

# COVID-19 patient transport services: requirements and funding

27 March 2020, Version 2

## 1. Introduction

This document sets out new patient transport requirements for all patient transport service (PTS) providers, NHS ambulance trusts, clinical commissioning groups (CCGs), acute and community care organisations and the voluntary sector in England during the COVID-19 emergency response. These requirements will be kept under review.

To ensure there is capacity to support people who have acute healthcare needs in our hospitals, we need to organise far more rapid discharge of those people who do not need to remain in hospital, in line with the new [COVID-19 Hospital Discharge Service Requirements](#); the new default is discharge home today. This can only be achieved through working together and patient transport is key to this.

As well as supporting safe and faster discharge, we must also continue to provide patient transport for those needing to attend ongoing care appointments and get to and from care settings safely and swiftly during the COVID-19 emergency response, as set out in Section 2 below.

A simple and pragmatic approach will be implemented to ensure that any current contractual, funding and eligibility blockages do not compromise the ability to deliver the required PTS during the current period.

We will also be encouraging friends, family and neighbours to help with transport, as well as mobilising the huge number of volunteers who have already signed up through the Good Sam app. Both routes will need to be fully deployed to help the NHS cope during the COVID pandemic.

## 2. What does this mean for patients?

### 2.1 Patients being discharged

As outlined in the [COVID-19 Hospital Discharge Service Requirements](#), a case manager from the discharge team will be assigned to a patient. The case manager will explore transport options with the patient with the aim of arranging this immediately following discharge. Options will be looked at in the following order:

1. immediate availability of friends and family to transport a patient home
2. identifying if any volunteer support is available through existing voluntary sector contracts (eg Red Cross, Age UK, St John Ambulance)
3. booking volunteer drivers through NHS Volunteer Responders via the Good Sam app, either directly by the patient or by the case manager
4. PTS co-ordinated by the NHS Ambulance Service.

### 2.2 Prioritising patient transport services

Current patient transport eligibility criteria will be suspended with immediate effect for all PTS during the level 4 emergency response period only.

Patient transport must be prioritised for the following patients, to support the national response:

- **Patients who have been discharged and need to be transported from one care setting to another, or home, if there is no alternative means of transport;** for example, by friends or family, where appropriate, considering the risk of COVID-19 cross-contamination. Once a decision has been made to discharge a patient, transport will be arranged to move patients from hospital, normally within an hour and a maximum of two hours, to support the discharge time target set out in the [COVID-19 Hospital Discharge Service Requirements](#). If this cannot be secured by existing PTS capacity, volunteers should be used wherever appropriate.
- **Patients defined on medical grounds as extremely vulnerable from COVID-19 who need to attend ongoing care appointments and have no access to private travel.** See **Annex A** for a list of high-risk patients.
- **Patients suspected of having COVID-19 who need to attend ongoing care appointments and have no access to private travel.**
- **Patients with life-sustaining care needs who need to attend a care setting, such as for dialysis, and have no access to private travel.**

### 3. What are the actions for NHS ambulance trusts?

NHS Ambulance Service providers need immediately to put in place arrangements to co-ordinate all PTS in their geographical footprint, including provision currently provided by the independent and voluntary sectors. They must take immediate steps to ensure that patients are now transported in line with the Discharge Service Requirements.

NHS Ambulance Service providers will:

- Work in partnership with PTS providers to co-ordinate all PTS resource and manage capacity to ensure transport requirements are met for patients identified in Section 2. This includes normally transporting patients within one hour, and certainly no more than two hours, of being discharged, in line with the Discharge Service Requirements. Volunteers should be mobilised wherever possible.
- Ensure the process for booking patients is clear, straightforward and communicated to primary, acute and community care services
- Provide discharge teams with a single point of contact (SPOC) for arranging patient transport and dealing with queries. This should be someone who can match the appropriate level of vehicle to a patient, preventing the unnecessary use of overly kitted out vehicles which may be needed elsewhere.
- Where possible, designate a number of vehicles and drivers on site or at the closest ambulance station to await rapid decisions taken on site by the discharge team.
- Provide NHS England and NHS Improvement with access to all PTS activity data via the newly constructed CLERIC portal, to keep an oversight of transport capacity.
- Operate on an 'open book' basis with commissioners in agreeing any additional costs associated with the enhanced services.
- Follow the guidance in **Annex B** on routes for funding the enhanced services, where additional costs are incurred.
- Comply with the guidance in Section 8 around the use of personal protective equipment (PPE) and decontamination of vehicles, while ensuring the new Discharge Service Requirements are met.

### 4. What are the actions for patient transport services?

During the national response period, the requirements for all PTS will change to assist national efforts to support patients. PTS will be redeployed to support critical services and ensure transport is available for those who need it.

All PTS providers must:

- Work in partnership with the NHS to respond to the national situation.
- Only provide transport for patients who have been prioritised as outlined in Section 2. This will mean substantially reducing non-essential PTS activity and ramping up capacity to deliver the enhanced PTS to support discharge against the Discharge Service Requirements. Capacity freed up as hospitals reduce outpatient appointments and elective care should be used to support discharge.
- Work with the NHS Ambulance Service to streamline the co-ordination of PTS activity, eg through sharing access to systems such as CLERIC.
- Continually accept any bookings for discharges during the day, and move patients within one hour, and certainly no more than two hours, of being discharged.
- Wherever PTS providers have spare capacity, NHS Ambulance Services may have a role in determining the appropriate redeployment of that capacity. This may include supporting emergency services.
- Comply with the guidance in Section 8 around the use of PPE and decontamination of vehicles, while ensuring the new Discharge Service Requirements are met. This will require additional capacity, including full immediate mobilisation of volunteers and friends, family and neighbours.
- Operate on an 'open book' basis with commissioners in agreeing any additional costs associated with the enhanced services.
- Follow the guidance in **Annex B** on routes for funding the enhanced services, where additional costs are incurred.

## **5. What are the actions for acute and community care organisations?**

In addition to the case manager's role outlined in Section 2.1, acute and community care services must ensure that discharged patients booked in for transport are ready to be transported without any delays.

To help the NHS Ambulance Service co-ordinating PTS with planning, a list of patients to be discharged must be shared as soon as it is available and at regular intervals throughout the day on a continual basis, rather than just twice or three times a day. Providers and the relevant NHS Ambulance Service need to agree how this continual liaison happens.

## **6. What are the actions for clinical commissioning groups?**

CCGs and organisations contracting PTS on behalf of CCGs must support the co-ordination of activities set out in this framework. In line with government's [Procurement Policy Note – Supplier relief due to COVID-19](#), specifically they should:

- Suspend key performance indicators (KPIs) in PTS contracts linked to activity and payment with immediate effect for the period of the level 4 emergency incident.
- Continue payments to PTS providers throughout this period to ensure continuity and resilience of service, and no detriment to the contractual income expected and route of income streams.
- It is expected that some of the additional activity due to the COVID-19 response will be offset by reduced activity for routine appointments and the deployment of volunteers. Commissioners should operate on an 'open book' basis with providers in agreeing any additional costs associated with the enhanced services.
- Work in partnership with ambulance services and PTS providers to manage existing contracts and capacity.
- Liaise with local authorities and the wider system to provide a joint strategic response to transport requirements, including helping to identify options for additional capacity if needed, eg other public sector transport assets.
- If not already in place, enact the agreed fuel policy locally in a crisis where possible in the event of low running fuel.
- Follow the guidance in **Annex B** on routes for funding the enhanced services, where additional costs are incurred.

Further information is provided in the accompanying finance guidance in **Annex B**.

## 7. Role of the voluntary sector

Many systems already contract with voluntary sector organisations to facilitate patient transport. Those providing PTS must liaise with the NHS Ambulance Service in their area that is co-ordinating overall PTS, and comply with the guidance in Section 4.

In the current situation, PTS must immediately seek to increase capacity by fully utilising volunteers. Volunteers are often focused on creating positive experiences for patients being transported and can help make patients feel more comfortable.

In addition to existing contracted services, NHS England and NHS Improvement have launched NHS Volunteer Responders, which enables volunteers to be matched with tasks to support those who are most at risk to COVID-19 and are 'shielding'; this could include patient transport. Ambulance trusts already use this service for first responders. All providers must register as referrers immediately by completing [this](#) form. While referrals can now be taken, these will not be matched to a volunteer until **30 March 2020** as the relevant checks and first aid training for volunteers must first be completed.

Volunteers should only be allocated tasks that they are comfortable with and have received the appropriate training and clearance for. Guidance for volunteers and patient transport will be issued shortly.

## **8. Safety and staff wellbeing**

To minimise the risk of infection, staff and volunteers supporting the transport of patients with confirmed or suspected diagnosis of COVID-19 should implement current guidance for the NHS on appropriate and proportionate use of PPE and decontamination of vehicles.

To protect PTS drivers and patients from potential infection with COVID-19:

- All vehicles are to be fitted with temporary bulkheads – an immediate measure can be two sheets of polythene sealed separately with heavy duty tape, with fitted hard plastic bulkheads if required.
- All vehicles must be additionally cleaned. Vehicle interiors are to be wiped down with chlorine wipes after each journey and deep cleaned with 1000ppm chlorine-based solution once a day.
- The service should put in place arrangements to enable volunteer services to meet these arrangements if they are using their own vehicles.

Non-essential persons are not to travel in the patient compartment with a possible case. Family members and relatives of these patients, unless they are also acting as carer, must be asked to remain at home and not attend the hospital. They should be left with contact details for the hospital the patient is being taken to and asked to phone later if necessary. Parents or guardians must accompany children under 18.

Efforts should be made to transport symptomatic patients on their own whenever possible, such as those with a continuous cough and/or high temperature. However, if the service is under high pressure, two patients with symptoms of COVID-19 may be transferred together and should wear a fluid repellent surgical mask (FRSM).

Every effort will be made to help ensure that PTS staff are protected during this time. In addition to the above precautions, PTS staff will have access to COVID-19 testing in line with that available to clinical staff, as soon as this comes on stream. Testing will be prioritised and carried out at a local level.

## Annex A: High-risk patients

As stated in the [guidance on shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19](#), high-risk patients include:

1. Solid organ transplant recipients.
2. People with specific cancers:
  - lung cancer: who are undergoing active chemotherapy or radical radiotherapy
  - cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma: who are at any stage of treatment
  - those having immunotherapy or other continuing antibody treatments for cancer
  - those having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
  - those who have had bone marrow or stem cell transplants in the last six months, or who are still taking immunosuppression drugs.
3. People with severe respiratory conditions, including cystic fibrosis, severe asthma and severe COPD.
4. People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as SCID, homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant and have significant congenital heart disease.

## **Annex B: Finance guidance**

### **1. Finance support and funding flows**

This section sets out the finance support available from NHS England and NHS Improvement for these enhanced PTS to support the COVID-19 response; and how that finance support will flow to CCGs and providers.

Usual eligibility criteria for PTS should be suspended while this process is in place. NHS England and NHS Improvement will ensure there is sufficient funding to support the enhanced PTS outlined in this guidance.

The enhanced patient transport activity may be deliverable within currently contracted activity volumes. For example, the capacity freed up from reduced patient transport activity relating to outpatient appointments should be used to support discharge. Where additional costs are incurred, we expect CCGs and providers to ensure that the rate paid for these services, and requests for reimbursement, are based on cost. Providers and commissioners are expected to operate on an 'open book' basis when agreeing these costs and requesting reimbursement.

Additional costs may include those incurred by ambulance trusts in co-ordinating the delivery of enhanced PTS. The costs associated with co-ordination would be expected to be broadly in line with other similar costs currently incurred by ambulance trusts.

Payments for the necessary adaption of existing vehicles to transport patients with COVID-19 or suspected COVID-19 should also be based on cost.

NHS England and NHS Improvement's funding support for these services will start from 00.01 on Friday 27 March 2020. We will reimburse the additional costs that arise as a result of the enhanced PTS policies outlined in this document, where transport is provided to patients on or after this date.

This funding agreement will be kept under review, and CCGs and NHS providers will be notified when it no longer applies. At that point, PTS activity will be funded as it was before enhanced PTS was introduced, or through mutual agreement continue to deliver redesigned services.

### **2. Route for funding enhanced patient transport services**

To expedite the most appropriate flow of funds and minimise administrative burden, the following process should be followed:



- **Where PTS are provided by NHS providers**, the provider should agree the costs associated with the enhanced services with the CCG and then should request reimbursement from NHS England and NHS Improvement.
- **Where patient transport services are provided by non-NHS providers**, the CCG and provider should agree the costs associated with the enhanced services. The CCG should pay the provider for these services and request reimbursement of the costs from NHS England and NHS Improvement.
- **For costs incurred in 2019/20**, NHS providers (for NHS-provided services) or CCGs (for non-NHS-provided services) should request reimbursement via the monthly cost reimbursement template.
- **For costs incurred in 2020/21**, it is envisaged that a similar cost reimbursement template will be used. This will likely form part of the non-ISFE and PFR returns.

### **3. Financial controls and other considerations**

We expect ordinary financial controls to be maintained with respect to invoicing, raising of purchase orders and authorising payments. CCGs and providers should, however, ensure that no undue administrative burden slows down the start of the enhanced PTS. Where necessary, approvals and approaches to the degree of detailed financial scrutiny appropriate to achieving this aim should be undertaken retrospectively.

CCG and providers should, from the start date, maintain a record of the costs and activity associated with the enhanced PTS, to support claims for reimbursement. A record should also be kept of the number of vehicles adapted and the cost per vehicle.

Funding for enhanced PTS should be separately identified within contractual agreements and monitored to ensure funding flows correctly.

Commissioners should work with PTS providers to ensure that extending existing contracts will be financially sustainable for those providers, and consider mitigating actions where there is a risk that they will not be.

In the case of non-NHS providers, CCGs should ensure that they reimburse their providers in a timely fashion to reflect these providers' differing cash flow requirements, paying particular consideration to smaller providers.