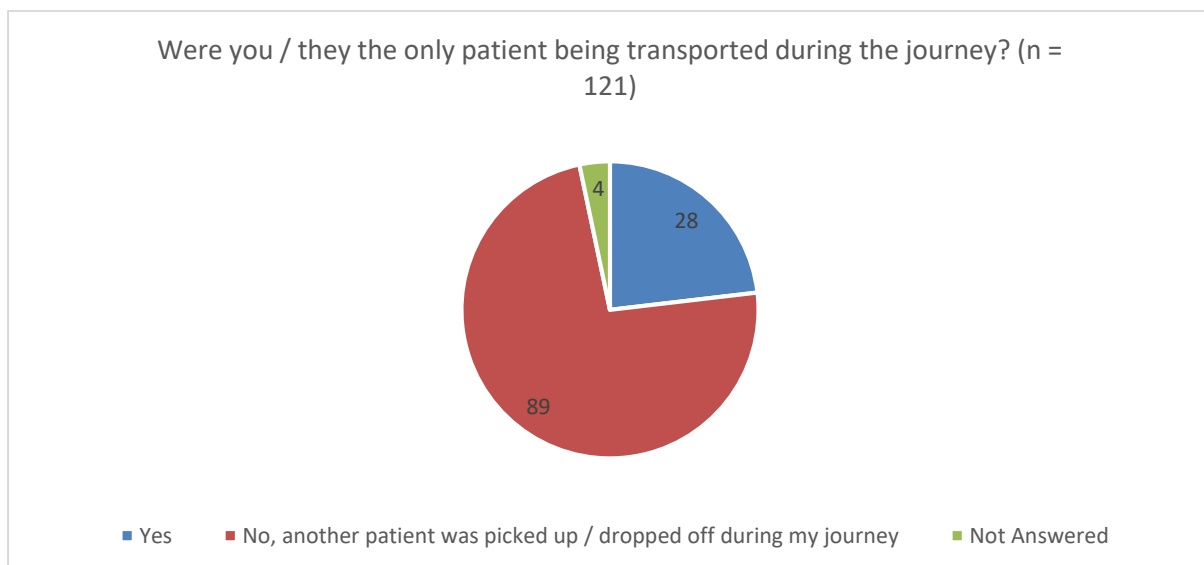
Figure 4: Why people use NEPTS



Other reasons for using the service included health issues, COVID isolation, and lack of or inaccessibility of public transport.

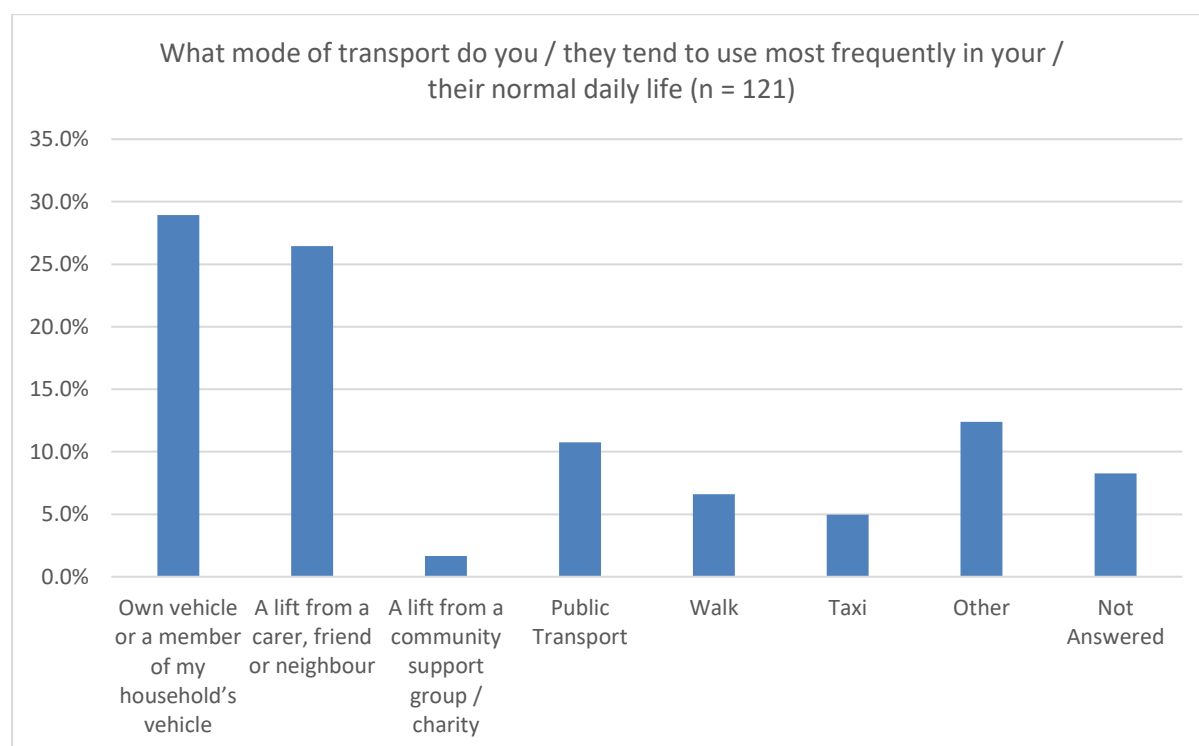
74% of service users told us that your journeys had been shared with other patients who were picked up or dropped off at the same time.

Figure 5: Did people travel as the only patient during the journey.



When asked what mode of transport you use in your day-to-day life, 29% of service users said they had access to a vehicle; 27% said they are provided with transport by family, friends, or carers, and 11% said they use public transport. Other service users told us that they use taxis, walk, or are unable to travel at all in their day-to-day lives because of health or mobility issues (i.e. wheelchair users and people who are housebound).

Figure 6: Usual method of transport

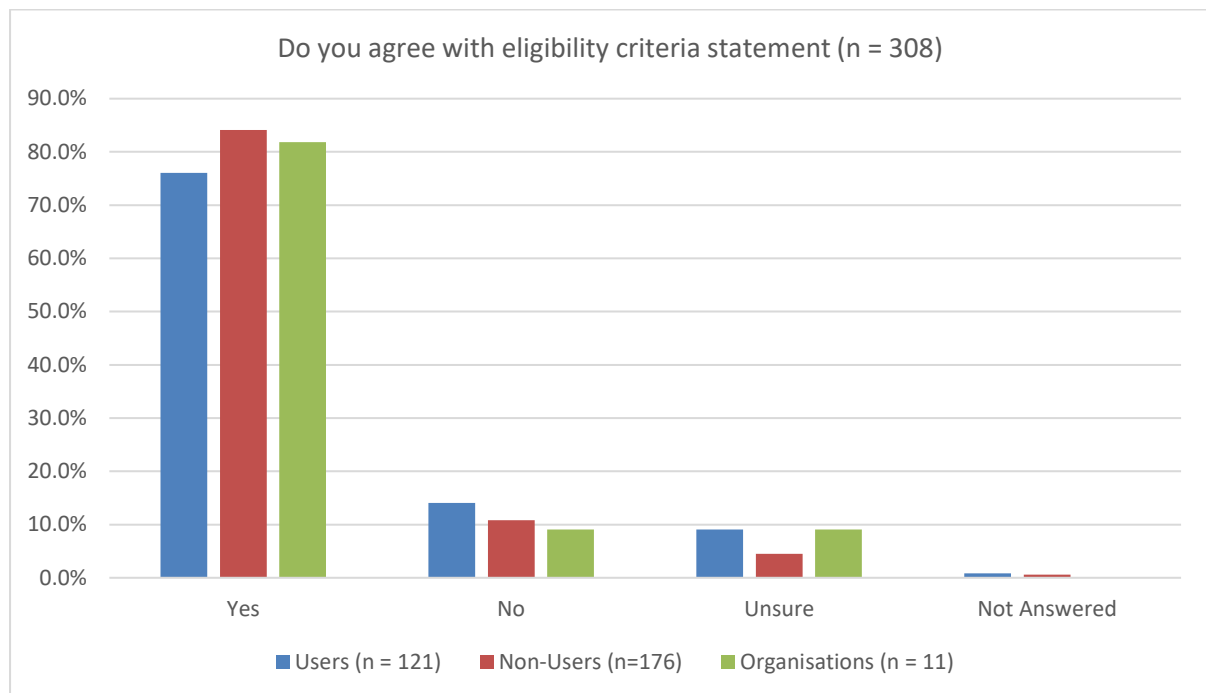


What do people think NEPTS should be used for?

In part 2 of the survey, we asked everyone to read a proposed set of eligibility criteria and tell us whether they seem fair and appropriate. We were also keen to understand how these proposed criteria might affect people who currently use the service, and whether there are any additional criteria people think we should consider.

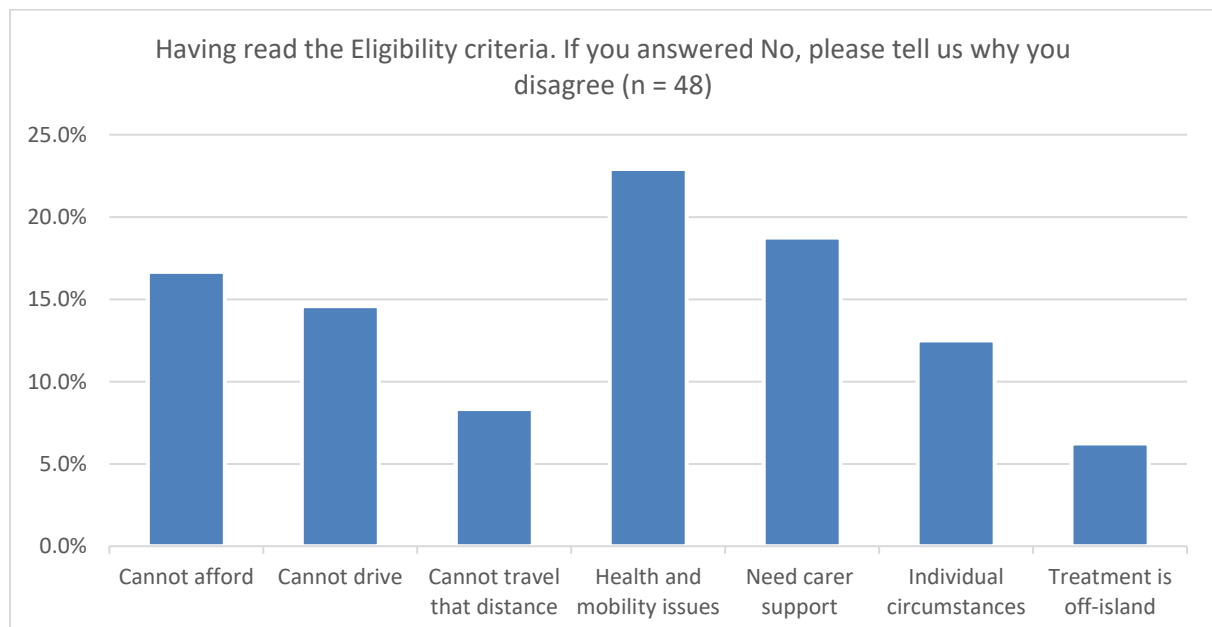
There was strong support for the criteria we proposed, with only a total of 12% of you saying you did not agree with them.

Figure 7: Agreement with proposed eligibility criteria



Those of you who did not agree with the criteria we proposed told us you were concerned about a range of issues, shown in Figure 8 below.

Figure 8: Reasons for disagreeing with the proposed eligibility criteria

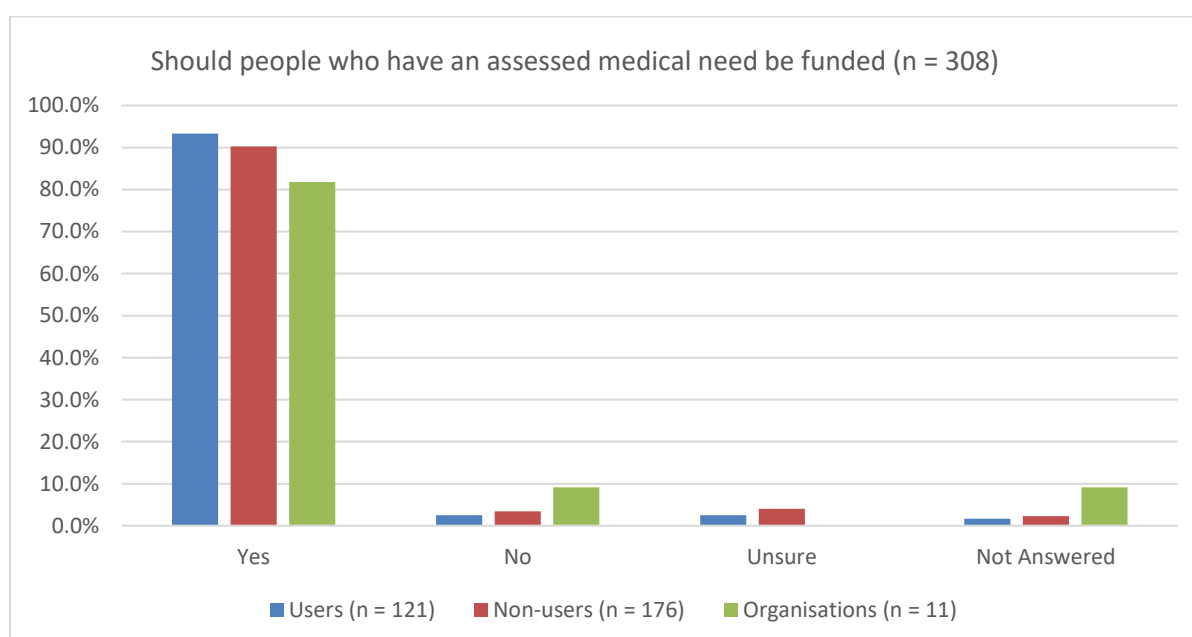


11 respondents said they were concerned about health and mobility issues, which included:

- Having to use crutches or Zimmer frames.
- Having a visual impairment.
- Having breathing difficulties.
- Being immunosuppressed.
- Experiencing anxiety or depression.

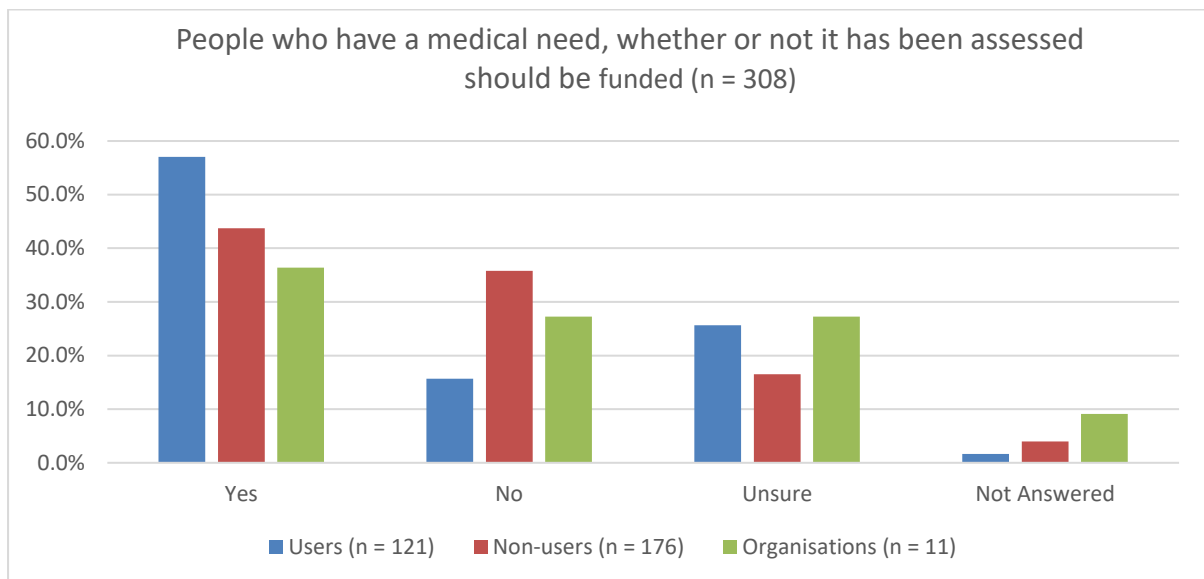
We asked whether you thought funding should be available to provide transport for people who have an assessed medical need – 93% of users, 90% of non-users and 82% of organisations agreed that it should (see below).

Figure 9: Funding transport for people with an assessed medical need



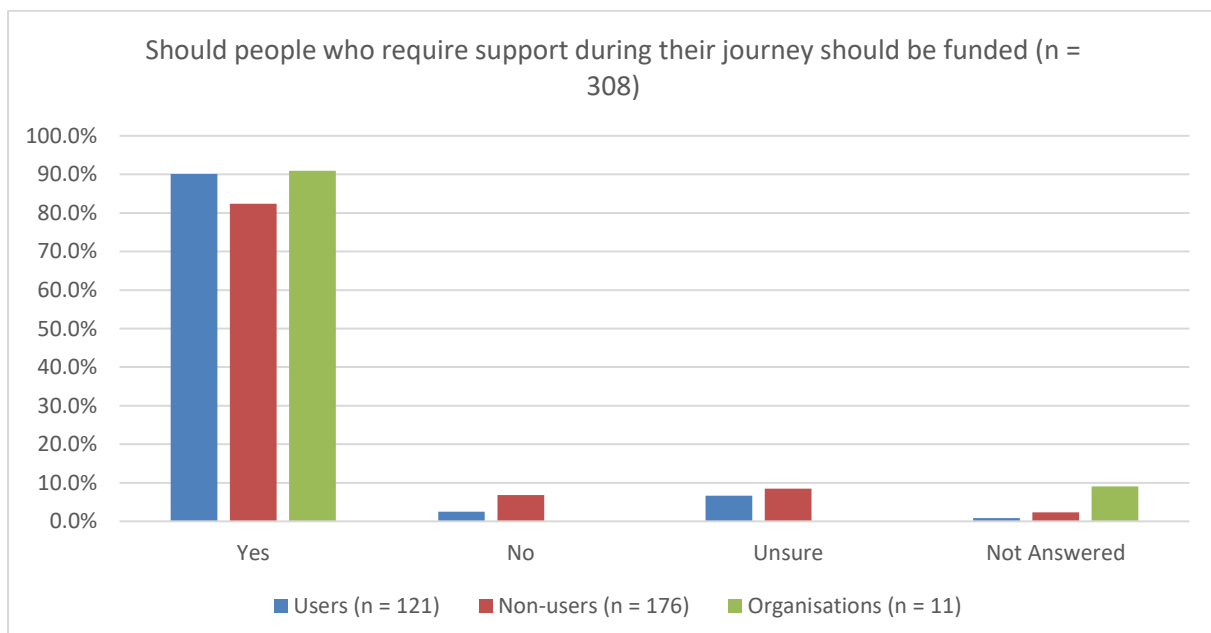
There was less support for funding transport for people who have a medical need which has not been formally assessed, with only 49% of all respondents saying you would approve of this option. The breakdown into the various groups is shown below.

Figure 10: Funding transport for people with unassessed medical need



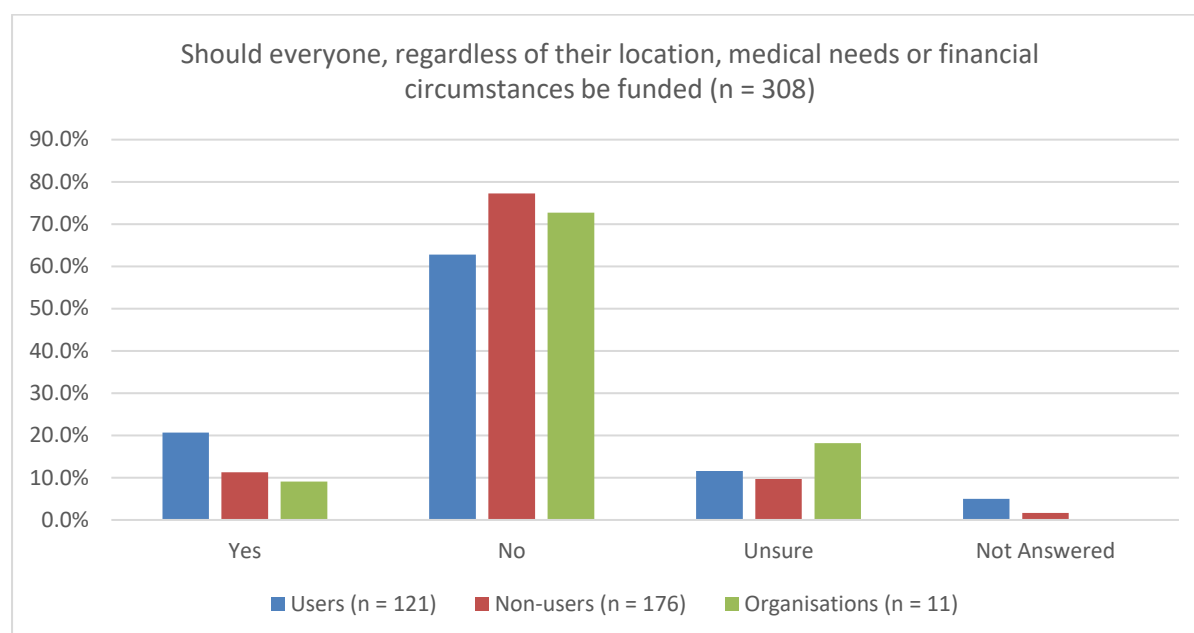
85% said we should fund transport for people who require support during their journey, with non-users showing a slightly lower ratio at just over 80% compared to users and organisations at 90% and 91% respectively.

Figure 11: Funding transport for people requiring support



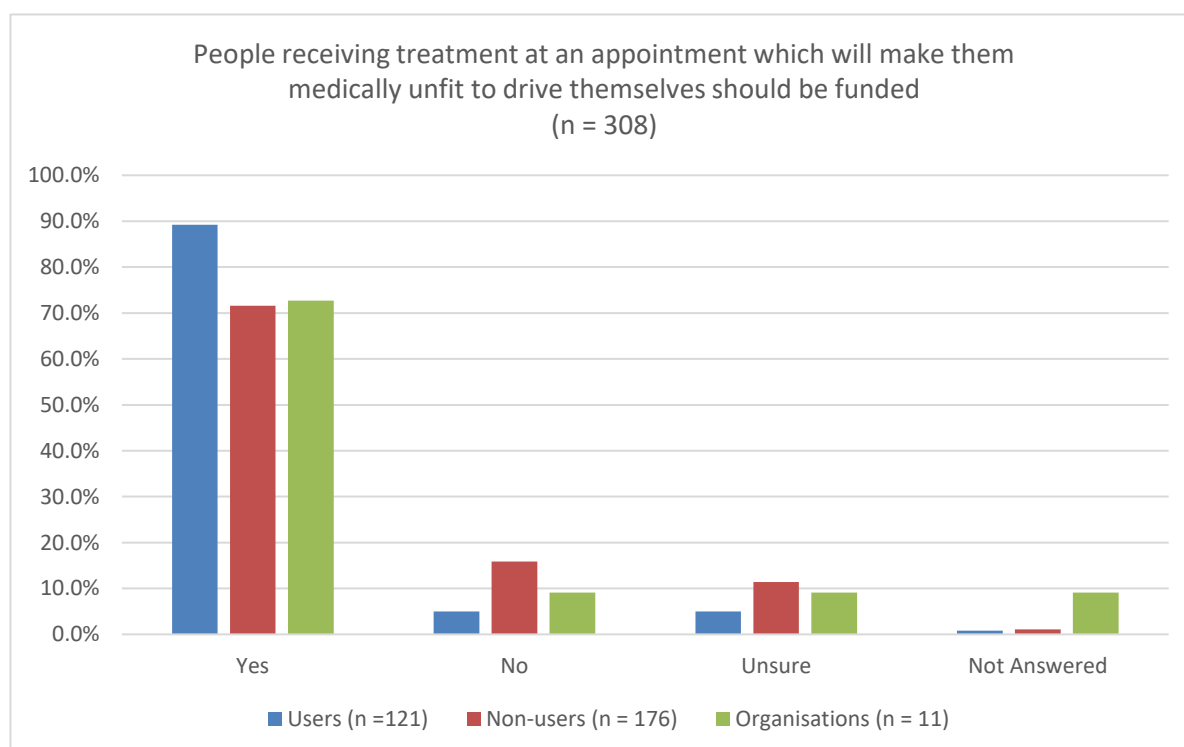
Only 15% in total said we should fund transport for everyone, regardless of circumstances. The breakdown across the groups is shown below.

Figure 12: Funding transport for everyone



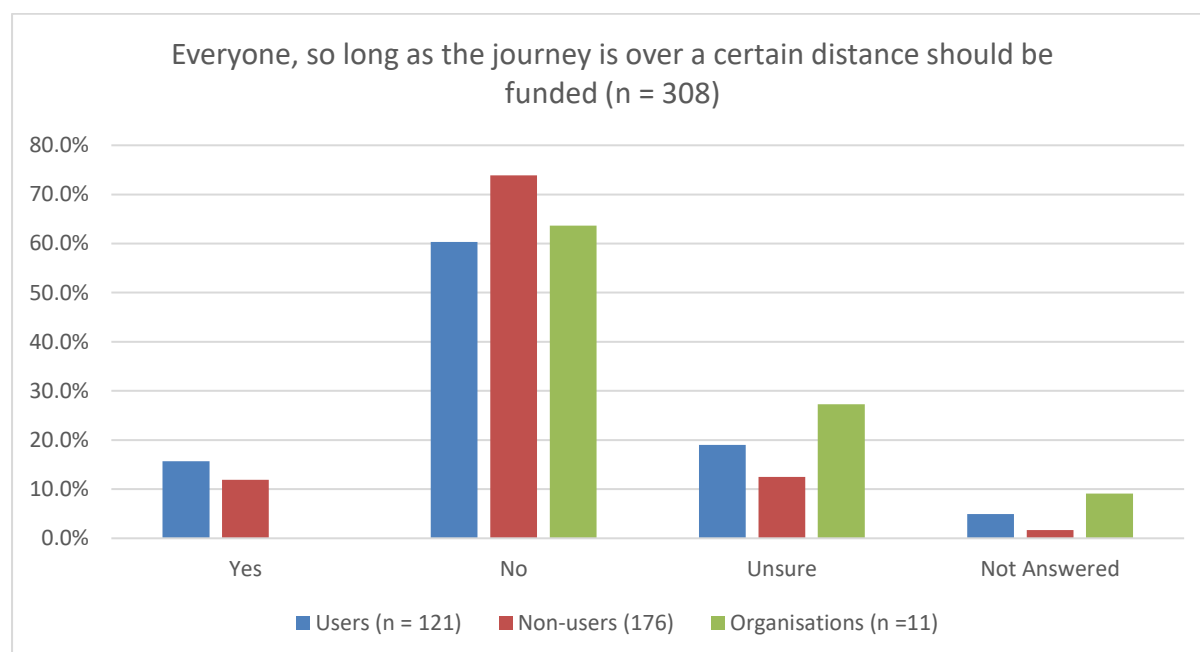
A majority of people said we should fund transport for people attending appointments, which will make them medically unfit to drive.

Figure 13: Funding transport for appointments which compromise ability to drive



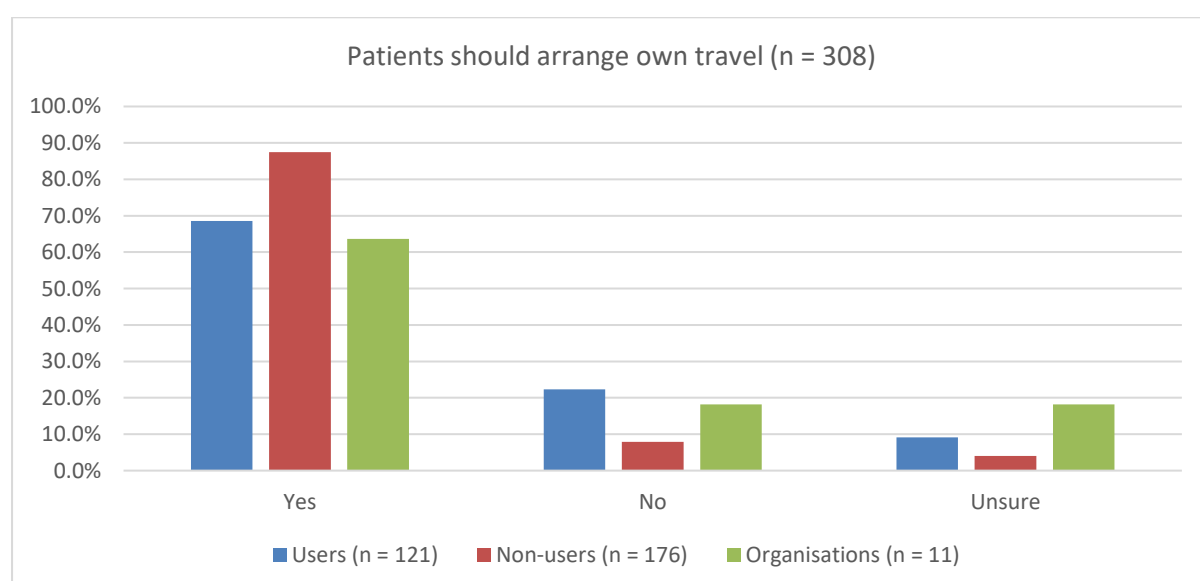
Only 13% of all respondents felt that everyone should have access to free transport if the journey was over a certain distance. Interestingly, no one representing an organisation agreed with this statement.

Figure 14: Funding transport for long journeys



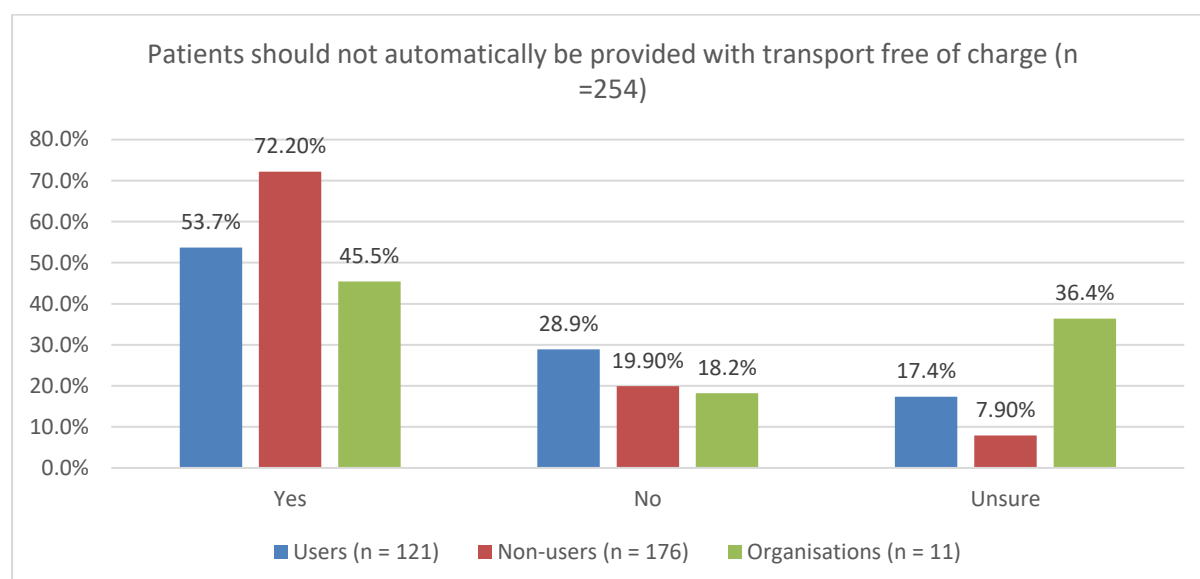
Nearly 80% of all respondents agreed with the principle that patients should arrange their own travel to NHS appointments, with user and organisation groups showing less support than the average of all.

Figure 15: Arranging own transport



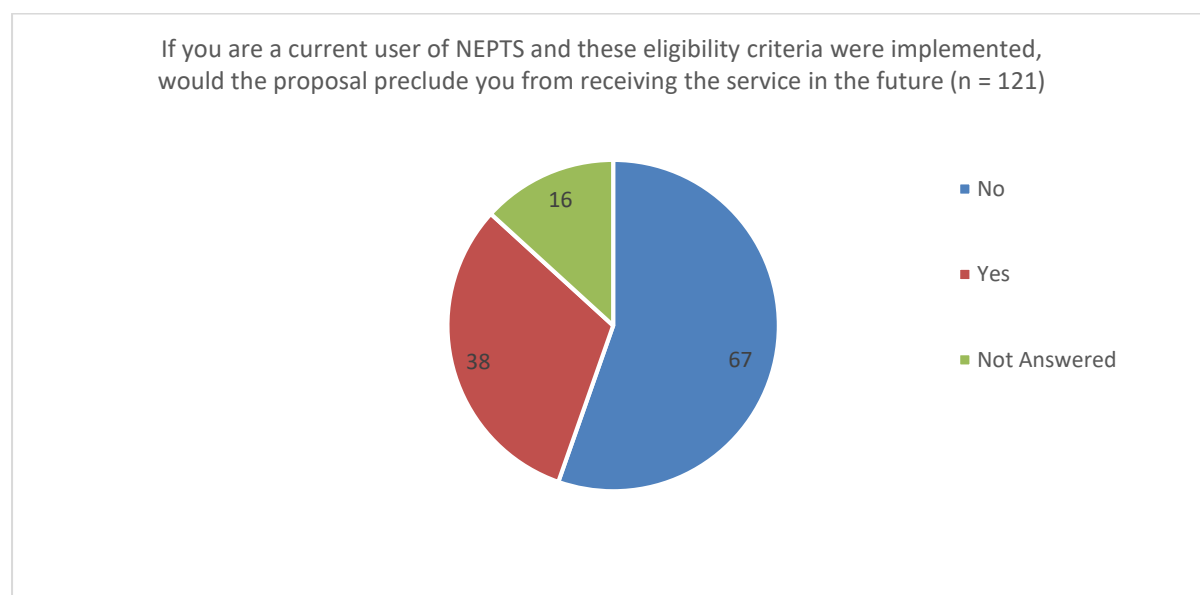
Over half of you felt that patients should not be automatically provided with transport free of charge.

Figure 16: Automatic provision of free transport



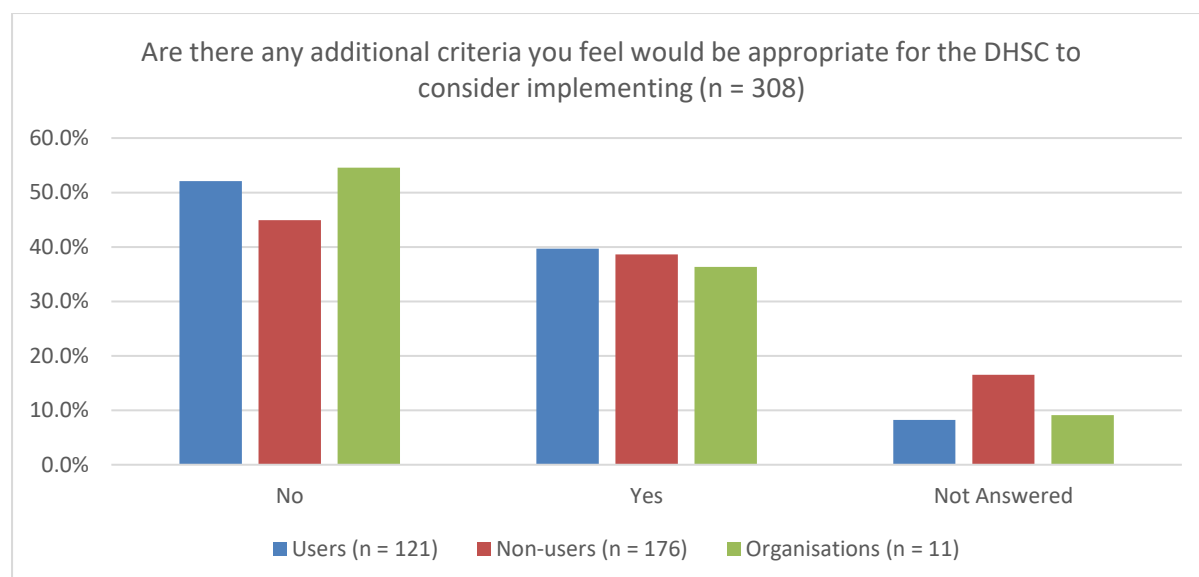
We asked those of you who currently use the service whether you would still be able to access NEPTS if the proposed eligibility criteria is introduced – the majority said you would still be eligible to use the service

Figure 17: Effects on current NEPTS users



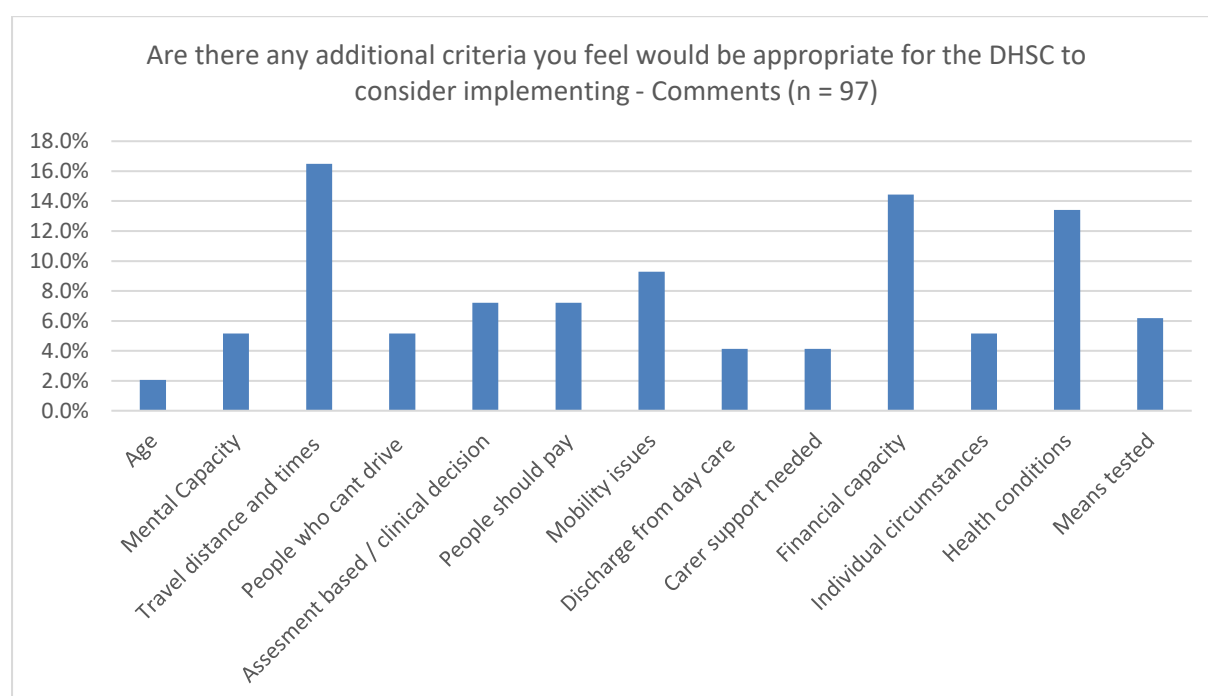
When asked if there were any additional criteria the DHSC should consider, over half of you felt there was.

Figure 18: Need for additional eligibility criteria



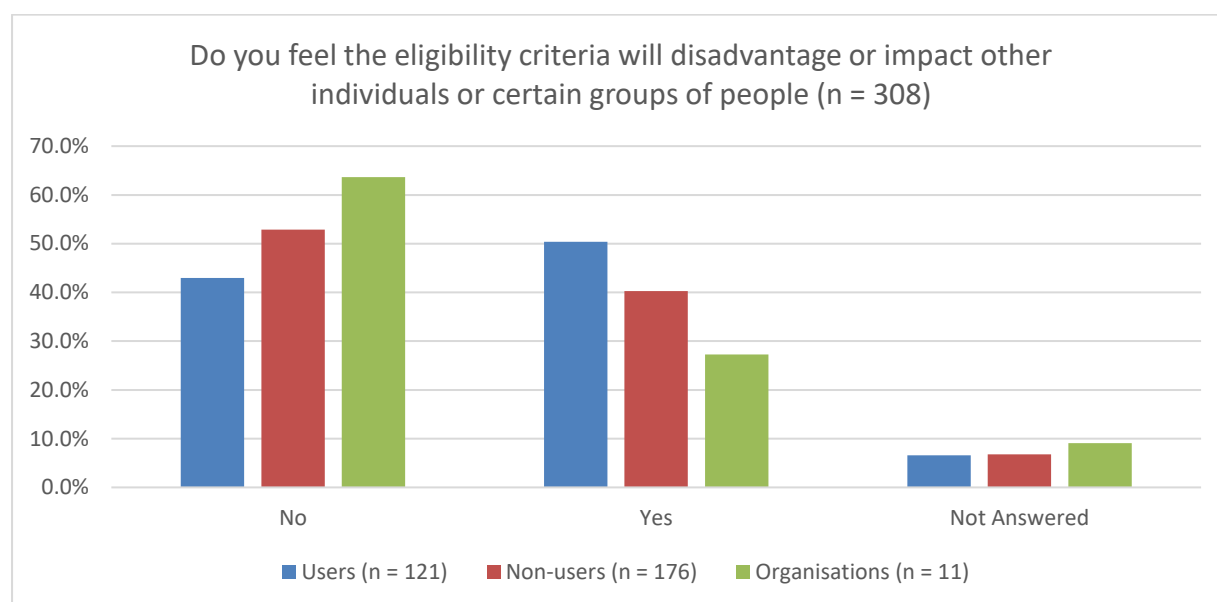
You made a number of different suggestions around what this might be. Travel distance and times, financial capacity and health conditions/mobility issues were the main themes.

Figure 19: Additional eligibility criteria suggested



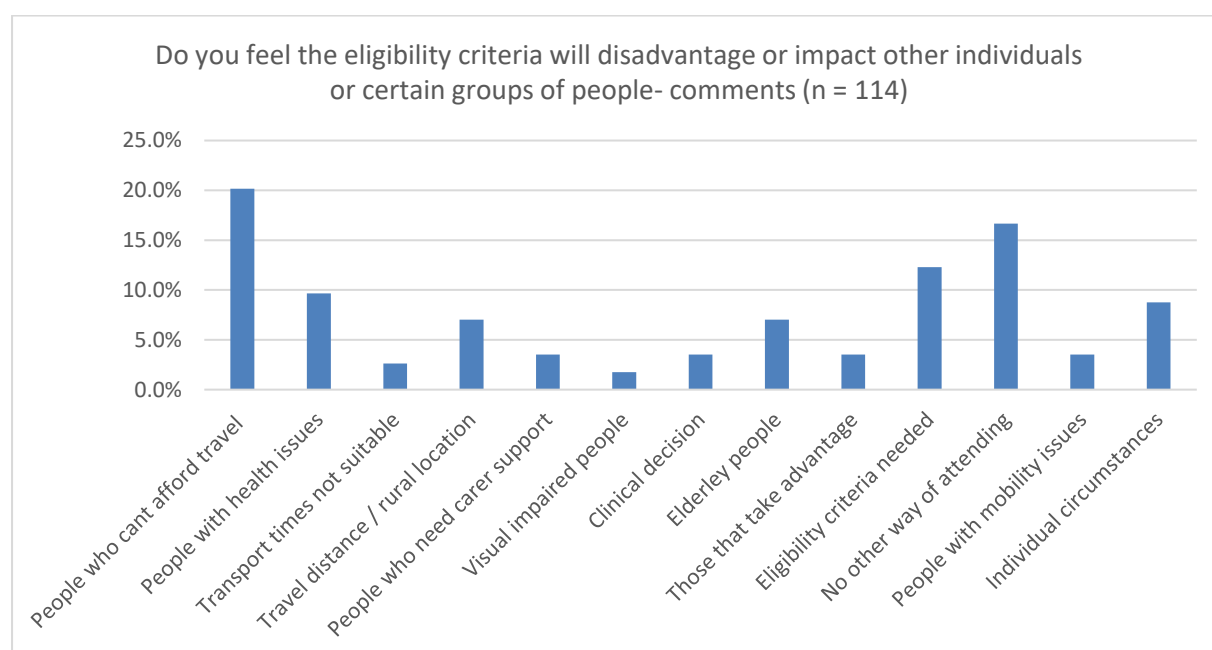
Around half of you said that the eligibility criteria could disadvantage or impact certain groups of people.

Figure 20: Will eligibility criteria disadvantage particular groups?



The majority of those who thought the proposed eligibility criteria might disadvantage particular groups said they were concerned about people who cannot afford to access other means of transport.

Figure 21: Which groups may be disadvantaged

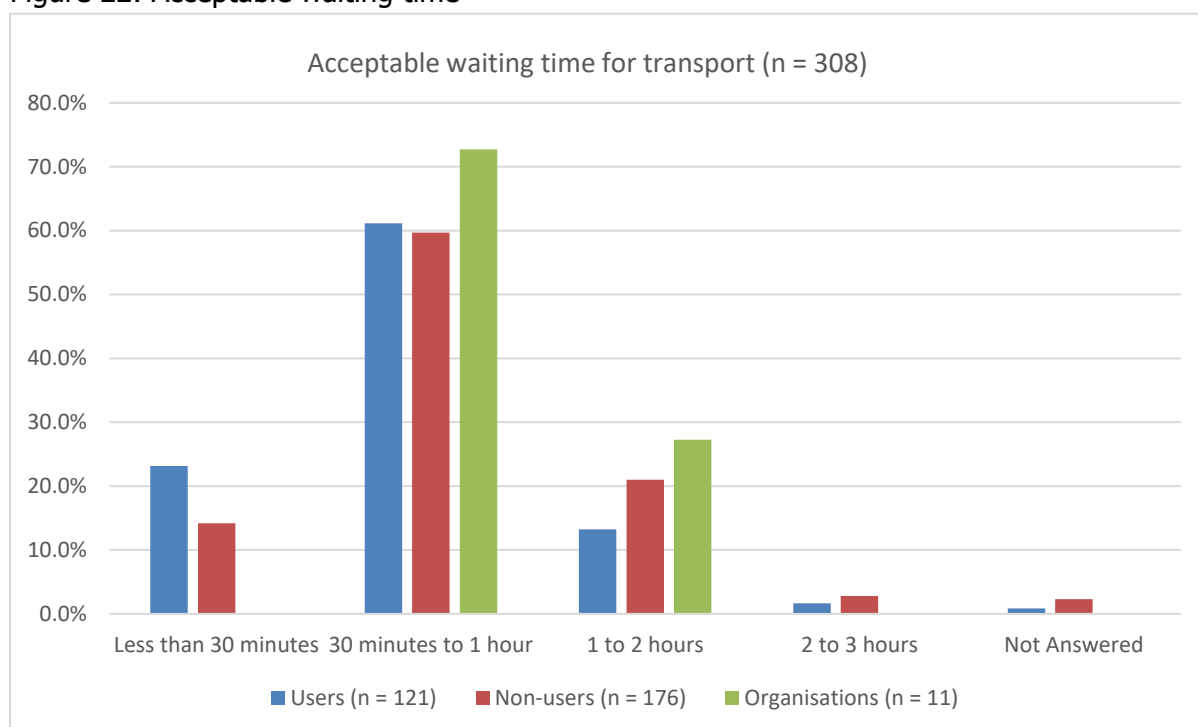


How do people think NEPTS should operate?

In part 3 of the survey, wanted to understand if the current model of service (on-demand and door-to-door) is the most effective, and how any changes such as introducing a schedule, fees and/or central collection hubs in a town/village would affect you or others.

When we asked you how long would be acceptable to wait for transportation from the time your appointment ended if specific collection times were implemented, 61% of you collectively selected a waiting time of 30-60 minutes, 18% of you collectively selected 1-2 hours, and 17% of you collectively selected under 30 minutes.

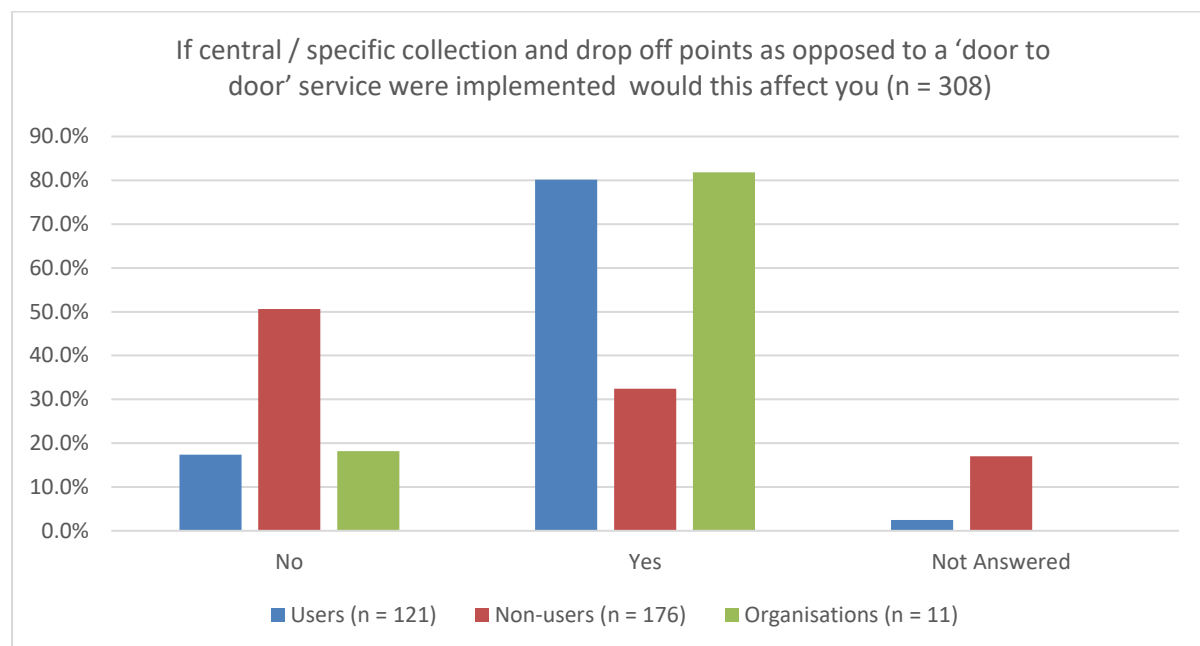
Figure 22: Acceptable waiting time



If there was a requirement to pay for a door-to-door service, 80% of you said you would be willing to pay a contribution towards the cost of the journey. The most common suggested contribution amount was £5.

We asked if you would be affected by the introduction of central collection/drop-off points (as opposed to a door-to-door service) – a large proportion of service users told us that they would be affected by this change in service delivery.

Figure 23: Impact of moving away from door-to-door service

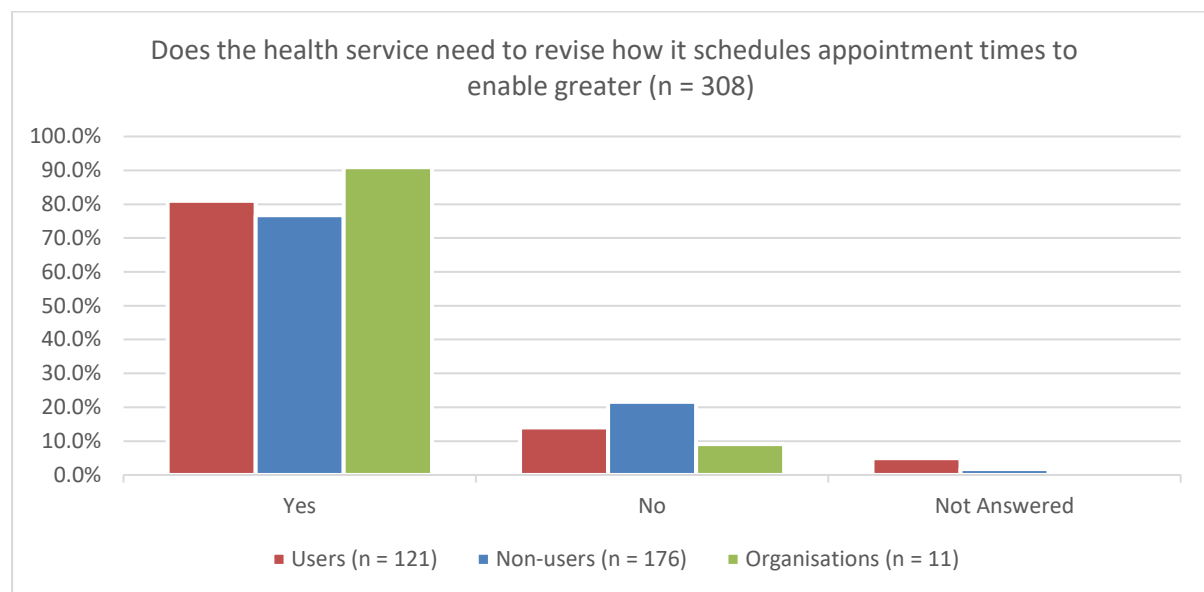


Those who said they would be affected by this change in service delivery told us that they were concerned about:

- Mobility issues (including wheelchair use).
- Distance to walk.
- Living in a rural location.
- Uncertainty about how to get to the collection point.
- Being housebound.

We asked whether you thought it was necessary to change the way health service appointments are scheduled in order to accommodate difficulties in accessing public transport links. A large majority of you thought this would be helpful.

Figure 24: Need to change how appointments are scheduled



What we will do now

When we launched the consultation in December, we committed to publishing the results by March with a view to introducing eligibility criteria in April.

We will now look in more detail at the findings and work with our partners in Manx Care and Bus Vannin to make sure that we develop a financially sustainable policy that will keep NEPTS available for those who need it.

In order for us to do this, we will extend our policy formation stage to 3 -6 months so that we can continue engagement with our key stakeholders and aim to take a policy to Tynwald for consideration by October this year.



This document can be provided in large print or in audio format on request

Department of Health and Social Security,
First Floor, Belgravia House, Circular Road, Douglas IM1 1AE
Tel: (01624) 685816
Email: Jacqui.kneen@gov.im
Ref: NEPTS Consultation results