

Report to:	East Sussex Health Overview and Scrutiny Committee (HOSC)
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Report Title:	Sussex Non-Emergency Patient Transport Service (NEPTS): update
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Executive summary:	
<p>This report provides an update on the Non-Emergency Patient Transport Service (NEPTS) following its transition to a new provider, EMED, on April 1, 2025. Following the first six months, the service reached full operational stability in October 2025.</p> <p>The service is substantial in scale, managing approximately 24,000 journeys per month across Sussex with a team of more than 200 staff.</p> <p>Key Highlights:</p> <ul style="list-style-type: none"> • Better Communication: Phone wait times have improved significantly; 85.65% of calls are answered within one minute. • Fewer Complaints: Formal complaints have dropped by over 70% since the service launched last year. • Local Support: Dedicated staff are now based at Eastbourne District General (EDGH) and the Conquest Hospital to coordinate transport directly on the wards. <p>While the service is performing well against its core targets, challenges remain regarding hospital discharge speeds and "on-the-day" cancellations.</p> <p>We also are seeing a shift in the <i>type</i> of help patients need. More patients now require specialised "stretcher" transport or "bariatric" (specialist heavy-duty) equipment than originally predicted.</p> <p>We are working closely with EMED to adjust the fleet - adding more specialist vehicles to meet the rising demand for complex transport.</p>	

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

1. Introduction

This paper provides an overview of the current position with regards to Non-Emergency Patient Transport in Sussex.

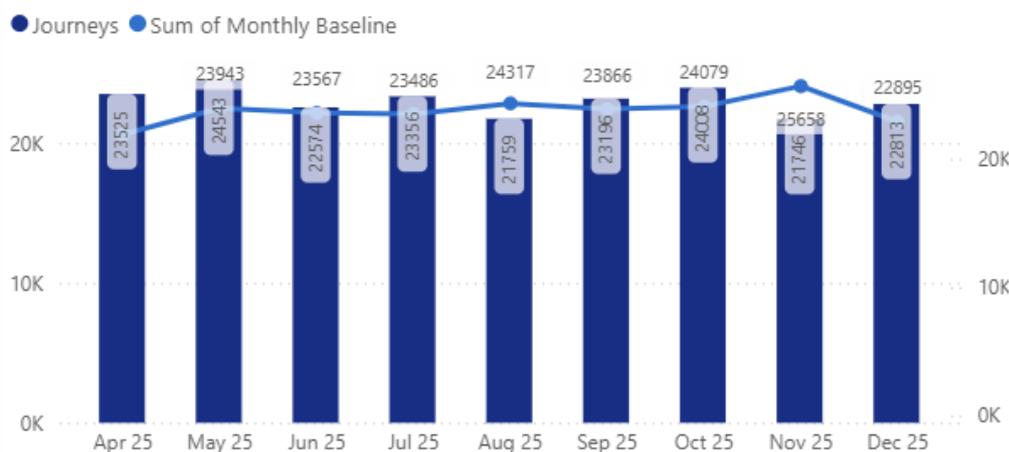
In April 2025, following a detailed procurement process including robust and thorough validation checks, NHS Sussex appointed ERS Transition Limited, trading as EMED Group, to be the new provider of Non-Emergency Patient Transport Services (NEPTS) for the people in Sussex. The service went live on 01 April 2025.

This paper provides a summary of current performance, key themes and next steps for the service.

2. Current performance

The service is substantial in scale, managing approximately 24,000 journeys per month across Sussex with a team of over 200 staff. Since the October 2025 transition to "Business as Usual," the service has demonstrated stability across core operational metrics, particularly in patient access and communication.

Journey Totals



In terms of its performance against contract measures, EMED is broadly delivering in line with contract. However, there have been some challenges in line with complexity of cases.

Key performance indicators:

Metric Area	Status	Key Insight
Patient contacts/responsive	Green	85.65% of calls are answered within 60 seconds. Target 90%, threshold 85%
Inbound Punctuality	Stabilising	Approximately 78% (Target 80-90%) of vehicles arrive on time. This has been impacted by road network incidents.
Discharge Wait Times	Challenged	Currently 55-60% within target. While high-acuity journeys (Bariatric/Stretcher) require longer vehicle circulation, the trend is moving upward as the fleet mix is being adjusted.
Aborted Journeys	Improving	Trending downward to 5.79%; most of these remain outside provider control.

Since taking over the contract in April 2025, EMED has moved out of the "set-up" phase and into a period of refinement.

The service is focusing on its responsiveness to the specific needs of Sussex, including East Sussex residents, in order to ensure the right type of vehicles are available to meet changing needs and to align capacity to need as required.

Current Trends:

- **Increasing Complexity:** The service is seeing more "high-need" journeys. Requests for bariatric transport rose by 12% in late 2025, and stretcher journeys are 5% higher than expected.
- **External Factors:** Reliability is often impacted by major traffic incidents on the A27 and M23. To counter this, the provider is using better data to schedule journeys around known congestion "hotspots."

Key Improvements:

We have seen three major areas of improvement that directly benefit the patient experience:

- **Call centre stability:** The call "drop-off" rate is now 5.5%, representing a significant improvement from the 8.4% rate recorded at the start of the contract.

- Significant reduction in complaints: In April 2025, there were 84 formal complaints about the non-emergency patient transport service; by November, this fell to 23. To put this in perspective, complaints now occur in only 0.1% of all journeys under the new service.
- On-site coordination: By placing Hospital Liaison Officers (HLOs) directly in East Sussex hospitals, we have improved the "real-time" link between ward nurses and driving crews. This helps ensure patients are not waiting in discharge lounges longer than necessary.

3. Areas for further improvement

The service is now considered operationally stable, characterised by a consistent downward trend in complaints (down 72% since go-live), reliable call-centre responsiveness (85.65%), and a fully established workforce. While some transport KPIs remain 'Amber,' the volatility seen during the initial mobilisation phase has been replaced by predictable performance patterns that allow for targeted refinement, there are two main areas where the provider is looking to improve:

3.1 Discharge wait times

Currently, about 55–60% of patients are being picked up within the target time for hospital discharge. This is lower than we would like and we are working with EMED to address this.

The reason for this lower delivery performance is the increase in patients needing stretchers which means vehicles are tied up for longer per journey.

To address this, EMED are "re-balancing" the fleet. In November, they added two extra stretcher vehicles and one bariatric vehicle to the rotation to better match current patient needs.

3.2 "On-the-Day" Aborts and Cancellations

There will always be a baseline level of cancelled or aborted journeys due to unavoidable clinical changes; the objective is to minimise all avoidable instances.

About 54% of all cancellations happen on the day of the journey. Aborted journeys accounted for 5.79% of total activity, a slight decrease of 0.14% from October 2025. To address this, Liaison Officers are training ward staff on "Book Ready" protocols to ensure transport is only requested once a patient is clinically cleared.

4. Patient Feedback (Healthwatch Sussex)

A recent independent survey by Healthwatch found that 62% of patients were satisfied with the service. While many people had a positive experience, the feedback highlighted specific areas where the service needs to improve:

- What is going well: Patients told us that the driving crews are professional, kind, and respectful. Many people also found the initial booking process straightforward

and easy to use.

- Consistency with partner companies: Some patients noticed that the quality of service changed when a partner company (a subcontractor) was used instead of an EMED crew. We are now working with these partners to make sure they meet the same high standards as the main service.
- Better use of technology: About 73% of people did not know there is a "Patient Zone" app that lets you track your transport in real-time. We are launching a campaign to make more people aware of this tool to help reduce the stress of waiting.
- Appropriate use of taxis: While taxis are helpful for simple journeys, they are not always right for patients who need extra help getting from their front door to the vehicle. We are updating our rules to ensure that patients with mobility issues are always matched with a trained crew rather than a standard taxi.

To ensure Healthwatch findings are integrated, the ICB and EMED hold monthly Service Improvement Meetings. These sessions track the "Service Improvement Plan" and provide a formal mechanism to hold the provider to account on patient-led feedback.

5. Next Steps

To ensure the service continues to improve through 2026, we are focusing on:

- The "Patient Zone" App: EMED are launching a campaign to help more patients use this app, which allows them (or their families) to track their vehicle in real-time on their phone, much like a delivery app.
- Specialist Training: Rolling out extra training for all crews on dementia awareness and supporting patients with complex communication needs.
- Fleet Adjustments: Continuing to monitor data to ensure EMED have enough stretcher-capable vehicles available for the East Sussex area.

6. Conclusion

In summary:

- The service is now fully operational and stable.
- Complaints have significantly decreased, and phone performance is strong.
- The service is actively addressing discharge delays by increasing the number of specialist vehicles in the fleet.
- Ongoing work with Liaison Officers at EDGH and Conquest to address "on-the-day" cancellations and protect local resource availability for East Sussex outpatient appointments.