

Report to:	East Sussex Health Overview and Scrutiny Committee (HOSC) Meeting
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Report Title:	Progress on the mobilisation of Sussex Non-Emergency Patient Transport Service (NEPTS) Service
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Executive summary:	
<p>This report provides an update on the initial post-go-live performance of the Non-Emergency Patient Transport Service (NEPTS) across Sussex, which became operational on April 1, 2025. The transition to the new provider, EMED, has been successfully managed, and the service is now fully operational.</p> <p>Initial performance data is largely positive, indicating that the service is operating effectively within expected activity parameters across Sussex, a commendable achievement given its recent mobilisation. Key Performance Indicators (KPIs) are being diligently tracked to identify and address any potential issues early.</p> <p>The report also addresses the ongoing challenge of effectively managing significant demand for the NEPTS service across Sussex, including East Sussex, to ensure its sustained sustainability and equitable delivery for all residents. Continuous monitoring and evaluation are crucial to this effort. This document details the mechanisms in place for this, including regular performance reviews, active stakeholder engagement, and patient feedback channels, with a specific focus on their application within East Sussex.</p>	

Progress on the mobilisation of Sussex Non-Emergency Patient Transport Service (NEPTS) Service

1. Introduction

1.1 Purpose of the Paper

This report provides an update on the Non-Emergency Patient Transport Service (NEPTS) in Sussex following the service transition on 1st April 2025, with a specific focus on its implementation and performance within East Sussex. It details the initial post-go-live performance, ongoing monitoring, and actions being taken to ensure the service is meeting the needs of patients and the wider healthcare system in East Sussex.

1.2 Context and Background

The repurchase of the new Non-Emergency Patient Transport Service (NEPTS) in Sussex was undertaken to enhance patient experience, accessibility, and operational efficiency across the region. EMED was the successful bidder and officially took over the contract on April 1, 2025. The service is now operational, and this report provides an initial assessment of its performance across Sussex, identifying areas for ongoing focus.

The NEPTS handles approximately 1000 journeys per weekday and 1000 per weekend across Sussex, a substantial volume that necessitates logistical planning, coordination, and significant staffing to manage diverse patient transport needs effectively. This daily activity includes inter-facility transfers, specialised mental health transports, and various patient appointments. EMED has a headcount of 204 (wholetime equivalent) to deliver this service and total fleet of 160 vehicles.

Vehicles:

- WAV (Wheelchair Accessible Vehicle): 23
- Multiflex (Seated) Ambulance: 57
- Stretcher Ambulance: 16
- Bariatric Ambulance: 38
- Total Operational Vehicles (PTS & DDV): 134
- Resilience Vehicles: 26

2. Service Delivery

EMED currently operates the Non-Emergency Patient Transport Service (NEPTS) from four locations across Sussex, providing transport for eligible patients to and from NHS healthcare facilities, including those in East Sussex. As of the reporting period, EMED delivers approximately 84% of overall NEPTS activity across Sussex. The remaining portion of the service continues to be delivered by incumbent sub-contractors, who are undergoing transition under TUPE arrangements.

Between April and July 2025, the final phase of this transition is being completed. Staff from the remaining providers will transfer to EMED in accordance with TUPE regulations, with operational handover scheduled to conclude by the end of July. Following this, EMED will undertake a structured programme of induction and upskilling throughout August and September to ensure all incoming staff are fully integrated and trained to deliver care in line with the new operational model. During this period, service delivery will continue through a blended model—with EMED directly managing most of the service while coordinating closely with the outgoing providers to maintain continuity. By October 2025, EMED will assume full operational control, and the service will be considered Business as Usual (BAU), with a consistent model, workforce, and governance structure in place across all Sussex locations.

3. Ongoing Monitoring and Review

- A comprehensive performance monitoring framework is in place. This framework enables the identification of any deviations from expected performance levels and facilitates timely intervention. Integration with operational systems enhances

situational awareness, providing real-time visibility of service performance, including the tracking of live vehicles. Data from the data warehouse also informs this process, facilitating better coordination with healthcare providers.

- Activity Volumes for April: EMED provided initial volume data for April across Sussex. Total activity was 23,524 journeys, against a baseline of 24,114—representing 97.6% of the expected volume. This total activity figure *does include* data for East Sussex; however, a granular breakdown of journeys specifically for East Sussex is not yet available but is being actively sought. This activity is currently being monitored.
- Aborted Journeys: These accounted for 8.31% of the total activity in April. The vast majority of these are due to reasons outside of EMED's control. Common reasons for aborts include patients making their own way (420 instances), no trace of patient at pickup (256), and patients not ready (218). Patient-initiated aborts accounted for approximately 1,300 journeys, while professional (e.g., hospital) and provider-initiated aborts were lower, at 0.6K and 0.2K respectively.
- Cancelled Journeys: In April, there were 4,528 cancelled journeys. The top reasons for cancellations include cancellations by the hospital (946), data import issues (761), patients making their own way (562), and incorrect bookings (534). Professionals (2.7K) and patients (1.4K) are the primary requesters for cancellations, with providers being a minor factor (0.2K).
- The NEPTS contract has demonstrated strong initial performance two months post-mobilisation, operating broadly in line with expectations despite the complexities of transitioning from an NHS provider. The abort rate remained within expected parameters. Continued focus areas include refining KPI reporting and data analysis, optimizing resource deployment through new rostering, and ongoing review of patient experience factors like Time on Vehicle (TOV) impact and eligibility criteria application.

4. Stakeholder Engagement

Ongoing stakeholder engagement is crucial to the success of the NEPTS service. Regular meetings are held with:

- Healthcare providers: To ensure seamless integration with patient care pathways across Sussex, including those in East Sussex.
- Patient groups: To gather feedback and ensure the service meets the needs of patients, utilising specific engagement channels for East Sussex residents.

- EMED: To review performance, address any issues, and plan for service improvement across the contract, including those impacting East Sussex.
- Through these engagement channels and direct feedback mechanisms, several **key themes** have been identified in patient and stakeholder feedback across Sussex since April 2025. These include instances of inward and outbound delays or missed transport, inaccurate Estimated Times of Arrival (ETAs), and various transport booking and planning errors. Some patients have also reported issues with communication regarding their transport schedule.
- While these themes highlight areas requiring focused attention during this mobilisation period, it is important to note that the service is actively addressing them. EMED are applying **lessons learned** that emphasize the importance of effective planning and alignment of resources (vehicles, staffing) to prevent delays and missed transport. Furthermore, EMED recognise that timely and clear communication between the control team, stakeholders, and patients is critical, and EMED are working to ensure accurate and up-to-date information is shared promptly to avoid confusion and further delays, thereby significantly enhancing the patient experience. This approach ensures EMED are continuously refining the service and addressing these issues as part of the ongoing implementation.

Lessons Learnt from Feedback and Complaints:

The initial period following the April 1st go-live for the new NEPTS service has naturally presented some operational challenges, which have generated valuable feedback. It is important to note that, as with any major service transition, an initial period of adjustment is anticipated. Despite these expected challenges, the service has been broadly well-received by patients and stakeholders, with positive feedback beginning to emerge. EMED is actively monitoring and analysing all feedback received to ensure continuous improvement.

Volume of Complaints: In April 2025, the service received 84 complaints. It is important that this is seen in the context of total activity of 23,524 journeys in that month. While any complaint is taken seriously, this volume is being closely monitored as part of the initial phase of a new service. Encouragingly, preliminary data for May shows a significant decrease in complaint numbers, indicating that early interventions are having an effect, and the service is quickly stabilizing. EMED is establishing a baseline for expected complaint volumes as the service matures to determine long-term trends relative to service scale and complexity.

Key Themes Identified: Patient and stakeholder feedback has highlighted the following themes requiring attention:

- Delays and Missed Transport: Instances of patients experiencing late pickups or missed journeys, both to and from appointments.
- Communication Gaps: Issues with inaccurate Estimated Times of Arrival (ETAs) and insufficient communication with patients regarding their transport schedule.
- Booking and Planning Errors: Mistakes occurring during the transport booking process or in the operational planning of journeys.

Positive Feedback Highlights: While formal mechanisms for collecting commendations are being established, anecdotal and early feedback indicates several positive aspects of the new service:

- Professionalism and Care from Crews: Many patients have expressed appreciation for the courtesy, empathy, and professionalism of EMED's ambulance crews.
- Comfort and Suitability of Vehicles: Positive comments have been received regarding the cleanliness and comfort of the vehicles, particularly from patients with specific mobility needs.
- Dedicated Staff: Recognition for the hard work and dedication of the staff, especially given the transition period.
- Improved Safety Measures: A sense of improved safety during transport has been noted by some patients.

In response to both constructive feedback and areas for improvement, EMED is implementing focused actions based on the critical lessons learned:

- Optimising Planning and Resources: EMED is reviewing and adjusting the planning and alignment of vehicles and staffing. This includes ongoing efforts to ensure adequate resources are deployed to meet demand, thereby directly targeting the root causes of delays and missed transport.
- Enhancing Communication: A key focus is improving the clarity and timeliness of communication. This involves working closely with the control team and frontline staff to ensure patients and stakeholders receive accurate, up-to-date information about their transport. This proactive communication aims to reduce confusion and enhance the overall patient experience.
- Reviewing Service Eligibility: Analysis indicates that some aborted journeys (where

patients make their own way after booking) suggest potential ineligibility. EMED is considering whether a stricter application of eligibility criteria, including potential restrictions for repeated non-use, could ensure resources are prioritised for those most in need.

Data on Service Failures and Delays: To support the understanding and drive targeted improvements, data is being compiled on 'failed bookings' and other delays affecting patient access. This includes figures for the number of cancelled journeys by the provider, instances of delayed pickups, and cases where eligible patients were unable to secure transport, all presented for all of Sussex. This data is being analysed to identify the underlying reasons for these incidents and their precise impact on patient access to appointments or discharge, informing our ongoing operational adjustments.

5. Action being taken

Actions Taken to Optimize Service Delivery and Ensure Sustainability Across Sussex:

- **Guidance for Referrers:** Referrers are being guided to alternative transport options for non-priority journeys. Data on the impact of this will be provided in the data cut at the end of May.
- **Continuous Data Review and Verification:** Data from FY 23/24 and 24/25 is being continuously reviewed and verified to inform future planning and ensure resource deployment aligns with actual activity patterns and evolving patient needs.
- **Resource Stress-Testing and Adjustment:** Solutions are being stress-tested, and resource deployment plans are being adjusted as needed to optimize efficiency and responsiveness, particularly in light of shifts in mobility mix (e.g., increased "Ambulance Walker" and "Medium Risk - 3 Person Crew" activity).

Actions Planned to Further Enhance the Service:

- **Demand Management Review:** A comprehensive review of the impact of the demand management actions will be completed in June 2025.
- **Ongoing Performance Monitoring:** Continued meticulous monitoring of KPIs and patient feedback will identify emerging trends and specific areas for targeted improvement.

- **Regular Operational Reviews:** Regular meetings with EMED will address any operational issues promptly and ensure service delivery remains robust and in line with contractual requirements.
- **Sustained Stakeholder Engagement:** Continued engagement with stakeholders is vital to ensure the service is consistently meeting the needs of patients and the wider healthcare system.

7. Risk Log

New Risks Identified Post-Go-Live:

- **Sustained performance variability across geographic areas:** This risk involves inconsistent service performance across sub-regions, with hotspots of late or missed journeys impacting patient flow. This risk is actively monitored in East Sussex. **Mitigation:** EMED is implementing route optimisation technology and local rota adjustments. NHS Sussex tracks performance by area to target support and escalate where needed.
- **Reputational risk due to patient complaints and media attention:** This risk pertains to patient dissatisfaction. **Mitigation:** A joint NHS Sussex/EMED communications protocol is in place, and weekly patient experience trend reviews are conducted. A formal review of complaints for Sussex is planned for July 2025.
- **Capacity strain on same-day and responsive transport (RDTS):** This risk highlights demand for urgent same-day journeys exceeding expected volumes. **Mitigation:** EMED reviews dynamic dispatch models and vehicle allocation. NHS Sussex explores triage protocols with hospital discharge teams to better prioritise transport needs.

8. Conclusion and Recommendations

The Non-Emergency Patient Transport Service (NEPTS) has successfully gone live across Sussex on April 1, 2025, marking a significant milestone in enhancing patient transport. Initial performance data indicates that the service is largely operating effectively. While the early weeks have naturally presented some expected challenges, particularly concerning the evolving complexity of patient needs and operational pressures, the proactive actions being undertaken are firmly aimed at ensuring the long-term sustainability and quality of the service for all residents, including those in East Sussex. Our focus now shifts to continuous monitoring and review, ensuring that insights from performance data and patient feedback consistently inform ongoing service improvements.