

## **Who are the representatives on the Project Board?**

As per agreed Terms of Reference, the members of the Project Board are:

- Senior Responsible Owner (SRO) - Chair
- Partners Procurement Service (PPS) representative
- Director of Facilities from all trusts
- Director of Finance/ Commercial Director from all trusts
- CCG representative
- Project Lead
- Project Manager

## **How often does the Project Board meet?**

The Project Board meets according to the needs of the Project; usually this is monthly or fortnightly.

## **Who, in the four hospitals, approved the establishment of the Project Board?**

The four participating Trusts approved the project; however, the Royal Free London as the lead for the non-emergency patient transport service (NEPT) at STP level assigned the work stream leads.

## **Who will actually be providing the central coordination?**

The Royal Free London will be co-ordinating and managing the transport contract for the assessment centre on behalf of all four Trusts and a participant from across the STP. Each Trust will be responsible for the operational and performance management of the transport service contracts; although contract changes will be managed centrally in agreement with all participating Trusts under the framework.

## **Are the Project Board meetings minuted?**

The meetings are minuted as an accurate record.

## **Who will have the ultimate responsibility of enforcing the eligibility criteria for patients?**

The responsibility ultimately sits with Department of Health Social Care (DHSC) who sets the eligibility criteria and the Clinical Commissioning Groups (CCGs) as the commissioner of the services; however Royal Free London will be managing the contract on behalf of North Central London CCGs.

The provider, DHL, will be applying the criteria for eligibility as per DHSC guidance and in agreement with the CCGs and joint working group from the participating Trusts as required. Where a clinician can evidence medical need for patient transport, it can be provided; and there is a clinical appeals process built in.

**Why does a patient whose condition "is consistent and does not change" need to be assessed at all?**

These patients will be asked a shorter list of questions around their mobility and support needs to ensure the correct vehicle and support staff is sent for each and every journey.

**The assessment process is "supported by nurses" – how do you ensure the same assessment each time?**

All nurses will follow the same guidelines and criteria set by DHSC to establish if the patient is eligible for transport. This, along with a set of assessment questions, ensures that all patients receive a standardised assessment and will have the same outcome regardless of which nurse conducts their appeal. The purpose of the nurse support is to provide clinical oversight to ensure that the patient receives the right level of support for their journey.

**The patient or their representative was refused access to anyone other than the call centre team.**

This is correct – they will be offered the appeal telephone number if they wish to appeal a decision; the decisions is then reviewed by the nurse team.

**What is the appeals and complaints procedure if the patient (or their representative) is unhappy at being refused NEPTS? Will the appeal, complaint be dealt with centrally or by the patient's hospital?**

The appeals will be dealt with by the appeals arm of the assessment centre. Further complaints will be managed by the Trust in receipt of the complaint and in supportive consultation with the Royal Free London. The Royal Free London will have its own team managing the assessment contract and supporting complaint responses.