

## ELIGIBILITY CRITERIA AND THE BOOKING OF NON-EMERGENCY PATIENT TRANSPORT POLICY

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## Dissemination and Implementation

Responsible person for coordinating dissemination and implementation		Assistant Director of Facilities	
<b>Methods of dissemination</b>  <b>(Delete as appropriate)</b>	Intranet	Other	Email to key Stakeholders
	Yes	No	No

<b>List of those consulted</b>	<p>PPP ISCU Board</p> <p>Director of Operations and relevant service Leads within Children's &amp; Young People, Surgery, Integrated Medicine, Women's Health, Emergency &amp; Urgent Care, Patient Access, Prevention and Planned Care Services ICSU's</p> <p>COO, Director of Strategy/Deputy Chief Executive</p> <p>Director Of Environment</p> <p>Assistant Director of Facilities</p> <p>Assistant Contracts Manager</p>
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## **1.0 INTRODUCTION**

Whittington Health (WH) is committed to ensuring that the Patient Transport Service (PTS) provided to patients is a high quality, punctual and professional service that will meet the needs of patients and support and compliment the provision of Health Care provided by Whittington Health.

We will do this with our Non-Emergency Patient Transport Service partners who provide PTS for Whittington Health. The service is only provided to patients receiving treatment from Whittington Health, this includes the Whittington Hospital and Whittington Health Community Health Clinics/Locations.

Whatever role we play, WH will ensure that staff are always respectful of people's individuality. Privacy and dignity, that we take the time to listen and hear what people say, we take ownership of delivering the help that is required, we look and behave professionally. We involve patients/carers as partners, helping them to be clear about their condition, choices, care plans and how they might feel. We understand the important role that patient's and family's feelings play in helping them to feel better and aim to offer a responsive service with simplify processes.

Non-emergency PTS is typified by the non-urgent, planned, transportation of patients with a medical need for transport to and from a premises providing NHS healthcare and between NHS healthcare providers. This can and should encompass a wide range of vehicle types and levels of care consistent with the patients' medical needs.

## **2.0 PURPOSE**

The aim of this policy is to provide information to all involved in the booking of non-emergency PTS and set out the criteria that must be met before PTS can be booked and should be used as a guide when booking non-emergency transport for outpatients and inpatients at Whittington Health.

Ambulance and other Patient Transport Services: Operation, Use and Standards' [HSG 1991(29)] was published in 1991. This sets out guidance for the NHS on the operation, use and performance standards for emergency and urgent ambulances, superseded by the Eligibility Criteria for Patient Transport Services (PTS) document issued in August 2007, which sets out the criteria for establishing which patients were eligible for non-emergency PTS.

It is the patient's responsibility to make their own way to and from hospital for patient episodes of all types, including outpatients' appointments, elective admissions and discharge from hospital. The only exception is where clinically necessary and in such cases hospital transport can be arranged.

There should be a 'positive' interpretation of 'medical need' for transport against the 'need' for Transport. Ambulances and taxis should not be requested / authorised purely for social or on the basis of financial need.

Please refer to section 6:2 - Financial Assistance for details of the Hospital Travel Costs Scheme for those on a low income and who can claim help with travel costs.

Further information is available on the Whittington Health Internet

Non-emergency PTS should be the exception not the rule and therefore there must be strict adherence to the procedure. All patients should be assessed on a regular basis – once every three months or at every fourth consecutive appointment.

### **3.0 SCOPE**

The policy sets out the circumstances where patients may be eligible to have their transport provided for them so that they are able to access non urgent planned healthcare including procedures which were traditionally provided in hospital, but are now available in a community setting, in secondary and primary care settings. Affordability is not a qualifying factor for PTS. Only patients whose health would be adversely affected if travelling by other means are eligible. Financial assistance with transport may be obtained through the Hospital Travel Costs Scheme (HTCS).

Coverage of the subject within the policy; what is covered and what does not apply. Patient group/staff group/Criteria for use.

### **4.0 DEFINITIONS**

CEO Chief Executive Officer  
COO Chief Operating Officer  
CRG Contracts Review Group  
DLA Disability Living Allowance  
CM Contract Manager, Assistant Director of Estates & Facilities  
MSL Medical Services Limited  
PTS Patient Transport Services  
TMG Trust Management Group  
WH Whittington Health  
HTCS Hospital Travel Cost Scheme

### **5.0 DUTIES (Roles and Responsibilities)**

The Whittington Health Trust Board is responsible for ensuring a professional PTS which meets the needs of the patients.

**Chief Executive Officer (CEO)** – is ultimately accountable for ensuring that patients experience when visiting the hospital is a positive one.

The CEO delegates to the Chief Operating Officer (COO) the responsibility of ensuring that the service provided does not impact negatively on the patient experience or the quality of service delivery.

**The Contracts Manager, Assistant Director of Estates and Facilities (E&F)** – Has the management responsibility for selecting, appointing and

managing the provider operating the PTS, overseen by the Director of Environment.

**In-patient/Outpatient Services** – are responsible for accurate booking of transport, helping to minimise abortive journeys and ensuring appropriate application of the eligibility criteria.

**Individual Service Managers and Delegated Staff** - are accountable for ensuring that they abide by the PTS procedures. This is applicable to all forms of transport used for moving patients in, to or from the Trust. Staff should ensure that all requests are assessed against the eligibility criteria and that abortive journeys are minimised.

**Booking Access** – All patient transport bookings must be made online, access to book online will only be granted once training has been provided. The Service Manager will be accountable for ensuring staff involved in the booking of patient transport receive the relevant training and understand the eligibility criteria prior to enabling access. To arrange training for the booking of patient transport please contact a member of the Patient Transport Lounge reception team, (020) 7288 5294.

**Transport Providers** – All staff engaged with transporting patients in, to and out from the Trust shall ensure that they minimise abortive journeys and that the eligibility criteria has been appropriately applied. The Transport provider will be monitored against Key Performance Indicators (KPI's) established and agreed by E&F to ensure that the service commissioned is provided.

**PTS Contracts Review Group** – The Contracts Review Group (CRG) meets monthly to review and audit the PTS. Quarterly reports should be produced to provide assurance to the Trust Management Group (TMG)

There are currently two PTS providers for Whittington Health, MSL who provide a service to the Hospital and Community sites located within Islington and LAS who provide a service to our Haringey community sites.

The trust PTS providers are responsible for the management of their vehicles. All vehicles to be used within the contract must meet the trust specification which will enable the providers to use a full range of vehicles that will be capable of transporting stretchers, wheelchairs, as well as ambulant patients.

## **6.0 POLICY DETAIL**

### **6.1 ELIGIBILITY CRITERIA**

Patients attending hospital /clinic appointments do not have an automatic right to non-emergency transport.

It is the patient's responsibility to make their way to and from hospital unless they have been clinically assessed against the WH Eligibility Criteria Tool (Appendix 1)

A patient's eligibility for PTS should be determined either by a healthcare professional or by non-clinically qualified staff who are both:

- Clinically supervised and/or working within locally agreed protocols or guidelines, and
- Employed by the trust or working under contract for the trust

For non-emergency PTS, the patient's medical needs should be identified as one of the following criteria:

- A non-emergency patient is one who whilst requiring treatment, which may or may not be of a specialist nature, does not require an immediate response by a PTS crew.
- A clinical need for treatment does not imply a medical need for PTS.

The following criteria guide (Appendix 2) must be used when deciding if a patient is eligible for free hospital transport.

There must be no available private (family, friend) transport and the patient is unable, due to their physical/mental condition to utilise public transport (this includes a private taxi/minicab).

Approved reasons for requesting PTS are:

- Does the patient require skilled assistance to transfer to/from the vehicle?
- Does the patient need to lie on a stretcher during transportation?
- Does the patient have a disability or condition that makes it difficult or impossible to be conveyed by alternative transport?
- Is the patient confused and has no other means of transport?
- Does the patient have a condition such that there is a reasonable possibility an event could occur during transport that could require skilled assistance?
- Does the patient require a medical escort or qualified medical crew with a fully equipped ambulance during transportation?
- Does the patient have a medical condition in addition to the reason they were granted mobility allowance?
- Does the patient have a disability that may result in their condition or behaviour during transport being a risk to themselves or others e.g. severe epilepsy, dementia and Mental Capacity Issues?

If a patient scores 4 or more	Transport should be booked
If a patient scores 3 or less	Patient does not meet the criteria but can appeal against the decision
<p><i>Patients will be informed of the outcome at time of assessment and advised of their right of appeal. If they wish to appeal the triager will discuss the assessment with a senior Clinician/Service Manager for the area and a reassessment will take place to ensure that any underlying health factors not discussed between the triager and patient have been taken into account.</i></p> <p><i>There will be no further right of appeal</i></p>	

For those who do not meet the eligibility criteria, other transport options must be explained.

## 6.2 FINANCIAL ASSISTANCE

PTS is not provided based on a patient's financial or social need. Patients who do not meet the eligibility criteria for non-emergency PTS but may require help in meeting the cost of travel to and from their Whittington Health appointment may be entitled to financial assistance under the HTCS.

### Who can claim help with travel costs?

To qualify for help with travel costs under the Healthcare Travel Cost Scheme (HTCS), patients must meet three conditions:

**Condition one:** At the time of their appointment, the patient or their partner (including civil partners) must be receiving one of the qualifying benefits or allowances or meet the eligibility criteria of the [NHS Low Income Scheme](#).

**Condition two:** Patients must have a referral form from a Healthcare Professional or a Specialist to a Hospital or Community Health Centre location for NHS treatment or tests.

**Condition three:** The patient's appointment must be on a separate visit to when the referral was made. This applies whether treatment is provided at a different location (Hospital or clinic) or on the same premises as where their GP or other Healthcare Professional issued the referral.

### Children and other dependents'

To claim travel costs for children if the claimant is eligible for any of the benefits described under [condition one](#) and the child has been referred for treatment as outlined in [condition two](#) and [condition three](#).

If the child is 16 or over, they may make their own claim under the Low Income Scheme.

### Carer's and Escorts

Patients can claim travel costs for an escort, if the patients' health professional says that it is medically necessary for someone to travel with them. Payments are made on the basis of the patient's eligibility for the scheme, irrespective of the escort's eligibility.

To claim their travel cost, patients must complete a [HC5 \(T\) form](#). (Appendix 3) and post it to the address stated on the form. Patients can make a postal claim up to three months after your appointment has taken place.

### Qualifying Benefits

Patients can claim help with travel costs if they or their partner (including civil partner) receive any of the following:



- Income Support.
- Income-based Jobseeker's Allowance.
- Income-related Employment and Support Allowance.
- Pension Credit Guarantee Credit.
- They are named on, or entitled to, an NHS tax credit exemption certificate. If they do not have a certificate, they may have an award notice. They also qualify if they are in receipt of child tax credits, working tax credits with a disability element (or both) and have income for tax credit purposes of £15,276 or less.
- They have a low income and are named on certificate HC2 (full help) or HC3 (limited help).  
To apply for this certificate, they should complete form HC1, which is available from the hospital, Job Centre Plus offices, or from the NHS print contract order line on 0300 123 0849.
- They receive [Universal Credit](#) and [meet the criteria](#).

### **Important Numbers**

Phone 0300 330 1348 for the dental services helpline  
 Phone 0300 330 1343 for the Low Income Scheme helpline  
 Phone 0300 330 1341 for queries about medical exemption certificates  
 Phone 0300 330 1341 for queries about prescription prepayment certificates  
 Phone 0300 330 1349 for the prescription services helpline  
 Phone 0300 330 1347 for queries about tax credit certificates  
 Phone 0300 123 0849 to order a paper copy of the HC12, HC5 and HC1 (SC) forms

All other queries, call 0300 330 1343

Patients can submit an online request for a postal form at the 'Business Service Authority NHS' website.

Alternatively forms can be obtained by calling 0300 330 1343.

### **Important Numbers**

Phone 0300 330 1348	-	for the dental services helpline
Phone 0300 330 1343	-	for the Low Income Scheme helpline
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Phone 0300 330 1347	-	for queries about tax credit certificates
Phone 0300 123 0849	-	to order a paper copy of the HC12, HC5 and HC1 (SC) forms

for all other queries, call 0300 330 1343

Patients arriving by private car may be able to apply for petrol costs – current rate per mile up to the cost of public transport fare.

Blue Badge Holders –patients eligible who are disabled badge holders are entitled to free parking when attending hospital appointments. Community staff must advise blue badge holders of available local parking.

### **6.3 ESCORTS/ATTENDANTS/VOLUNTEER SERVICE**

One escort/attendant accompany patients in non-emergency PTS as long as the escort/attendant fits into one of the following criteria and the patient has a clearly identified medical need as outlined in **point 6.1**.

- Professional from a Nursing home or School.
- Accompanying a minor (under 16 years of age). The escort/attendant for a minor must be a responsible adult.
- PTS could provide an escort or carer where their particular skills and/or support are not catered for by the trust. For example it may be appropriate for escorts to accompany a patient with a physical or mental incapacity, vulnerable adults or to act as a translator. Discretionary provision such as this would need to be agreed in advance when transport is booked. Under such circumstances the patient must obtain a supporting letter from their clinician. Where the patient is unable to obtain a clinicians letter for the first appointment the patient must be informed of the need to obtain a letter from their clinician to permit their escort to travel with them when attending their follow-on appointment.

### **6.4 BOOKING PROCEDURE**

#### **Regular Bookings**

**It is expected that all patients will make their own travel arrangements unless there is a medical need for non-emergency patient transport.**

No patient should be considered to require transport on an ongoing basis (with the exception of patients with certain long-term illnesses such as dementia and or dementia and/or Alzheimer's, Renal Dialysis patients and Radiotherapy treatment).

Patients who meet the criteria for patient transport must be reassessed every three months or every fourth booking.

Where the triage nurse/therapist undertakes the assessment process, the patient must be reassessed every fourth visit with the exception of renal dialysis patients and radiotherapy treatment or every three months, whichever is sooner.

Booking Procedure, booking requests must be input directly onto the Contractor's computer system, up to 17:00 hours on the day prior to the patient's travel date. Bookings made after 17:00 hours, or on the day the journey is required will be classed as late bookings any prioritisation thought necessary by the requester must be communicated to the Contractor. Late bookings will be managed in real time by the Contractors electronic booking

management system to maximise effective use of resource and provide the best possible service to the patient. (Monday – Friday 08.00 – 18.00)

This procedure applies to all Outpatients, admissions, inter- and inter hospital transfer and day cases PTS requests.

Cancellations not notified within 12 hours of the patients travel time may result in additional charges being raised which can have a far reaching effect on the level of patient care e.g.

- Increased costs
- Delay in treatment
- Missed Appointments
- Increased waiting times
- The overall patient experience

It is essential that the ward or department states if the patient will require an escort/attendant to be with them and on which part of the journey (i.e. travelling to/from the healthcare facility or both)

If specialist equipment is required for use by the patient during the journey the ward of department must state this when making the booking for non-emergency PTS.

Wheelchair-bound patients may travel in specially adapted wheelchairs if they have them. Patients must be assessed to establish the suitability of lap straps harnesses and head support. If suitable following the assessment patients may be transferred from the wheelchair to the vehicles fixed seating.

Wards and departments are responsible for ensuring appropriate transport is requested based on the patient's needs.

If the patient's mobility will differ on the homeward journey, please make this clear when making the booking.

## **Special Circumstances**

### **Bariatric Patients**

Bariatric patients are those greater than 18 stone in weight. Weight must not be the only consideration; the patients' build must also be assessed. Wards and departments are responsible for undertaking a risk assessment prior to making a PTS request. Any relevant and additional information should be included on the booking form.

The transport provider may also undertake their own risk assessment prior to transportation and this would require 48 hours' notice.

### **Mental Health**

The trust patient transport contract covers non-emergency patient transportation and high dependency patient transport, including patients subject to the Mental Health Act.

Staff seeking to make patient travel arrangements for Whittington Health Haringey patients subject to the Mental Health Act, must submit bookings using the contractor's Patient Transport Booking Service.

#### **Do not attempt resuscitation (DNAR) – Patients**

The Trust Patient Transport provider must be notified of patients subject to a DNAR instruction, as part of the transport booking process. This will enable the transport services to make decisions quickly about how to transfer and treat DNAR patients. The current protocol is to transfer DNAR patients as a single passenger to avoid potential for trauma which may be experienced by other patients if the ambulance crew are alerted to attend to a DNAR patient.

#### **Infectious Patients**

The trust patient transport provider must be notified of any communicable illness such as MRSA and Clostridium Difficile when submitting the booking request for patient transport.

Please refer to the trust infection control policy and related policies re: infectious patients. The trust patient transport provider will take universal precautions between all patients. However if the patients infectious nature is such that the patient cannot travel with others then an exclusive use vehicle must be requested as appropriate.

Drivers are required to wash their hands and/or use antibacterial gel between patients as appropriate. The vehicle will be cleaned before being used by another patient.

### **6.5 Booking Patients for Discharge**

**It is expected that all patients will make their own arrangements unless there is a medical need for non-emergency patient transport.**

All bookings must be submitted as early as possible, but at the very latest by 17:00 hours prior to the day of travel. Bookings submitted after that time will be treated as “on the day” and are subject to available resources which may incur additional costs. This will be monitored.

On the Day’ bookings are to be discouraged, however there will be exceptions, clinical need, End of Life Care, Extreme Bed Pressures, earlier than anticipated discharge and no other person available to take them home or inter hospital transfers that cannot usually be pre-planned.

One way journeys can be booked. For example, some patients attending for a day procedure may require transport home after their procedure, but not into the hospital. A one way journey should therefore be booked.

Patients should not travel ideally after 22.00 hrs. in the event of a late discharge, the site management team must be contacted on bleep 3340 to discuss arrangements.

## **6.6 Out of Hours Bookings**

An out of hours service is provided by MSL helpdesk on 020 7510 4210 [selecting option 1]. The booking must also be recorded on the contractor's electronic booking management system (Cleric).

There is no out of hour's service for the LAS Haringey arrangements.

## **6.7 Cancellations and Postponed Transport**

If the transport booking is postponed or cancelled, the transport provider must be notified immediately by telephone on:

- MSL [Whittington Hospital & Islington Community] Tel: (020) 7288 3052 /5833. Cancellations made during office hours for hospital and Islington community transport booking can also be communicated by telephone to the Transport Lounge reception team telephone, (020) 7288 5294 / 5295.
- LAS [Haringey Community] Tel: (020) 8539 9249 Customer Relations Team

## **6.8 Booking Patient Transport for Discharge**

Patient Transport home must be booked using the online transport booking system.

The following items (if applicable) should be in place prior to notifying MSL that the patient is 'ready to travel'.

- Medication
- Doctors Letter
- Home Care Package
- Therapy Aids
- Access to the patient's home e.g. keys
- Availability of patients possessions received for safekeeping

It is the responsibility of the ward or department to ensure that the patient is ready to leave at the time they notify MSL.

If the patient is not ready to leave the ward or department when the PTS crew arrive, the crew are not required to wait.

## **7. Key Contacts**

- Assistant Director of Facilities - Cecil Douglas, (020) 7288 5567, [cecil.douglas@nhs.net](mailto:cecil.douglas@nhs.net)

- Assistant Contracts Manager - Tim Howitt (020) 7288 3798 [timothy.howitt@nhs.net](mailto:timothy.howitt@nhs.net)

## 7 MONITORING COMPLIANCE and EFFECTIVENESS

<p>What key area(s) need(s) monitoring on this document?</p> <p>(Consider the purpose of the document; processes, procedures, timelines, patient outcomes etc)</p>	<p>Who will lead on this aspect of monitoring?</p> <p>Name the lead and what is the role of the multidisciplinary team or others if any.</p>	<p>What tools / methods will be used to monitor report and review the identified areas?</p> <p>(Consider audit, observation, minutes, complaints, incidents, claims, reports and Documentation etc.)</p>	<p>How often is the need to monitor each area?</p> <p>How often is the need to produce a report?</p> <p>How often is the need to share the report?</p>	<p>Responsible Committee for scrutiny and arrangements for feedback.</p>
Element/s to be monitored	Lead	Tool	Frequency	Reporting and feedback arrangements
Use of electronic transport booking system	<p>Assistant Director of Facilities</p> <p>Assistant Contracts Manager</p>	Contractor Reports	The service will be managed through Monthly contract meetings	Key performance indicator reports and action plans
Compliance with the Eligibility criteria	<p>Assistant Director of Facilities</p> <p>Assistant Contracts Manager</p>	Trust & Contractor monitoring	The service will be managed through monthly contract meetings	
Contract monitoring	Assistant Director of Facilities	Monthly meetings	Monthly reports will be produced for the	

	<b>Assistant Contracts Manager</b>		<b>Contract meetings with ad hoc reports be made available on request</b>	
<b>Management of escort's access to transport</b>	<b>Assistant Director of Facilities</b> <b>Assistant Contracts Manager</b>	<b>Trust &amp; Contractor monitoring</b>	<b>Monthly reports will be produced to monitor, track and where appropriate question the appropriateness of escort's accessing the service.</b>	



## 8 ASSOCIATED DOCUMENTS

Title	Intranet Hyperlink
Hospital Travel Cost Scheme	<a href="http://whittnet.whittington.nhs.uk/default.asp?c=14261">http://whittnet.whittington.nhs.uk/default.asp?c=14261</a>
Whittington Health Patient Travel Reimbursement Guidelines	
Guide to Online Transport Booking	<a href="http://whittnet.whittington.nhs.uk/default.asp?c=14313">http://whittnet.whittington.nhs.uk/default.asp?c=14313</a>

## 9 REFERENCES

Department of Health [HC5(T) Refund Claim Form] - [Healthcare Travel Costs Scheme] - [HC11, Help with health cost]

## 10 APPENDICES

Appendix 1 - Mobility Criteria Assessment

Appendix 2 - Clinical Eligibility Criteria for Patients

Appendix 3 - HC5 (T) Refund Claim Form; Travel Costs to receive NHS Treatment

## 10.0 EQUALITY IMPACT ANALYSIS

### Whittington Health – Equality Impact Analysis Form

#### 1. Name of Policy

ELIGIBILITY CRITERIA AND THE BOOKING OF NON-EMERGENCY PATIENT TRANSPORT POLICY

#### 2. Assessment Officer

Director Of Operations – Patient Access prevention and Planned Care Services

#### 3. Officer responsible for policy implementation

Assistant Director of Facilities

#### 4. Completion Date of Equality Analysis

21.02.2017

#### 5. Description and aims of Policy

To refresh the current criteria to be in line with other local hospitals for consistency and standardisation.

To ensure a more transparent process and criteria for eligibility for non-emergency patient transport.

To set out the criteria that must be met before Patient Transport can be booked.

As a guide when booking non-emergency transport for outpatients and inpatients at Whittington Health.

#### 6. Initial Screening

An initial analysis has been carried out to explore whether the change paper is likely to have a detrimental impact in terms of people included in one or more of the following equality categories:

- Race
- Disability
- Gender
- Age
- Sexual orientation
- Religion and belief
- Gender Reassignment
- Marriage and civil partnership
- Pregnancy and maternity

## **7. Outcome of initial screening**

This policy does not privilege or discriminate against any of the equality categories.

## **8. Monitoring and Review/Evaluation**

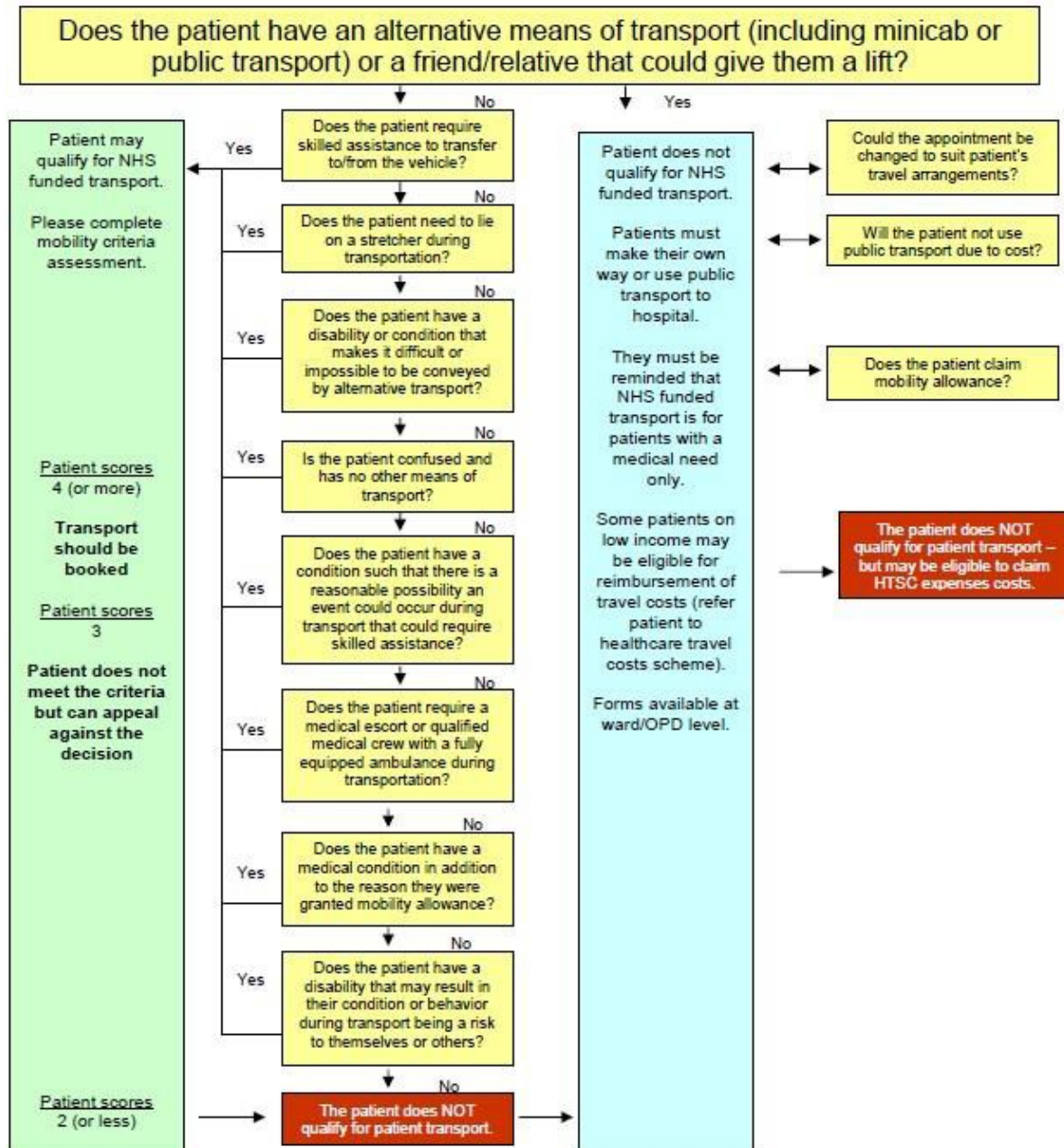
Following monitoring if required and at 3 yearly review

## **9. Publication of Document**

This policy will be made available on the intranet

## APPENDIX 1

### Clinical Eligibility Criteria for Patient





**Mobility Criteria Assessment (APPENDIX 2)**  
**Patient Transport Eligibility Booking Form**

Is there a Medical Need for Booking Patient Transport	Y <input type="checkbox"/>	N <input type="checkbox"/>
<p>A patient can only be assessed for PTS if their health circumstances suggest they have no alternative means of transport to get them to and from scheduled hospital or clinic appointments. If the patient uses Public Transport, Car (their own or a friends', relatives, carers etc.) Walks or uses a Taxi, then they are not eligible. Assessors must familiarise themselves with the trust Non-Emergency Patient Transport Eligibility Criteria Policy before undertaking a patient transport assessment.</p>		

**NB:** Assessment Reviews Must Take Place Every Three Months by a Designated Member of Staff or Every 4 Appointments

Name:  Hospital Number:	NHS Number: Address:
Date of Assessment:	Post Code:
Access To Property	Patient Contact Number:
Potential Risk (e.g. Stairs)	Patient Weight:

**Appointment Details**

Day Of Travel:	Date Of Travel:	Appointment Time:

**Medical Assessment**

**TO BE ELIGIBLE FOR TRANSPORT A PATIENT MUST SCORE 4 POINTS (ONLY ONE SCORE IN EACH CATEGORY)**

Medical Assessment	Y/N	Available Points	Score
<b>A. FITNESS</b>			
1. No Shortness of Breath or Exercise Restriction	Y/N	0	
2. Limited 50 - 200 Metres Walking	Y/N	1	
3. Limited 0-50 Metres Walking	Y/N	2	
<b>B. MOBILITY</b>			
4. Walks Unaided	Y/N	0	
5. Needs A Walking Aid e.g. Walking Stick or Frame/Wheelchair Assistance	Y/N	1	
6. Travels in a Wheelchair (Own)	Y/N	2	
7. Bed Bound – Requires a Stretcher	Y/N	4	
<b>C. SENSES/MENTAL FUNCTION</b>			
8. All Senses	Y/N	0	
9. Registered Deaf/Blind	Y/N	1	
10. Learning Disability/Dementia	Y/N	2	
<b>D. GENERAL HEALTH</b>			
11. Chronic Ill Health	Y/N	1	
12. Acute Ill Health	Y/N	2	
13. Leg(s) in Full Plaster	Y/N	2	
14. Major Surgery in the Last 6 Weeks	Y/N	2	
<b>TOTAL SCORE</b>			

*Escort Required. <i>*Only One Per Patient.</i> Please delete the statements which do not apply <ul style="list-style-type: none"> <li>• Is there a supporting letter from the appropriate Clinician? <span style="float: right;">Y/N</span></li> <li>• Patient less than 16 Years Of Age <span style="float: right;">Y/N</span></li> <li>• Escort is Required To Action Medical Treatment <span style="float: right;">Y/N</span></li> <li>• Escort required as their particular skills and/or support is not catered for by the Trust; please state below. <span style="float: right;">Y/N</span></li> <li>• Patient Is Confused or has other MH Condition <span style="float: right;">Y/N</span></li> </ul>	Assessment Completed By: Name(PLEASE PRINT)  Job Title:  Signature:  Contact Details: <span style="float: right;">Date:</span>
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Other /Additional Relevant Information:

Please read this page before filling in this form - it will help you make this claim correctly. Use a separate form for each person who has paid travel costs or has had travel costs paid for them. **Part 4** tells you where to send the completed form. Before you do this, you must sign and date the declaration.

NOTE

The information on this form may be disclosed in confidence to other public bodies as appropriate for the purposes of checking entitlement and preventing or detecting fraud. False information may lead to prosecution or legal action.

WHAT CAN YOU CLAIM FOR?

You can claim help with the cost of travel if you are on a low income and have made an additional journey to receive NHS care following a referral by a doctor (GP or hospital doctor), optician or dentist. Treatment can be provided by a private hospital, you can still claim if the treatment was arranged by an NHS organisation or a local authority.

If you need help with travel costs and you are:

- under 16 – your parent(s) should fill in this form – **it is their income that counts**
- aged 16 or over – fill in the form yourself

You may also have to submit an HC1 claim form (see part 4).

HOW TO CLAIM FOR SOMEBODY ELSE

If you are filling in this form for someone who is physically incapable of doing so, ask them to tell you what to fill in for them. They should then sign or make their mark in **Part 4A**.

If however, you are filling in the form for someone with learning difficulties or a condition that prevents them from managing their own affairs, you are responsible for making sure the information is correct. You should sign the form yourself in **Part 4B**.

TIME LIMIT FOR CLAIMING

- You must ensure that this claim form is received by the relevant office identified in **Part 4** **within 3 months** of the date that you paid any charges.
- If you make the claim after 3 months, the NHS Business Services Authority has to decide if there is a good reason for it being late before it can be accepted. In this case, please send a written explanation with your claim to NHS Business Services Authority, Help with Health Costs, Bridge House, 152 Pilgrim Street, Newcastle upon Tyne NE1 6SN.

MORE REFUND INFORMATION

More refund details can be found in leaflet HC11 “Help with Health Costs” available to download at: [www.nhs.uk/healthcosts](http://www.nhs.uk/healthcosts).

If you have paid an **NHS prescription charge** you must use the prescription receipt form FP57 to claim a refund. Ask for that receipt form when you pay - **you can’t get one later**. It tells you what to do.

If you have paid for **other NHS charges** you must use the claim form for the charge you have paid. There are separate forms for each type of charge (HC5(D) for dental charges, HC5(O) for optical costs and HC5(W) for wigs and fabric support charges).

The leaflets are also available on line at: [www.nhs.uk/healthcosts](http://www.nhs.uk/healthcosts). If you have any queries or need help filling in this form you can speak to an advisor on 0300 330 1343.

## Part 1

## PATIENT'S DETAILS

Please use this part of the form to tell us about the patient: this may be you or the person on whose behalf you are making the claim.

Surname:

Other Names:

Title (Mr/Mrs/Miss/Ms/Other):

Date of Birth:

/ /

National Insurance (NI) No:

Address:

Postcode:

Email address:

Daytime Contact Telephone Number:

*This must be the number of the person signing at Part 4*

Name of your local NHS Clinical Commissioning Group:

## Part 2

## DETAILS OF TRAVEL COSTS PAID

### NOTE

**Please send us any tickets or fuel receipts.**

I wish to claim a refund of £

for **travel to receive treatment following a referral by a doctor, dentist or optician** – give the details below and send us any tickets or fuel receipts

Date(s) you attended

 /  / 
 /  / 
 /  / 
 /  / 

Amount you paid for that visit

 £

 £

 £

 £

If someone had to travel with you as an escort fill in the amount they paid for their visit

 £

 £

 £

 £

If you need space for details of other visits, list them on a separate piece of paper with the dates, amount paid and the patient's name and address, and attach it to this form. If you are not sure of any of the dates, ask the place of treatment.

Patient's treatment reference number

Department attended

## Part 3

## OTHER INFORMATION WE NEED

Name of the doctor, dentist or optician who referred you:

Name, address and telephone number of the hospital or place of treatment *in full* please.

Name:

Address:

Postcode:

Telephone Number: ( )

Part 4	REASON FOR CLAIM	
Tick whichever box below applied <b>when the travel costs were paid</b> and give the information we ask for.		
Group 1	<input checked="" type="checkbox"/>	<div>I have a War pension <input type="text"/> No. <input type="text"/> and I am being treated for my accepted disablement</div> <div>Send this form to: Service Personnel and Veterans Agency, Norcross, Blackpool FY5 3WP.</div>
Group 2	<input checked="" type="checkbox"/>	<div>My name was on an NHS certificate HC2 or HC3 <input type="text"/> No. <input type="text"/></div> <div>The person holding the certificate was:</div> <div><div>Forename: <input type="text"/></div><div>Surname: <input type="text"/></div><div>Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/></div></div> <div><input checked="" type="checkbox"/> I am named on or entitled to an NHS Tax Credit Exemption Certificate. (If you do not have a certificate, send in a copy of your award notice) <input type="text"/> No. <input type="text"/></div> <div>Send this form to: NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN.</div>
Group 3	<input checked="" type="checkbox"/>	<div>I was getting one of the benefits/credits listed below.</div> <div><input checked="" type="checkbox"/> I am the partner or a dependant child/young person under 20 years of age of someone who was getting one of these benefits/credits. <input type="text"/> Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>The person getting the benefit/credit was: <input type="text"/></div> <div>If this person was not the patient, please tell us either <input type="text"/> / <input type="text"/> / <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></div> <div>their date of birththeir National Insurance number:</div> <div><input checked="" type="checkbox"/> Universal Credit and for the last complete assessment period before the travel costs were paid there were no earnings or net earnings of £435 or less (£935 if you had a child element or had limited capability for work). Check the limit at <a href="http://www.nhs.uk/healthcosts">www.nhs.uk/healthcosts</a>. If your treatment was <b>during</b> your first Universal Credit assessment period you qualify for a refund if, once your claim to Universal Credit is decided, you met the earnings conditions during that assessment period - send this form to your local Jobcentre Plus office</div> <div><input checked="" type="checkbox"/> Income Support – send this form to your local Jobcentre Plus office</div> <div><input checked="" type="checkbox"/> Income-based Jobseeker’s Allowance – send this form to your local Jobcentre Plus office</div> <div><input checked="" type="checkbox"/> Income-related Employment and Support Allowance – send this form to your local Jobcentre Plus office</div> <div><input checked="" type="checkbox"/> Pension Credit Guarantee Credit – send this form to the Pension Centre who dealt with your claim</div> <div>If you receive or are included in an award of any of the benefits listed in Group 3 you can claim a refund. If you get one of these benefits alongside another benefit you will still be able to claim. Contribution based benefits paid on their own do not count. Check your benefit/credit before you sign. For more information see <a href="http://www.nhs.uk/healthcosts">www.nhs.uk/healthcosts</a>.</div>
Group 4	<input checked="" type="checkbox"/>	<div>I am not in groups 1 to 3, but wish to claim a refund of travel costs paid, because I am on a low income.</div> <div><input checked="" type="checkbox"/> I am aged 16, 17 or 18 and not in a family described in group 2 or 3, but wish to claim a refund of travel costs as I have a low income (you must make your own claim on an HC1 form based on your financial circumstances).</div> <div>You will need to fill in an HC1 form to apply to the NHS Low Income Scheme. You can get a form by calling 0300 123 0849 or visiting <a href="http://www.nhsbsa.nhs.uk/healthcosts">www.nhsbsa.nhs.uk/healthcosts</a>. Send this form with the HC1 form to NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN.</div>
DECLARATION AND SIGNATURE		
WARNING	<div>False information may lead to civil or criminal action.</div> <div>If you are signing for somebody else, you will be responsible for the information provided.</div>	
<div>I declare that the information given on this form and the supporting documents are correct and complete and I understand that if I knowingly provide false information, I may be liable to prosecution and/or civil proceedings.</div> <div>I consent to the disclosure of relevant information on this form to and by HM Revenue and Customs, Local Authorities and the Department for Work and Pensions for the purpose of verification.</div> <div>I also consent to the disclosure of information on this form to NHS Protect, a division of the NHS Business Services Authority, for the purpose of the prevention, detection, investigation and prosecution of fraud and any other unlawful activity affecting the NHS.</div> <div>This is my claim for a refund of the travel costs listed in Part 2</div>		
If you are signing for yourself	4A	<div>Signature: <input type="text"/></div> <div>Date: <input type="text"/> / <input type="text"/> / <input type="text"/></div>
<div>This is a claim on behalf of the person named in Part 1 for a refund of the travel costs listed in Part 2</div>		
If you are signing for somebody else	4B	<div>Signature: <input type="text"/></div> <div>Date: <input type="text"/> / <input type="text"/> / <input type="text"/></div> <div>Name: (in capitals) <input type="text"/></div> <div>Address: <input type="text"/></div> <div>Postcode: <input type="text"/></div>



Part 5	For Official Use only by Jobcentre Plus Offices, the Pensions Centre and the NHS Business Services Authority							
STEP 1:	I confirm that the person named on this form is included in an award of the benefit / credit, or is entitled to a certificate as indicated in Part 4, on the date(s) indicated in Part 2.							
STEP 2:	<p>I confirm that the patient named in Part 1 of this form is entitled to:</p> <p><input checked="" type="checkbox"/> <input type="text"/> a full refund of necessary travel costs paid on or after <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p><input checked="" type="checkbox"/> <input type="text"/> a refund of the difference between £ <input type="text"/> and the necessary travel costs paid in any one week on or after <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>The actual amount(s) paid is(are) shown on the attached receipts</p> <table border="1"> <tr> <td>Signature:</td><td>Date: <input type="text"/> / <input type="text"/> / <input type="text"/></td></tr> <tr> <td>Name: (in capitals)</td><td>AUTHORISATION STAMP</td></tr> <tr> <td>OFFICE ADDRESS STAMP</td><td></td></tr> </table> <p><input checked="" type="checkbox"/> <input type="text"/> I confirm that this claim has been accepted outside the 3 months time limit (NHSBSA only).</p>		Signature:	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Name: (in capitals)	AUTHORISATION STAMP	OFFICE ADDRESS STAMP	
Signature:	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>							
Name: (in capitals)	AUTHORISATION STAMP							
OFFICE ADDRESS STAMP								
STEP 3:	<p>If treatment was received at an NHS hospital, please send this form to the hospital shown in Part 3.</p> <p>If treatment was received elsewhere (including at a private hospital), please send this form to the NHS Clinical Commissioning Group (CCG) that covers the patients address in Part 1. Check to find the CCG's address at <a href="http://www.england.nhs.uk">www.england.nhs.uk</a></p>							
TO	<input type="text"/>							

For Official Use only by the NHS England payment services on behalf of the CCG.

Payment of £  made to patient named in Part 1 of this form on  /  /

NOTES