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NHS

COVID-19 patient transport services: requirements and funding

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Updates are highlighted in yellow.

1. Introduction

This document sets out 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 response and restoration of the NHS services in England. Whilst there continue to be requirements on providers and commissioners of PTS relating to the COVID-19 response, as set out in this guidance (such as in respect of actual and suspected cases of COVID-19), in all other respects PTS should move back towards business as usual service provision. These requirements will be kept under review.

During periods of regional increases in the prevalence of Covid-19 we need to organise far more rapid discharge of those people who do not need to remain in hospital, in line with the COVID-19 Hospital Discharge Service Requirements. This means PTS providers will need to respond rapidly to changing regional demand patterns.

As well as supporting safe and faster discharge, we must also simultaneously continue to;

1. Provide patient transport for those needing to attend ongoing care appointments and get to and from care settings safely and swiftly, as set out in Section 2 below.

2. Support the NHS to increase levels of non-urgent elective care and routine outpatient appointments; meeting forecast capacity requirements of PTS aligned to increases in planned care appointments and additional COVID-19 related activities e.g. pre-op swabs.

We will continue to encourage household contacts to help with transport, as well as the utilisation of local and regional community and volunteering services. Both routes need to be fully deployed to help the NHS cope during the COVID-19 response period.

2. What does this mean for patients?

2.1. Prioritising patient transport services

During the first phase of the response to COVID-19, eligibility criteria were suspended for all PTS. As we enter the second phase and elective care appointments resume, the suspension of eligibility criteria is now ended. Usual eligibility criteria should again be applied for all patients requiring transport who are not being hospitalised for COVID-19 and who are not classified as 'clinically extremely vulnerable' (see Section 2.1.2). In addition, PTS must continue to be prioritised for the patients identified in Sections 2.1.1 and 2.1.2 **only**, to support the national response.

Delivering these PTS requirements may impact on existing capacity. It is vital that commissioners and providers work together to identify how to address any capacity challenges. This will require a good understanding of the potential PTS demand, taking into account the number of elective care services resuming locally, the need for social distancing in vehicles (see Annex B) and requirements for transporting those who are 'clinically extremely vulnerable', among other factors.

As outlined in Annex A, financial support from NHSE/I will be available up to 30 September 2020 to meet additional costs arising from this guidance. From 1 October 2020 onwards, any additional costs arising from this guidance will need to be met within system funding envelopes, which, in line with the Phase 3 letter published on 31 July, will include additional funding to cover Covid-related costs for the remainder of the year. Commissioners and providers will need to work together to ensure that local contractual and payment arrangements from 1 October reflect the requirements of this guidance.

2.1.1. Discharged patients

PTS must be arranged for all patients who have been discharged and need to be transported from one care setting to another, or home, where there is no alternative means of transport eg by household contacts where appropriate, after considering the risk of COVID-19 cross-contamination.

Once a decision has been made to discharge a patient, as outlined in the COVID-19 Hospital Discharge Service Requirements, a case manager from the discharge team will be assigned to the patient. It is recommended that the patient will be moved from the ward to a designated discharge area within an hour, to support the discharge time target set out in the

requirements and that within two hours of arriving in the designated discharge area, transport will be organised for those who need help with this. Note: it is recognised that moving patients and organising transport within these specified times will depend on the overall efficiency of the discharge process in line with the guidance above, and patients' clinical and mobility needs.

The case manager will explore transport options with the patient based on these needs. Options will be looked at in the following order:

For patients **not** requiring assistance:

1. immediate availability of household contacts to transport a patient home
2. taxi to transport a patient home
3. booking volunteer drivers through NHS Volunteer Responders via the GoodSAM app, either directly by the patient or by the case manager or through a relevant community transport service.

Options 2 and 3 are not recommended for confirmed or possible (symptomatic) COVID cases, unless the recommended personal protective equipment (PPE) is available and the vehicle can be suitably decontaminated after the journey (see Section 8 for links to relevant guidance).

For patients **requiring** assistance, or where options 1 to 3 above are not appropriate or available, PTS will be arranged. The PTS will be co-ordinated through existing channels for on-the-day discharge, to provide the local PTS provider and NHS Ambulance Service with an overview of activity that allows it to respond appropriately and efficiently to demand. Support will also be available through existing voluntary contracts (e.g. Red Cross, Age UK, St John Ambulance).

2.1.2 Patients travelling to or from ongoing care appointments/non-urgent elective procedures

Whilst the national shielding programme was paused on 1 August, during peaks of infections either locally or nationally, patients who have been identified as 'clinically extremely vulnerable' and are following shielding advice but need to attend essential ongoing care appointments in hospital or community settings with no access to private transport will be entitled to PTS. This includes patients with life-sustaining care needs such as renal dialysis and cancer treatments. Patients have been advised to speak to their GP or specialist to determine which appointments are essential.

Evidence on who is and is not most at risk from COVID-19 is rapidly developing and guidance for shielding clinically extremely vulnerable people is likely to evolve in response to

this. There also may be changes as the overall infection risk in communities increases or decreases. Please refer to this webpage for further information on shielding. If you have questions any questions about this please contact england.covid-highestrisk@nhs.net.

Some patients may need the assistance of a carer when attending appointments. They should be informed that only one household contact acting as a carer can travel with them.

Where 'clinically extremely vulnerable' patients do not need assistance and are not confirmed or possible cases, the use of taxis and volunteers should be explored to help maintain PTS capacity. This must be in line with the guidance in the links in Section 8. If a taxi or volunteer is used, the patient should be assured in advance of the precautions taken to protect them.

3. What are the actions for NHS ambulance trusts?

NHS ambulance trusts are required to maintain an overview of patient transport capacity across their region. This will enable them to work in partnership with PTS providers and support them to respond appropriately and efficiently to rapid changes in demand, in order to meet transport requirements for the patients identified in Section 2.

They must take immediate steps to ensure that patients are now transported in line with the COVID-19 Hospital Discharge Service Requirements. The relevant PTS providers will:

- Clarify discharge hours with local acute providers and CCGs in order to meet demand.
- Assist patient flow and resource challenges by providing all providers with a means of system escalation.
- 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. Ambulance providers can step in with delegated authority from a CCG to redirect resources as appropriate.
- Provide NHS England and NHS Improvement with access to all PTS activity data via the newly constructed CLERIC portal (there is no need to send this data separately), to give them an oversight of transport capacity. Providers that do not use CLERIC do not need to take any immediate action to share their data, but should email nhsi.neptsreview@nhs.net to name the data capture system they currently use.
- Up until 30 September 2020, whilst additional funding is available from NHSE/I (see Annex A), operate on an 'open book' basis with commissioners in agreeing any additional costs associated with the enhanced services to ensure patient and system needs are met.

- Follow the guidance in Annex A on routes for funding the enhanced services, where additional costs are incurred. From 1 October 2020 onwards, any additional costs arising from this guidance will need to be met within system funding envelopes.
- Comply with the guidance referenced in Section 8 on the use of PPE and decontamination of vehicles, while ensuring the COVID-19 Hospital 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. As outlined in Section 2, 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 or meet the national eligibility criteria for routine non-urgent elective care and outpatient appointments.
- Plan their resources effectively.
- Work with the NHS Ambulance Service to streamline the oversight of PTS activity across the region, eg agreeing to share PTS activity data via systems such as CLERIC.
- Accept all bookings for discharges during hours deemed as appropriate for each contract, with transport recommended to be arranged within two hours of the patient arriving in the discharge area to support the discharge process. Exceptions should be escalated as soon as possible with the provider and the hospital booking transport, with mitigations outlined.
- Wherever PTS providers have spare capacity, NHS Ambulance Services have a role in determining its appropriate redeployment; this includes supporting emergency services.
- Comply with the guidance referred to in Section 8 on the use of PPE and decontamination of vehicles, while ensuring the COVID-19 Hospital Discharge Service Requirements are met.
- Up until 30 September 2020, whilst additional funding is available from NHSE/I (see Annex A), operate on an 'open book' basis with commissioners in agreeing any additional costs associated with the enhanced services.

- Follow the guidance in **Annex A** on routes for funding any additional costs incurred for the enhanced services. From 1 October 2020 onwards, any additional costs arising from this guidance will need to be met within system financial envelopes.

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

In addition to the case manager's role outlined in Section 2.1.1, acute and community care services must ensure that discharged patients booked in for transport are ready to be transported without any delays.

To help PTS providers with planning, discharge teams must share a forward plan of patients to be discharged 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. PTS providers and the relevant discharge teams need to agree how this continual liaison happens.

It is the case manager's responsibility to confirm with the receiving transport provider that all the relevant guidance around discharge of COVID-19 positive patients has been adhered to, eg swabbing.

Patients need to be made ready in a safe place that is easily accessible to PTS staff and have the correct documentation and medication with them to avoid aborted journeys.

Patients who are invited to attend an ongoing care or elective care appointment must be made aware in appointment letters or relevant communication of who is currently eligible for PTS, based on the prioritisation outlined in Section 2 and how to access patient transport services where eligibility is met.

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. Specifically they should:

- Suspend key performance indicators (KPIs) in PTS contracts linked to activity and payment for the period where the emergency incident is level 3 or above/there are local peaks of infection.
- 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 there will be fluctuations in activity as we continue to respond to COVID-19 whilst we simultaneously restart routine care. Up until 30 September 2020, whilst additional funding is available from NHSE/I (see Annex A),

commissioners should operate on an 'open book' basis with providers in agreeing any additional costs associated with any enhanced services or capacity challenges they face as a result. From 1 October 2020 onwards, any additional costs arising from this guidance will need to be met within system financial envelopes.

- Work in partnership with NHS ambulance services and PTS providers to manage existing contracts and capacity. As elective care resumes and the demand on PTS increases, it is imperative that commissioners and PTS providers jointly explore and implement options for the additional capacity that may be required.
- Work with local authorities and the wider system to provide a joint strategic response to transport requirements. This includes working together to identify options for additional capacity if needed, eg using existing public sector transport assets such as those used for social care, schools, community transport etc.
- Should the need arise, enact the agreed crisis fuel policy locally in the event of low running fuel.

These activities are in line with government's Procurement Policy Note – Supplier relief due to COVID-19. The activities outlined above must continue until further notice. NHS England and NHS Improvement will continue the funding arrangements outlined in **Annex A.** CCGs and NHS providers will be notified when these arrangements cease.

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 oversees PTS and comply with the guidance in Section 4.

In the current situation, PTS facing capacity challenges must immediately seek to increase capacity by fully using other options, one of which may be volunteers. Volunteers are often focused on creating positive experiences for patients being transported and can help make patients feel more comfortable.

Volunteers providing transport must be asymptomatic and meet the appropriate PPE and vehicle decontamination requirements outlined in the links in Section 8. They should not transport patients with a confirmed or possible COVID-19, should only transport one patient at a time, and should not have direct contact with the patient (patients must be ambulatory). Volunteers will not be expected to create temporary bulkheads in their vehicles.

Volunteers should only be allocated tasks that they are comfortable with and have received the appropriate training and clearance for.

In addition to existing contracted services, NHS England and NHS Improvement have launched NHS Volunteer Responders, which matches volunteers to tasks to support those who are most at risk to COVID-19; this includes patient transport. Ambulance trusts already use this service for first responders. All providers must register as referrers immediately by completing this form.

8. Safety and staff wellbeing

To minimise the risk of infection, staff and volunteers supporting the transport of patients with confirmed or possible diagnosis of COVID-19 should regularly refer to both the latest Public Health England guidance for ambulance trusts and guidance on infection prevention and control (Tables 3 and 4) to make sure they are using the appropriate PPE.

Annex B outlines PPE and cohorting recommendations for the transport of patients.

PTS providers transporting patients in cars and taxis should put disposable **seat covers** on top of seats that are mainly covered in cloth or absorbent material. It will be the individual transport provider's or taxi company's responsibility to ensure they have suitable PPE and to dispose of used PPE, cleaning materials and seat covers in line with national guidance. For volunteers, the referring organisation is required to provide the necessary PPE.

Every effort will be made to help ensure that PTS staff are protected during this time. In addition to the precautions above, PTS staff will have access to COVID-19 testing in line with that available to clinical staff (visit this webpage for further detail). The prioritisation and implementation of testing will be locally determined.

8.1 Considerations for cardiac arrest

Please note that if a patient is not clinically stable at the time of the PTS booking assessment – that is, they cannot maintain their own airway and are experiencing new or different chest pains – the PTS provider should not accept the booking and instead refer the patient to a clinician.

If a patient experiences cardiac arrest while being transported, the driver can start compression-only resuscitation in level 2 PPE. Ambulance responders arriving at the scene should stay at least two metres from the patient until those trained in using level 3 PPE don this. They can then start providing advanced life support assistance.

Annex A: Finance guidance

Finance support and funding flows

This annex sets out the finance support available from NHS England and NHS Improvement for PTS to support the COVID-19 response; and how that finance support will flow to CCGs and providers. NHS England and NHS Improvement will ensure there is sufficient funding to support the delivery of the PTS requirements outlined in this guidance up until 30 September 2020. From 1 October 2020 onwards, any additional costs arising from this guidance will need to be met within system funding envelopes, which, in line with the Phase 3 letter published on 31 July, will include additional funding to cover Covid-related costs for the remainder of the year. Commissioners and providers will need to work together to ensure that local contractual and payment arrangements from 1 October reflect the requirements of this guidance.

The patient transport activity required may be deliverable within currently contracted activity volumes. For example, the capacity freed up from reduced volumes of outpatient appointments and elective activity should be used to support discharge and clinically vulnerable patients as appropriate. Where additional costs are incurred, eg as elective volumes increase over the coming months, we expect CCGs and providers to ensure that the rate paid for these services, and requests for reimbursement, are based on cost. Up until 30 September 2020, whilst additional funding is available from NHSE/I, 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 overseeing the delivery of enhanced PTS. The costs associated with performing this role would be expected to be broadly in line with other similar costs currently incurred by ambulance trusts.

Route for funding additional PTS costs (up to 30 September 2020)

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 request reimbursement from NHS England and NHS Improvement.
- **Where PTS 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 from NHS England and NHS Improvement.

- **Reimbursement of costs -** the revenue cost of COVID-19 in 2020/21 will be collected as part of routine monthly reporting via the PFMS return for providers and non-ISFE for CCGs and all areas of direct commissioning. For this scheme please include additional costs in the ‘Enhanced PTS’ column.

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 maintain a record of the costs and activity associated with the enhanced PTS, to support reimbursement claims.

Additional funding for PTS resulting from this guidance should be separately identified in 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.

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

Annex B: PPE and cohorting recommendations for conveyed patients

Transport to/from ongoing care appointments

As per the government guidance, all visitors and patients attending health care settings must wear face coverings at all times including whilst using transport. Where PPE guidance recommends more stringent protection, that remains in place.

As guidance on social distancing is also updated, this may mean increasing or decreasing the level of social distancing required during transit. Currently the following is recommended:

- Confirmed cases with a positive result – confirmed by Public Health England or a positive testing result: can be transported in the same vehicle wearing surgical masks (social distancing between patients while in the vehicle is not required).
- Possible cases (ie symptomatic or suspected): should be restricted to one patient per vehicle. Patients should wear surgical masks. If a distance of two metres can be maintained between patients in larger vehicles, two patients may be transported together. The required distance may equate to one empty seat between patients in the same row, and one empty row between rows of patients, but needs to be measured.
- Asymptomatic cases who have not experienced COVID-19 symptoms in the past seven days: may be conveyed in the same vehicle provided they wear surgical masks and must sit over one metre apart. The required distance may equate to one empty seat between patients in the same row, and one empty row between rows of patients, but this needs to be measured.
- During peaks of infection where the shielding programme has been recommenced, those who are shielding and/or are clinically extremely vulnerable should be restricted to one patient per vehicle, unless it is possible to maintain a distance of over metre between patients as outlined above. These patients should wear surgical mask . As per section 2.1.2, as evidence about risk to these patients develops, guidance is likely to evolve and any changes to the recommended level of protection should be followed. This may mean increasing or decreasing the level of social distancing required during transit.

Patients being discharged

- Patients who have been hospitalised for COVID-19 and have completed their required isolation periods, as outlined in the Guidance for stepdown of infection control precautions and discharging COVID-19 patients, can be transported in the same vehicle wearing surgical masks (social distancing between patients while in the vehicle is not required).

- The need for further isolation of patients discharged following hospitalisation for COVID-19 who have **not completed their required isolation period and who do not have virological evidence of clearance** should be communicated to those providing transport. These patients may be conveyed in the same vehicle provided they wear surgical masks and can sit two metres apart.