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Non-Emergency Patient Transport in France and Europe

Funding, providers, reforms and the arrival of digital platforms across ten health systems

Data as of 12 November 2026

About this document

This white paper sets out the current state of non-emergency patient transport (NEPT) in France and in nine European comparison countries: Germany, England, the Netherlands, Belgium, Spain, Italy, Norway, Finland and Sweden. It covers how each system works, who pays, what it costs, who provides it, the reforms under way, and how digital booking platforms (including Uber Health) are entering the sector.

METHOD AND CONVENTIONS

- Only recent primary or institutional sources were used where they exist: national statistics offices, health insurers, courts of auditors, parliaments, official journals, procurement notices and company filings. Trade press and professional federations are used for sector signals and are identified as such.
- The latest available year is used for each indicator. Spending figures are usually for 2024 or 2025, and the regulation is as it stands in November 2026.
- Figures from different sources measure different things (scope, régime, year). Where they diverge, all versions are shown and the difference is explained. The data limits are listed in the last section.
- In France, "transport sanitaire" covers ambulances and VSL (véhicules sanitaires légers, light medical vehicles). "Transport de patients" also includes taxis conventionnés, meaning taxis that hold an agreement with the national health insurer (Assurance Maladie, CNAM).

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SIX MARKERS TO UNDERSTAND PATIENT TRANSPORT IN FRANCE

At a glance

€6.867bn

consumption of patient transport in 2025, or 1.9% of current health spending[1]

50%

of trip spending goes to taxis conventionnés, 12 points more than in 2015[1]

39,112

taxis conventionnés in a fleet of 68,297 patient transport vehicles[2]

14.0m

people with a long-term condition (ALD), who account for 90% of spending[3,2]

45%

of transports run empty, while 15% of patients cannot find transport[4]

0.5%

projected 2026 net margin for the patient transport sector, down from 6.6% in 2023[5]

TWELVE FINDINGS

Executive summary

01 France has one of Europe's most generous and most expensive systems.

Patient transport consumption reached €6.867bn in 2025, which is 1.9% of current health spending; 93.1% of it is financed by social security[1]. The Cour des comptes places France among the European countries where patient transport spending weighs most as a share of GDP and is most publicly funded[2].

02 Growth has stopped for now.

After growing 4.4% a year on average over 2015-2024, spending fell 0.1% in 2025, the first fall since Covid. Volume fell 0.8% and prices rose 0.7%[1]. The reasons are a September 2025 protocol with ambulance companies, the new national taxi agreement of 1 November 2025, and shared transport[6].

03 The taxi is now the main mode of patient transport in France.

Taxis conventionnés account for 50% of trip spending, 12 points more than in 2015, while ambulances fell to 32%[1]. Taxis make up 39,112 of the 68,297 vehicles in the fleet[2].

04 Demand is highly concentrated and will keep rising.

Patients with a long-term condition (ALD) account for 90% of spending, and 10% of patients account for over 60% of it[2]. France had 14.0 million ALD patients in 2024[3]. INSEE projects the 65-and-over population to grow from 15.3 million in 2026 to 21.1 million in 2070[7].

05 The system is inefficient despite its cost.

The State's digital team reports that 45% of transports run empty, 15% of patients cannot find transport, 90% of prescriptions are still on paper, and 90% of orders bypass hospital ordering platforms[4].

06 Providers are under financial strain.

Net margins in the ambulance sector panel fell from 6.6% of revenue in 2023 to 3.9% in 2025, with a sector projection of 0.5% for 2026[5]. Some taxi companies report revenue losses of 20% to 38% since the November 2025 tariff[8].

07 The State is moving toward centralised ordering.

The CNAM has proposed a national matching platform by 2027 that it would run itself[9]. A State start-up has been "under construction" since 28 May 2026 to build an eligibility simulator, an e-prescription and more centralised orders[4].

08 Patient choice is under pressure.

Patients who refuse shared transport have lost third-party payment since 2 March 2025[10]. The Cour des comptes recommends removing the patient's free choice of transporter when the hospital organises the trip[2].

09 The legal barrier against ride-hailing in France is real but contested.

Only conventionné taxis, VSL and ambulances are reimbursed. In November 2026, a Senate amendment proposed reimbursing seated transport by VTC (ride-hailing) drivers without any agreement, from 1 July 2027. It was declared inadmissible, as was amendment no. 3 rect. carrying the same measure[11], but the idea now exists in parliamentary text.

10 Elsewhere, Uber enters through institutions, not through patients.

Uber Health operates in Germany (since 5 June 2025), Great Britain and the Netherlands, but not in France, Belgium or Spain[12]. In England it is the exclusive supplier of an NHS procurement framework[13], and NHS trusts are awarding it contracts by direct call-off[14].

11 Germany is the closest comparison and is under budget pressure.

Statutory insurers spent €10.39bn on transport in 2025, including €2.15bn on taxis and private hire[15,16]. A 2026 law caps price increases for 2027-2029[17].

12 Most other European countries cover far fewer people.

The Netherlands covers mainly dialysis, cancer, wheelchair and visually impaired patients[18]. Belgium's compulsory insurance covers non-urgent transport only for cancer and dialysis[2]. The Nordic countries rely on regional tenders with central dispatch[19,20].



01

PART 1

France

> *45% of transports run empty, without a patient on board, while only 20% of transports are shared.*

IN THIS PART

1.1 How the system works
1.2 Key figures
1.3 Who uses patient transport
1.4 Supply: vehicles, companies, workforce
1.5 Regulation of supply
1.6 Reforms and budget measures 2025-2027
1.7 Efficiency: empty runs and shared transport
1.8 Billing quality and fraud
1.9 Ordering platforms and digital players
1.10 Social climate in the taxi conventionné sector

1.1

How the system works

PRESCRIPTION AND ELIGIBILITY

- Non-emergency patient transport is reimbursed on medical prescription, in some cases after prior approval. The covered cases include trips linked to a hospital stay, whatever its length[21].
- Prescribers choose among three professional modes, in order of medical need: ambulance (lying down or under supervision), VSL, or taxi conventionné (seated). The less-used options are public transport and the patient's own vehicle[1].

REIMBURSEMENT AND PATIENT CONTRIBUTIONS

- The legal reimbursement rate fell from 65% to 55% in May 2023. Exemptions (ALD, hospitalisation) limited the effect on social security spending to about −1% in 2024[1].
- Since March 2024, the medical deductible ("franchise") is €4 per trip, double the former €2, up to €8 per day. Its annual cap, which stayed at €50 until 30 September 2026, has been raised to €70 since 1 October 2026[22]. It brought in €38m in 2025[1].
- Ambulance trips requested by the SAMU (emergency medical service) have been covered at 100% since 2023[1].

SHARED TRANSPORT

- Since 1 March 2025, shared transport has been the default for seated professional transport when the patient's condition allows it[23].
- A patient who refuses it loses third-party payment and must advance the cost, under décret 2025-202 of 28 February 2025[10,24].
- The 2024 social security law also planned a lower reimbursement rate on refusal. Only the loss of third-party payment had been implemented when the Cour des comptes published its report[2].

RECENT TIGHTENING

- Since 1 October 2026, under décret 2026-812 of 21 August 2026, a "non-exonerating" ALD alone no longer opens the right to transport coverage. Coverage then requires another criterion, such as hospitalisation, a condition requiring an ambulance, a trip over 150 km, or a series of trips[25].
- From 1 January 2027, a higher co-payment on patient transport is scheduled; the government expects it to save €35m[26].

1.2

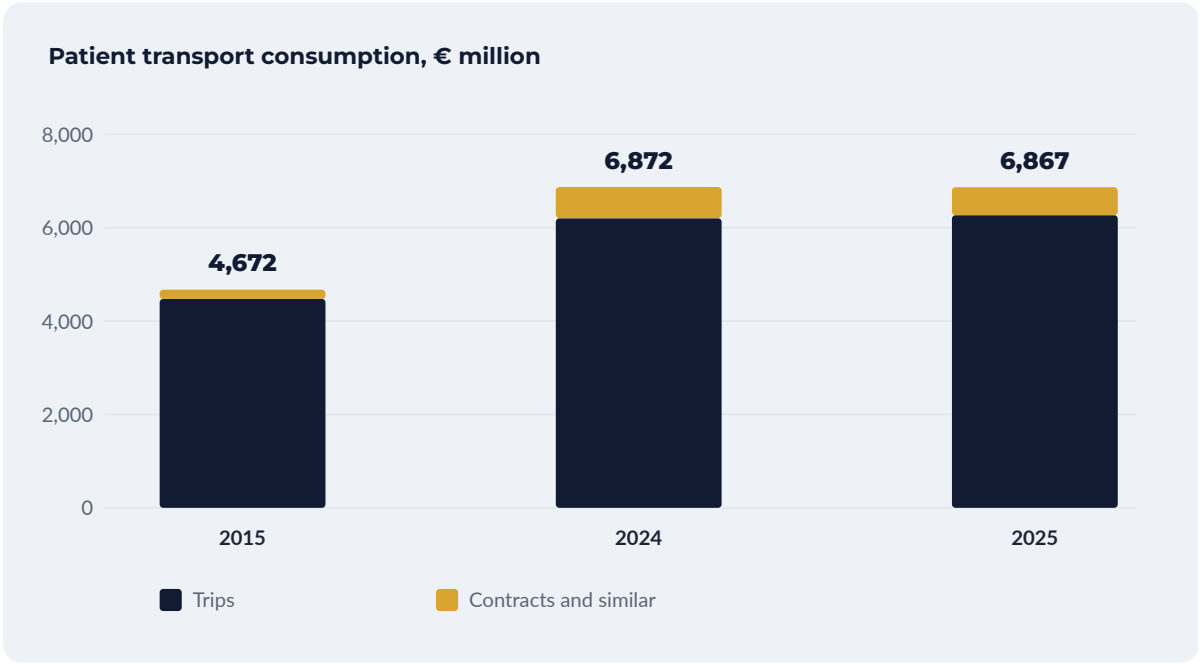
Key figures

The three main sources measure different scopes, so their totals differ.

INDICATOR	VALUE	SOURCE
Consumption of patient transport (all financers, "ville")	€6.867bn in 2025 (−0.1%)	DREES[1]

INDICATOR	VALUE	SOURCE
Share of current health spending (DCSi)	1.9%	DREES[1]
Non-urgent transport paid by health insurance	€6.15bn in 2024 (€5.80bn ville + €0.35bn hospital)	Cour des comptes[2]
CNAM total incl. urgent pre-hospital ambulance	€6.45bn in 2024 (incl. €0.65bn urgent)	Cour des comptes[2]
Patient transport reimbursed (ONDAM monitoring)	€6.3bn in 2025 (+0.6%, after +3.8% in 2024)	Cour des comptes, ONDAM[6]
Patients transported	6.52 million in 2024	Cour des comptes[2]
Trips	89 million (general scheme) / 65 million (beta.gouv estimate)	Cour des comptes[2]; beta.gouv.fr[4]
Share of insured people using transport	9% (2023)	Cour des comptes[2]
Growth 2019-2024 (ville)	+31%, vs +17% for ONDAM	Cour des comptes[2]
On-call ambulance and pre-hospital urgent transport (TUPH) payments	€572m in 2025	DREES[1]
Spontaneous growth forecast for 2027	+1.1%	PLFSS 2027[26]

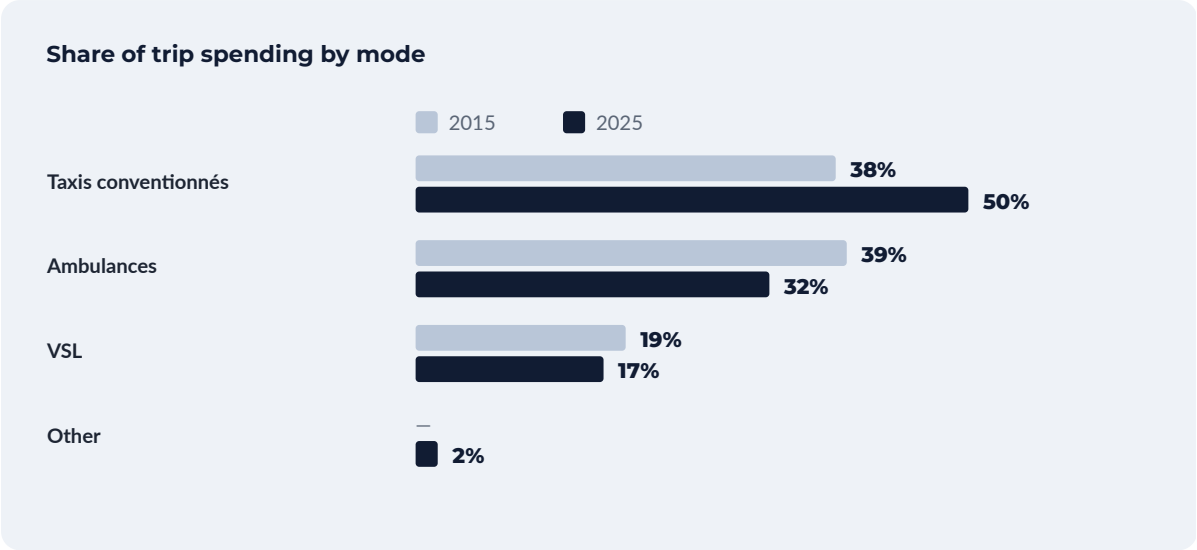
SPENDING TREND (DREES CONSUMPTION, € MILLION)



Source: DREES, CNS 2026[1].

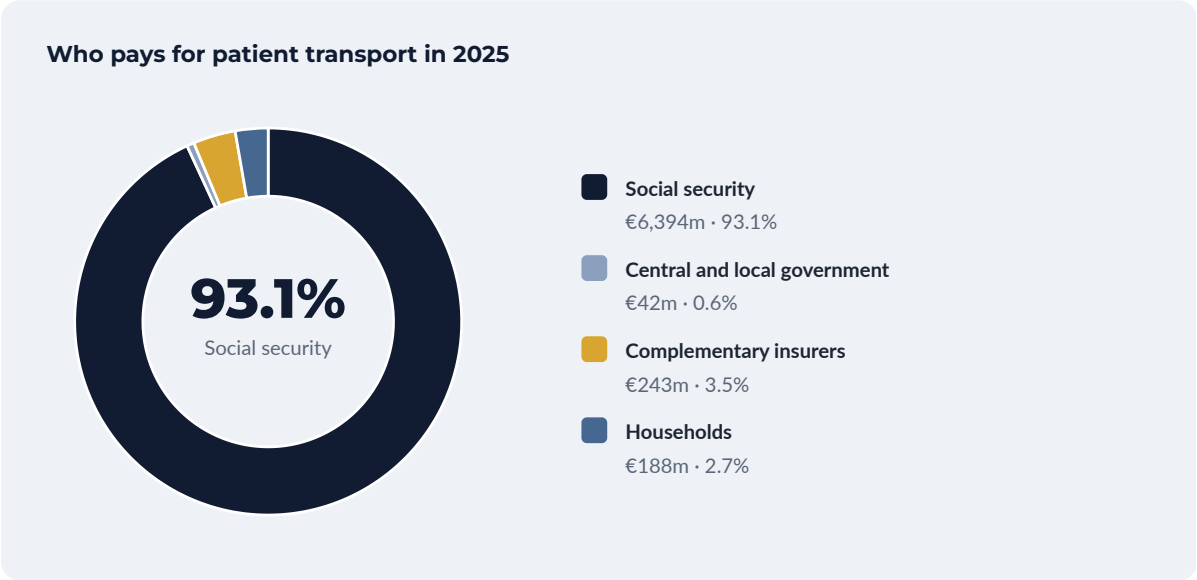
Annual change in value was +17.7% in 2021, +7.6% in 2022, +10.4% in 2023, +2.4% in 2024 and −0.1% in 2025[1].

MODE SPLIT OF TRIP SPENDING



Source: DREES[1]. The 2015 taxi figure is derived from the stated 12-point increase. The Cour des comptes gives a close split for 2024 "ville" spending: taxis 51%, ambulances 30%, VSL 17%, other 3%[2].

WHO PAYS (2025)



Source: DREES[1].

1.3

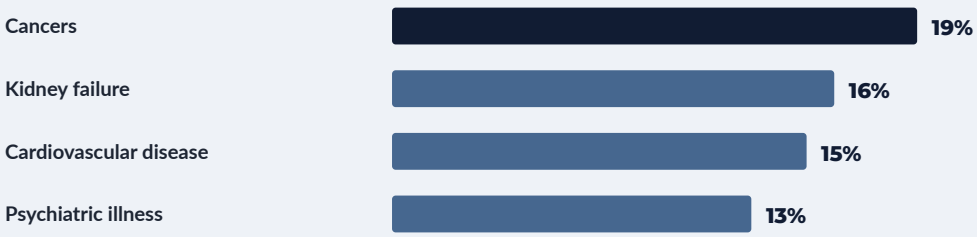
Who uses patient transport

CONCENTRATION ON A FEW PATIENTS AND CONDITIONS

- ALD patients, who are fully reimbursed when conditions are met, account for 90% of patient transport spending but only 67% of total health spending[2].
- In 2023, 10% of transported patients accounted for over 60% of spending, and 1% accounted for over 20%[2].

- Four conditions with repeated treatment make up two-thirds of spending: cancers 19%, kidney failure 16%, cardiovascular disease 15% and psychiatric illness 13%[2].
- More than half of reimbursed spending concerns people aged over 65[2].
- Hospitals prescribe €3.7bn of the €5.8bn charged to the "ville" budget, without bearing the cost[2].

Share of transport spending by condition



DEMOGRAPHIC DRIVERS

DRIVER	LATEST FIGURE	SOURCE
People in ALD	14.0 million in 2024 (20% of the population), +2.3% in one year, 1.4 million new entries	Sécurité sociale, REPSS[3]
Patients on dialysis	53,359 prevalent at 31/12/2024	REIN 2024 report[27]
Population aged 65+	15.3 million in 2026 (22%), 21.1 million projected in 2070 (32%)	INSEE[7]

ACCESS GAPS

- The State's digital team estimates that 15% of patients cannot find transport[4].
- Supply of vehicles adapted to people with reduced mobility and bariatric patients is insufficient[2].
- Bariatric ambulance transport is reimbursed at the standard ambulance rate. A 2026 Senate amendment states that out-of-pocket costs can exceed €700 per round trip[28].

1.4

Supply: vehicles, companies, workforce

FLEET (2024)

Vehicle fleet in 2024



VEHICLE TYPE	NUMBER	SHARE	CHANGE 2015-2024
Taxis conventionnés	39,112	57%	+11%
Ambulances	14,932	22%	+8%
VSL	14,253	21%	+3%
Total	**68,297**	100%	–

Source: Cour des comptes[2].

TAXIS CONVENTIONNÉS

- 81% are independent and 19% belong to "bicéphale" companies, which run both ambulances and taxis[2].
- They represented 64% of France's 62,800 taxis in 2023[2].
- For comparison, France had nearly 63,000 taxis and more than 71,000 drivers active on VTC platforms in 2024[29].
- Supply is split between about 5,000 ambulance and VSL companies and 27,000 taxi conventionné companies[4].

AMBULANCE AND VSL COMPANIES

INDICATOR	FIGURE	SOURCE
Registered companies (NAF 86.90A, known to CNAM)	5,106	Observatoire du Transport Sanitaire 2026[5]
Estimated sector revenue (incl. taxi revenue of mixed firms)	€4.2bn	Observatoire 2026[5]
Revenue split of a 113-company panel, 2025	Ambulance 59.2%, VSL 23.1%, taxi 11.7%	Observatoire 2026[5]
Net margin of a 167-company panel	6.6% (2023), 4.8% (2024), 3.9% (2025)	Observatoire 2026[5]
Projected sector net margin, 2026	0.5% (€18m on €3.59bn)	Observatoire 2026[5]
Companies with negative net income	6% (2023) to 16% (2025)	Observatoire 2026[5]
Fuel cost	5.0% of revenue in 2025, projected 6.5% in 2026 (+30%)	Observatoire 2026[5]
Staff costs	69.3% of revenue (2025 projection)	Observatoire 2026[5]

The Observatoire is a private study by M3 Conseil with RYDGE Conseil, published by the trade magazine Turbulances, so it should be read as a sector panel rather than official statistics[5].

WORKFORCE

INDICATOR	FIGURE	SOURCE
Salaried employees in the sector	67,178 at end of 2024 (+2.2%)	OPTL 2025[30]
Drivers	58,580 (87% of employees)	OPTL 2025[30]

INDICATOR	FIGURE	SOURCE
Women	38% of the sector; nearly 21,000 women drivers	OPTL 2025[30]
Establishments with employees	4,794 in 2024 (5,085 in 2014)	OPTL 2025[30]
Establishments reporting hiring difficulties	50% in 2025 (36% in 2024)	OPTL 2025[30]
Recruitment projects	7,033 in 2025	OPTL 2025[30]
Estimated shortage of ambulance staff	15,000	France Travail[31]

CONSOLIDATION IS UNDER WAY

- Keolis Santé, part of the Keolis transport group, joined forces with Groupe Nohain on 6 October 2026. The deal adds four companies with about €10m in revenue and 80 vehicles (19 ambulances, 38 VSL, 23 taxis), which raises Keolis Santé's activity by about 10%[32].
- Local buy-outs also continue, such as the Pontivy ambulance company that took over a taxi and ambulance company[33].
- The Cour des comptes describes a fragmented sector with emerging national players[2].

1.5

Regulation of supply

AMBULANCES AND VSL

- Since 1995, ambulance and VSL numbers have been capped by département quotas. Regional health agencies (ARS) set them from a population-based index with a 10% margin[2].
- The real number of authorisations equals or exceeds the quota in 80% of départements[2].

TAXIS CONVENTIONNÉS

- Taxis were not capped before 1 November 2025. Any taxi with three years of activity could obtain a five-year agreement[2].
- Ambulance companies bought taxi licences to work around the VSL quota[2].
- Under the 2025 national agreement, local health insurance funds (CPAM) can refuse new agreements based on local supply density. To keep its agreement, a taxi must serve more than 50% of its patients within its activity zone, assessed every year[2].
- Members of parliament report that this 50% rule applies in full from 1 November 2026 and threatens rural supply[34].

THE TAXI TARIFF SINCE 1 NOVEMBER 2025

- A €13 pick-up charge, or €28 in the 13 largest urban areas, including the first four kilometres[2,35].
- A per-km rate of €1.07 to €1.27 depending on the département[2].

- No more billing of waiting time. Empty returns are paid as a surcharge of 25% up to 50 km and 50% beyond[2].
- Per-patient discounts for shared trips, set by the agreement's official text[36].
- A €30 supplement per trip for wheelchair-equipped taxis (TPMR)[37].

Expected savings: the CNAM expects €41m from 2026 and €124m by 2027, short of the €150m target assigned to taxis within the €300m set by the 2025 social security law[2].

1.6

Reforms and budget measures 2025-2027

LFSS 2025 (art. 41)	€300m savings target on patient transport JORF, protocole[9]
2 March 2025	Refusing shared transport removes third-party payment ameli[10]
30 Sept 2025	Ambulance/VSL protocol: €150m savings over 2025-2027; >30% shared transport by end of 2027; platforms in all 32 university hospitals (CHU) by end of 2026 JORF, protocole[9]
1 Nov 2025	National taxi agreement and new tariff ameli[35]
11 May / 25 June 2026	Anti-fraud law: certified GPS and integrated e-billing compulsory for ambulance companies and taxis Cour des comptes[2]; legal commentary[38]
1 Oct 2026	Non-exonerating ALD no longer sufficient for transport coverage Assemblée nationale[25]
1 Nov 2026	50% activity-zone rule fully applied to taxis Assemblée nationale[34]
1 Jan 2027	Higher co-payment on transport (€35m) PLFSS 2027[26]
2027	SEFi e-billing and GPS compulsory for taxis, or loss of the agreement Cour des comptes[2]
1 July 2027	Higher ambulance/VSL tariff kept only for billing flows certified at level 3 to 5 Cour des comptes[2]
PLFSS 2027	€200m from earlier transport measures, plus €20m new from more shared transport, within an ONDAM of €278.7bn (+2.0%) PLFSS 2027[26]

INSIDE THE PROTOCOL

- Of the €150m, €70m comes first from lower tariffs for vehicles without certified geolocation. This is meant to be replaced over time by gains from fraud control[9].
- Each point of shared transport is valued at €2.5m of savings[9].

- If targets are missed, tariffs are cut automatically[9].

Cour des comptes recommendations 16 to 20, to be implemented by 2027[2]:

- Reform the coverage rules.
- Unify quotas and agreements.
- Transfer to hospitals the cost of transport after discharge and for repeated treatments.
- Set a national strategy for ordering platforms.
- Remove the patient's free choice of transporter when the hospital organises the transport.

The CNAM's proposal to transfer the dialysis transport budget to facilities had still not been deployed in mid-2026[39].

1.7

Efficiency: empty runs and shared transport

EMPTY RUNNING

- 45% of transports run empty, without a patient on board, while only 20% of transports are shared[4].

SHARED TRANSPORT RATES

- For VSL, the shared rate rose from 13.3% in 2015 to 21.7% in 2024[2], then to 27% in Q1 2026[39].
- For taxis, the rate is not reliably measured; it is estimated at about 5%[2].
- The spending trajectory assumes 36% for VSL and 25% for taxis by 2027[2].

Barriers to sharing[2]:

- The main ordering software cannot create grouped orders.
- The rules cap detours at 10 km and waiting at 45 minutes.
- The patient's free choice of transporter gets in the way when the hospital organises the transport.

What works: a Strasbourg dialysis scheme reached 42% shared transport by forming pairs and trios of patients[2]. For rural areas, the protocol plans "junctions", where several vehicles meet and one carries all patients onward[9].

1.8

Billing quality and fraud

INDICATOR	FIGURE	SOURCE
Estimated billing anomalies (km, vehicle used)	€640m in 2024	Cour des comptes[2]
Billing flows not SEFi-compliant (ambulance/VSL)	30% in 2024	Cour des comptes[2]
Detected fraud, transporters	€42m in 2024	Cour des comptes[2]

INDICATOR	FIGURE	SOURCE
Detected fraud 2025: taxis / ambulance and VSL	€31.4m (€22.2m in 2024) / €30.3m (€19.2m)	FNAP, from CNAM data[40]
All health insurance fraud detected and stopped	€723m in 2025	CNAM, Charges et produits 2027[39]

REPORTED FRAUD TYPES INCLUDE

- inflated mileage and trips never made[41];
- false night-time pick-up hours, which carry a 75% surcharge[41];
- unqualified or undeclared staff[41];
- trips sub-contracted to low-paid VTC drivers and then billed to social security[41].

The last practice shows that the ride-hailing workforce is already present at the edges of the system, outside the law.

1.9

Ordering platforms and digital players

HOSPITAL ORDERING PLATFORMS

- In 2025, 6 of the 32 CHU had no ordering platform. Among 110 facilities supported by ANAP (the national agency that helps hospitals improve performance), 48% had none. A quarter used platforms run by transporters, with a risk of dependence on dominant players[2].
- The protocol targets operational platforms in all 32 CHU by the end of 2026, under joint governance with transporter federations, hospital federations, ARS and health insurance funds[9].
- The Assurance Maladie requires hospital platforms to guarantee a fair rotation among transporters[42].
- A ministry guidance note on deployment distinguishes ordering platforms from regulation platforms[43].

PLANNED NATIONAL PLATFORM

- In its proposals for 2026, the CNAM suggested studying a national platform by 2027, run by the CNAM itself, open to all transporters and all patients. It would serve prescriptions from community doctors and act as a fallback where hospitals have no compliant platform[9].
- The Cour des comptes notes that the project raises questions of public service mission, competition law and hospital autonomy[2].
- In parallel, the State start-up "Transports sanitaires", started at the Digital Health Delegation and now carried by the CNAM with the Social Security Directorate, is building an eligibility simulator and an e-prescription. It is also studying more centralised orders[4].

MAIN PRIVATE PLAYERS

PLAYER	TYPE	KEY FACTS	SOURCE
Sanilea (SpeedCall)	Hospital ordering platform	1,100 health facilities, 5,500 transport companies, 86,000 users, 3 million requests processed, 20 hospital groups (GHT)	Sanilea[44]
Transdev (Carius, Optimos)	Transport group, ordering and regulation tools	Patient transport software offer	Transdev[45]
Paramedic, Sirus	Hospital transport software via the public purchasing agency UGAP	Listed in UGAP catalogue	UGAP[46]
HUS PTAH	Hospital-run platform (Strasbourg)	In-house platform of a university hospital	CHRU Strasbourg[47]
Aléhop	Patient app for taxi conventionné booking	Launched July 2025; free; regular driver or another; TPMR; recurring trips	App Store[48]
TaxiConventionné.fr	Online booking and matching site	Operator, commission and volumes not stated	taxi-securite-sociale.fr[49]
IGO Taxi Pro	Taxi cooperative app	Professional app for taxi drivers	App Store[50]

LEGAL STATUS OF BOOKING INTERMEDIARIES

- Under the Transport Code, a "centrale de réservation" connects professional drivers (taxis, VTC) with passengers. It must declare its activity online, prove professional liability insurance and renew its declaration every year[51].
- The same ministry page lists as outside this regime services under agreement with health insurance bodies[51]. An intermediary for taxis conventionnés should therefore get a legal opinion on whether it must declare.

1.10

Social climate in the taxi conventionné sector

- After 1 November 2025, some companies reported revenue losses of 20% to 38%, receiverships, lay-offs and refusals of short trips[8].
- Taxi drivers interviewed by TF1 describe the km rate as down by about 40% on average and say they are leaving patient transport[52].
- Le Monde reported in February 2026 that taxis and ambulance companies were weakened by the new rules[53].
- Professional diesel has been above €2.20 a litre since early 2026, attributed to the conflict in the Middle East[54].
- The taxi federation FNAT estimates that about 40,000 jobs are at risk[54].

- On 5 November 2026, a senator asked the government about support for taxi firms in rural areas, citing fuel costs and shared transport. No answer has been published yet[55].
- The CNAM's case studies, by contrast, show taxis gaining on many trips[2]. The first review of the effects on local supply was due in spring 2026[2], but no published review was found.



02

PART 2

European country profiles

> *The pattern is consistent: small, direct-award contracts through a single-supplier framework, starting as trials and extendable for five years.*

IN THIS PART

2.1 Germany
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2.7 Nordic countries
2.8 Comparative overview

2.1

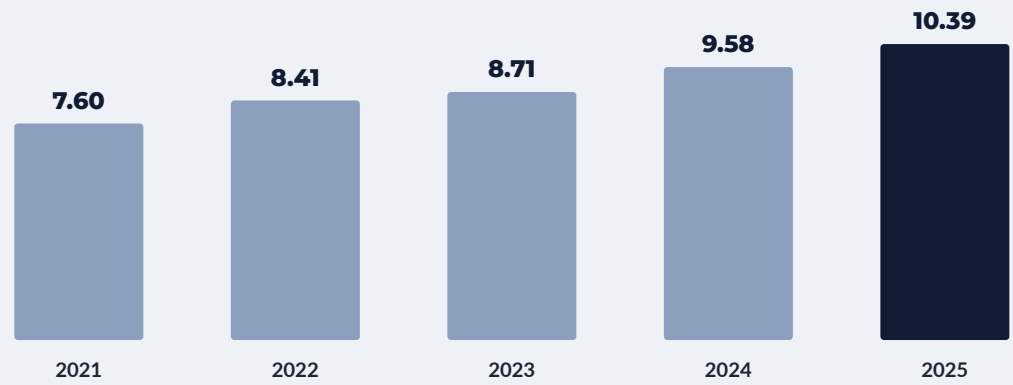
Germany

HOW IT WORKS

- Statutory insurers (GKV) pay for transport only when it is medically necessary in connection with an insured service[56].
- Germany has three categories[57]:
  - "Krankenfahrt" is a seated trip by taxi or private hire.
  - "Krankentransport" uses a patient transport ambulance (KTW).
  - "Rettungsfahrt" is an emergency run.
- Outpatient trips are covered only in exceptional cases[57]:
  - people with severe disability markers aG, Bl or H, or care levels 3 (with lasting mobility impairment), 4 or 5;
  - patients with long-term, high-frequency treatment such as dialysis, radiotherapy or chemotherapy, which needs prior approval.
- The patient co-payment is 10% of the cost, at least €5 and at most €10 per trip. These limits rise to €7.50 and €15 from 2027[17].
- Prices for taxi trips are set in contracts between insurers and regional taxi associations under § 133 SGB V[58].

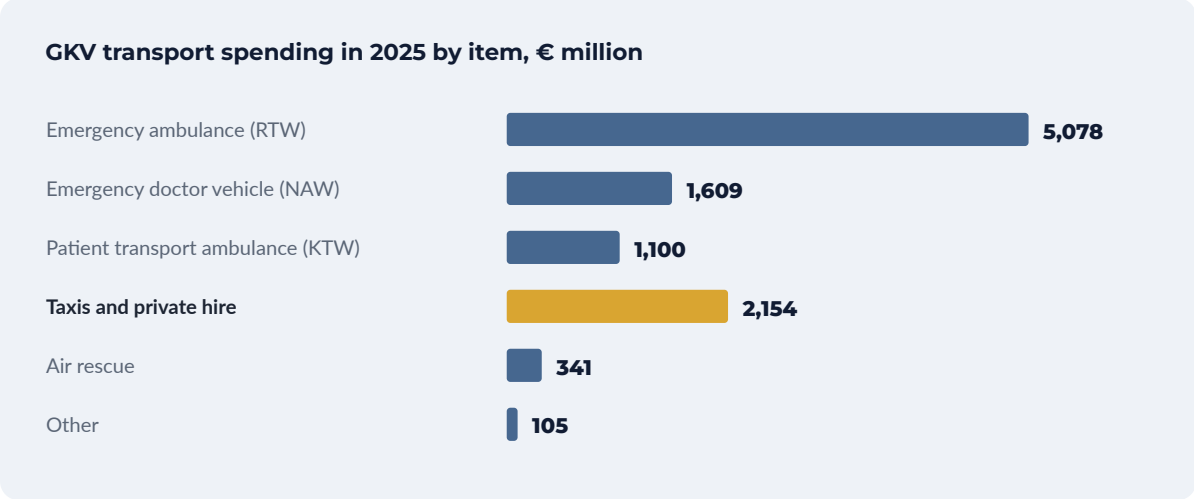
GKV TRANSPORT SPENDING ("FAHRKOSTEN")

German statutory insurers (GKV) transport spending, € billion



Source: GKV-Spitzenverband[15]. Transport was 3.09% of GKV benefit spending (€336.41bn) in 2025. It grew 8.08% in the first half of 2026[15].

2025 BREAKDOWN, ALL INSURERS



Source: BMG, KJ1 2025[16].

SUPPLY

- The taxi and private-hire trade counts about 100,000 vehicles, 250,000 drivers and 32,000 companies[59].
- They carry about 50 million patient trips a year[59].

BUDGET PRESSURE IN 2026

- The GKV contribution-rate stabilisation law was passed on 10 July 2026 and published on 29 July 2026. It limits price increases to cost trends or the wage-base rate, whichever is lower, minus one extra percentage point for 2027-2029[17].
- The health ministry estimates a GKV financing gap of about €19bn in 2027[17].
- Taxi associations warn that companies may withdraw from patient transport[60].
- In Mecklenburg-Vorpommern, most taxi and private-hire firms announced that they would stop patient trips for several insurers from 1 April 2026, after a framework contract expired without agreement on pay[61].

EMERGENCY CARE REFORM

- The Bundestag adopted the reform of emergency care on 15 October 2026[62].
- Emergency rescue becomes a GKV medical benefit, no longer only a transport cost[63].
- The reform links the 112 (emergency) and 116117 (on-call doctors) control rooms[63].

PLATFORMS

- Uber Health launched in Germany on 5 June 2025 for medical facilities, insurers and other transport providers[64]:
  - coordinators book through a dashboard or API;
  - passengers need neither the app nor a smartphone;
  - trips can be booked up to 90 days ahead.

- The taxi federation BVTM replied that Uber Health does not handle the doctor's transport prescription (Muster 4) or the patient co-payment, and does not meet the requirements of contracted patient transport[58]. BVTM promotes its own ordering and billing system, TaBeA[58].
- Earlier platforms show a long history of digital ordering[61]:
  - De-Touro, where insurers post trips and taxis bid;
  - DMRZ, with free matching and a 0.5% billing fee;
  - taxi.de, with auto-booking for facilities.
  - Associations criticised the bidding models for pushing prices down[61].
- Freenow, now owned by Lyft, is a taxi-hailing app present in 143 German cities and regions[65].

2.2

England (United Kingdom)

HOW IT WORKS

- NHS-funded NEPTS is reserved for patients with a medical need, cognitive or sensory impairment, significant mobility need or a safeguarding concern, under national criteria dated 31 May 2022[66].
- The guiding principle is that most people should travel independently, by private or public transport, with family help if needed[66].
- In-centre haemodialysis patients must be offered specialist or non-specialist transport, or reimbursement[66].
- Low-income patients can claim travel costs under the Healthcare Travel Costs Scheme[67].

KEY FIGURES (LATEST NATIONAL REVIEW)

INDICATOR	FIGURE
Journeys per year	11-12 million
Annual NHS spend	about £460 million (just under 0.4% of NHS England spending)
Average cost per journey	about £38
Dialysis share of journeys	about 37%
Patients over 65	about three-quarters
CQC-registered ambulance providers	296
Assumed market split	45% NHS providers, 55% independent

Source: NHS England, NEPTS review[68]. This review dates from 2021 and no newer national total was found.

THE REVIEW ALSO RECOMMENDED

- a single coordination and brokerage point per integrated care system (ICS)[68];
- zero-emission NEPTS vehicles by 2035[68].

UBER HEALTH IN THE NHS

- Uber Health can be procured through the Digital Ride Booking Platform (DRBP) framework, created by Efficiency East Midlands, where Uber is the exclusive supplier[13]. The framework reference is EEM0079[14].
- Trusts can call off from it directly, without running their own tender.

RECENT NHS CONTRACTS WITH UBER

BUYER	SCOPE	VALUE	PERIOD	SOURCE
Princess Alexandra Hospital NHS Trust	Staff and patient taxis	£150k award (£200k tender value)	Oct 2025 – Sept 2030	Contracts Finder[69]
Hertfordshire Partnership University NHS FT	Non-emergency patient transport	£90k award, up to £1.03m	6-month trial from 1 May 2026, extendable to May 2031	Contracts Finder[14]
Cambridgeshire & Peterborough NHS FT	Non-emergency patient or staff transport	£200k excl. VAT	Dec 2026 – Sept 2028, up to 2031	Sell2Wales[70]
London North West University Healthcare NHS Trust	Taxi service	£480k	Awarded 1 Nov 2026	Stotles[71]
Wirral University Teaching Hospital	Approved taxi journeys (trial)	Not stated	Trial announced	WUTH[72]

The pattern is consistent: small, direct-award contracts through a single-supplier framework, starting as trials and extendable for five years. Lyft is also building a taxi base in the UK: with Gett's UK business and Freenow, it will have the majority of registered London black-cab drivers on its platform[65].

2.3 Netherlands

HOW IT WORKS

- Seated patient transport ("zittend ziekenvervoer") by car, taxi or public transport is covered only for:
  - dialysis patients;
  - cancer patients on chemotherapy, radiotherapy or immunotherapy;
  - wheelchair users;
  - visually impaired people who cannot travel alone;
  - a few other groups, plus a hardship clause[18].
- The annual patient contribution is €134 in 2026 (€126 in 2025), on top of the deductible[18].
- At Zilveren Kruis, the largest insurer, the patient must get permission in advance and then books the taxi through the Zorgvervoercentrale Nederland, a central ordering service[73].
- Private car use is reimbursed at €0.40 per km, up to 200 km one way[73].

SPENDING (ESTIMATED COSTS UNDER THE HEALTH INSURANCE ACT, € MILLION)

ITEM	2021	2025*
Ambulance and helicopter	660.6	789.3
Public transport, taxi and own car	117.6	116.1
Total patient transport	868.2	1,112.9

* Provisional. Source: Zorgcijfersdatabank[74].

Seated transport costs about €116m a year for a population of roughly 18 million. French spending on taxis alone is about €3.1bn (50% of €6.27bn of trip spending)[1].

Uber Health is available in the Netherlands[75].

2.4

Belgium

- Compulsory health insurance covers non-urgent transport only for cancer and dialysis patients. That scope equals about a third of what France covers[2].
- The compulsory insurance pays €0.37 per km for dialysis, chemotherapy, radiotherapy and immunotherapy trips[76].
- Mutual insurers add complementary cover. At Partenamut, other non-urgent transport is reimbursed[76]:
  - 50% of the invoice with an approved carrier, or 75% for low-income (BIM) beneficiaries, capped at €750 a year;
  - 30% with a non-approved carrier.
- Mutual insurers run their own booking lines with third-party payment, such as Partenamut's Transportline[76].
- Uber Health's Belgian page states that the service is not yet available in the country[77].

2.5

Spain

- Non-urgent patient transport is part of the national health system's supplementary benefits and is organised by the regions through public contracts. An example is the regional tender of the Comunitat Valenciana for urgent and non-urgent ground transport, published in August 2026[78].
- A co-payment of €5 per trip with monthly caps was planned in a draft order in 2012-2013[79]. The documents reviewed do not show that it was implemented.

MARKET (DBK STUDY)

INDICATOR	FIGURE
Market size, 2024	€1,935m (+7.5%; +11.8% in 2023)
Authorised companies (Feb 2025)	209, of which 88% provide public services
Top 5 / top 10 market share (2023)	35.1% / 49.2%
Forecast 2025	close to +5%, above €2bn

Source: DBK[80].

Falck holds a new contract in Catalonia that contributes to revenue from 2026[81].

2.6

Italy

- Much secondary (non-urgent) patient transport is entrusted to volunteer associations such as Anpas, the Italian Red Cross and the Misericordie[82].
- Local health authorities publish calls restricted to third-sector bodies, such as the 2026 three-year agreement for non-urgent secondary ambulance transport in Pordenone[83].
- In the Spezzino judgment (C-113/13, 11 December 2014), the EU Court of Justice accepted direct award of medical transport to volunteer bodies under conditions[84]:
  - the system must genuinely serve solidarity and budget efficiency;
  - staff may be used only as far as needed to operate.
- In October 2026, the Veneto administrative court referred to the Court of Justice the question of whether secondary transport must be tendered. The case is a three-year direct award worth about €6.87m to Croce Verde di Adria[82].

2.7

Nordic countries

NORWAY

- Organised patient travel cost NOK 2.12bn in 2025, 10.5% less than in 2019 in real terms[20].
- It covered 3.12 million trips and 4.13 million requisitions, 94% of them by taxi[20].
- 51% of organised trips are booked by patients themselves through the national Helsenorge portal, with a target of 70-80%[20].

FINLAND

- Kela, the social insurance institution, reimbursed €227m for 3.8 million taxi trips by about 440,000 customers in 2025[19].

- The patient pays at most €25 per one-way trip and nothing beyond €300 a year[19].
- Competitive tendering saved about €132m over 2018-2022, and combining trips saved over €7m in 2025[19].
- From 1 January 2027, 9 providers will serve 17 areas, with two providers per area for the patient to choose from[19].
- Trips must be booked by 14:00 the day before[85].

SWEDEN

- Almost 6.5 million patient trips ("sjukresor") were publicly funded in 2025, 85% of them arranged through regional booking centres[86].
- 36% of arranged trips were coordinated (shared), down from 40% in 2019[86].
- Average net cost was SEK 451 per trip in 2024[86].
- Patients usually pay a flat fare of SEK 120-200 per trip, up to a high-cost ceiling averaging SEK 2,324[86].

2.8

Comparative overview

COUNTRY	WHO IS COVERED FOR SEATED TRANSPORT	PATIENT CONTRIBUTION	HOW TRIPS ARE ORDERED	UBER HEALTH PRESENT
France	Broad: hospitalisation, ALD (narrowed in Oct 2026), long distance, series, etc.	55% rate before exemptions; €4 deductible, €70 cap since 1 Oct 2026	Patient or hospital chooses a conventionné provider; hospital platforms; national platform planned	No[12]
Germany	Narrow for outpatients: severe disability, care levels 3-5, dialysis/oncology with approval	10%, €5-10 per trip (€7.50-15 from 2027)	Patient calls a contracted taxi; insurer contracts under § 133	Yes, since June 2025
England	Medical or mobility need under 2022 criteria	Free if eligible; travel cost refunds for low income	NHS trust or ICS commissioned providers; trusts buy Uber via framework	Yes
Netherlands	Dialysis, oncology, wheelchair, visually impaired, hardship	€134 per year + deductible	Insurer approval; central ordering service	Yes
Belgium	Compulsory insurance: cancer and dialysis (€0.37/km)	Mutual insurer complements	Mutual insurer booking lines	No[77]
Spain	Public non-urgent transport by regional contract	No co-payment applied in the sources reviewed	Regional tenders	No
Italy	Regional health service; volunteer bodies	Varies by region	Direct agreements with third sector	Not listed
Norway	Organised patient travel	Fixed per-trip fee (not stated in source)	National Pasientreiser, self-booking online	Not listed
Finland	Kela taxi	€25 per trip, €300 per year	Regional dispatch by tendered providers	Not listed

COUNTRY	WHO IS COVERED FOR SEATED TRANSPORT	PATIENT CONTRIBUTION	HOW TRIPS ARE ORDERED	UBER HEALTH PRESENT
Sweden	Regional sjukresor	SEK 120-200 flat fare, ceiling ~SEK 2,324	Regional booking centres	Not listed

Sources: country sections above. The Uber Health availability list is from Uber Health[12]: Australia, Brazil, Canada, Germany, Great Britain, Netherlands, New Zealand and the United States.



03

PART 3

European legal framework

> *Non-urgent seated transport bought by public bodies is therefore in principle open to competition.*

PUBLIC PROCUREMENT

- Article 10(h) of Directive 2014/24/EU exempts from procurement rules certain danger-prevention services provided by non-profit organisations[87].
- In Falck (2019), the Court held that emergency care in a rescue vehicle falls under this exemption. Qualified ambulance transport also falls under it where an emergency is at least potentially present[87].
- Ordinary patient transport without that risk does not qualify and comes under the simplified procurement regime[87].
- Non-urgent seated transport bought by public bodies is therefore open to competition in principle. This is the route Uber uses in England.

Volunteer direct awards: the Spezzino case law allows priority and direct award to volunteer bodies under strict conditions[84]. A new question on secondary transport is pending after the October 2026 Italian referral[82].

Platform work: Directive (EU) 2024/2831 must be transposed by 2 December 2026[88]. Its main provisions are:

- a rebuttable presumption of employment when a platform directs and controls the work;
- transparency and human oversight of automated decisions;
- only a human can decide to suspend or end an account.

These rules apply to every digital labour platform that organises work in the EU[88]. A booking platform that sets prices or assigns trips to independent drivers should check its exposure.



04

PART 4

Platforms and the "uberisation" risk

> *Whoever runs this layer controls the allocation of trips.*

IN THIS PART

4.1 The Uber Health model

4.2 Entry routes observed in Europe

4.3 France: protections and openings

4.1

The Uber Health model

UBER HEALTH SELLS TO ORGANISATIONS, NOT TO PATIENTS

- coordinators book through a dashboard or API[64];
- riders are contacted by SMS or landline in more than 20 languages[64];
- the organisation gets central billing and usage reports[64].

IN THE UNITED STATES

- more than 5,000 health and social care organisations use it every month[89];
- it is approved in Medicaid programmes in more than half of US states, covering about 82% of Medicaid members[89].

For scale, Uber reported $59.8bn of gross bookings and 4.1 billion trips in Q3 2026[90].

4.2

Entry routes observed in Europe

ROUTE	EVIDENCE	COUNTRY
Public procurement framework with a single supplier	DRBP framework, Uber exclusive	England[13]
Small direct-award trials that can be extended	£90k trial extendable to £1.03m over five years	England[14]
Selling to hospitals, insurers and other transport providers	Launch for facilities, insurers and providers	Germany[64]
Adding Uber as an extra option within existing hospital taxi bookings	Wirral trial	England[72]
Platforms taking over the taxi trade itself	Lyft buying Freenow, Gett UK, and Irish dispatchers Lynk and Swift	Europe[65,91]

4.3

France: protections and openings

PROTECTIONS

- Only taxis conventionnés, VSL and ambulances are reimbursed. A non-conventionné taxi trip is not covered[24].
- Uber Health is not available in France[12].
- The CNAM can now refuse new taxi agreements where supply is dense[2].
- Hospital platforms must apply a fair rotation among transporters[42].

OPENINGS AND PRESSURE POINTS

- **Opening reimbursement to VTC:** Senate amendment 578 to the 2027 social security budget, tabled on 5 November 2026, proposed reimbursing seated transport by VTC drivers without an agreement, from 1 July 2027. It was declared inadmissible by the finance committee[11].
- **Centralised ordering:** a CNAM-run national platform by 2027[9], plus the State start-up's work on more centralised orders[4]. Whoever runs this layer controls the allocation of trips.
- **Less patient choice:** the Cour des comptes recommends removing free choice when the hospital organises transport[2].
- **Platforms run by transporters:** a quarter of the facilities surveyed use them, with a risk of dependence on dominant players[2].
- **Informal VTC sub-contracting,** already identified as fraud[41].
- **Supply shortages:** shortages in rural areas and among exhausted taxi firms are the main argument used to justify opening the market. Amendment 578 cites waiting times and postponed care[11].

Professional fears are not new. When mandatory shared transport was debated for the 2024 budget, taxi unions already warned that a centralised platform could favour VTC drivers and large dispatch centres[92].



05

PART 5

Outlook and key dates

> *Demand keeps rising: more people in ALD, more dialysis patients, an ageing population.*

TIMELINE 2026-2035

2 Dec 2026	Transposition deadline of the EU Platform Work Directive EUR-Lex[88]
End of 2026	Ordering platforms in all 32 French CHU (target) JORF, protocole[9]
1 Jan 2027	Higher French transport co-payment; new Finnish Kela taxi contracts; higher German co-payment limits PLFSS 2027[26]; Kela[19]; taxi heute[17]
2027	Certified GPS and SEFi e-billing compulsory for French taxis; possible CNAM national platform Cour des comptes[2]; JORF[9]
1 July 2027	French ambulance/VSL higher tariff kept only for certified billing flows Cour des comptes[2]
End of 2027	French targets: >30% shared transport for ambulance companies, €150m savings JORF, protocole[9]
2027-2029	German cap on transport price increases (−1 point) taxi heute[17]
2028	Current DRBP framework (Uber) runs to about this date UK Frameworks[93]
2035	Zero-emission NEPTS vehicles target in England NHS England[68]

STRUCTURAL TRENDS FOR 2027-2030, DRAWN FROM THE EVIDENCE ABOVE

- **Demand keeps rising:** more ALD patients, more dialysis patients and an ageing population[3,7].
- **Payers keep cutting:** France and Germany both cap spending and push shared transport[26,17].
- **Providers are weakening:** ambulance margins are falling and taxis report losses[5,8].
- **Ordering is going digital and central:** e-prescription, GPS certification, hospital platforms and a planned national platform[4,2].
- **Global platforms are positioning:** Uber in institutional NEPT markets and Lyft in the taxi trade[13,65].



06

PART 6

Implications for an independent booking platform

> *The scarce resource is coordination, not demand.*

These points follow from the evidence and are not recommendations from any of the cited institutions.

01 **The scarce resource is coordination, not demand.** Public bodies cite empty runs, low taxi sharing, paper prescriptions and orders outside platforms as the main problems[4,2]. A platform that helps group trips and share return legs answers the payer's stated goal.

02 **Neutrality is a regulatory expectation.** Hospital platforms must guarantee rotation among transporters[42]. The ministry note discusses who should operate them[43]. The Cour des comptes flags dependence on transporter-run platforms[2].

03 **Institutions are the gateway.** Hospitals prescribe two-thirds of spending[2]. Uber's European entry has been through hospitals and insurers[13,64].

04 **Compliance requirements tighten in 2027.** These include SEFi billing, certified GPS, possibly e-prescription, and the platform-work rules[2,88]. A platform able to check whether a trip is eligible and properly documented answers both payer and transporter needs.

05 **Rural supply is the weak point.** It drives the political case for opening the market to VTC[11] and is where taxi firms are most fragile[55].

06 **The State is a possible competitor or partner.** A CNAM-run national platform would set the rules for the whole market[9]. Following the State start-up's work and the national platform requirements (the "référentiel") is essential[2].

Data limits and gaps

- **France, trips:** 89 million (general scheme, Cour des comptes) vs 65 million (beta.gouv). The definitions (trip vs journey leg, scope of régimes) are not reconciled in the sources[2,4].
- **France, spending:** €6.867bn (DREES consumption, all financers), €6.3bn (reimbursed, ONDAM monitoring), €6.15bn (non-urgent, Cour des comptes 2024) and €6.45bn (CNAM incl. urgent). Each figure has a different scope.
- **France, taxi sharing:** not reliably measured; the 5% figure is an estimate[2].
- **France, taxi reform:** no published review of its effect on the number of taxis conventionnés was found as of November 2026.
- **France, fraud:** the 2025 split by profession comes from a professional federation relaying CNAM data, not from a CNAM document[40].
- **England:** the national total (£460m, 11-12 million journeys) dates from the 2021 review; no newer national figure was found[68].
- **Sweden:** the latest cost per trip is for 2024[86].
- **Spain and Italy:** no consolidated national public spending figure for non-urgent transport was found; Spain is covered through a private market study[80].
- **European comparison:** the Cour des comptes states France's relative position, but the country-by-country percentages of GDP are not reproduced in the sources consulted[2].
- **Uber Health in Germany and the Netherlands:** no named customer or volume figures are public in the sources reviewed.

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