

PATIENT TRANSPORT

Enhanced services subgroup view

The Enhanced services subgroup does not accept the assertion that if a service was being provided by GP practices before 1 April 2004, it would automatically be classed as 'essential' or 'core' and is therefore funded through the global sum (or equivalent).

Regulation 15 of The National Health Service (General Medical Services Contracts) Regulations 2004 (the Regulations) defines essential services as:

“services required for the management of its [the practice's] registered patients and temporary residents who are, or believe themselves to be-

- (a) ill, with conditions from which recovery is generally expected;
- (b) terminally ill; or
- (c) suffering from chronic disease,

delivered in the manner determined by the practice in discussion with the patient”

Arranging transport for patients to attend hospital clearly does not fit into the above definition. For an acute admission, arranging transport would form part of the care of the acute episode, but the arrangement of all other non-emergency patient transport would constitute an administrative part of secondary care (or the ambulance service) and is not a contractual duty for GP practices.

'Hospital transport/ambulance organisation' is included in the list of 'enhanced services that can count towards the ESF' in appendix 1 of the GPC guidance note, 'Agreeing enhanced services floors' (February 2005). There are some parts of the UK where local enhanced services (LEs) have been agreed to cover this service; this strengthens the position that patient transport is not an essential service. Others areas have sought to return the responsibility to secondary care or have put in place alternative local arrangements. One such example is a PCT-run call centre which patients phone themselves. Furthermore, a set of criteria determining who should be entitled to ambulance transport has been agreed by the PCT and LMC and this has led to a more equitable use of resources and a better service to the patients.

It is the view of the subgroup that GP practices would not be in breach of contract if they wished to withdraw provision of a patient transport service. We would advise however that an adequate notice period should be given to the PCT (of at least 3 months) in order to allow the PCT to put in place alternative arrangements.

Enhanced services subgroup
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