**Mobility Criteria Assessment**

**Patient Transport Eligibility Booking Form**

Is there a Medical need for booking patient transport?

**Does the patient have an alternative means of transport or a friend/relative that could give them a lift?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Note** Assessment reviews **must take place every three months** by a designated member of staff or every 4 appointments (whichever is sooner) | | | | |
| Hospital identification label may be used  Name  NHD no:  MRN  Date of birth | Patient address | | | |
| Post code | | | |
| Date of assessment: | Contact no | |  | |
| **All transport and escort requests need to meet with the criteria otherwise the service will be declined. Guidance is available on Freenet or locally on wards/departments in the PTS guidance folder** | | | | |
| **To be eligible for transport patient must score 4 points (only one score in each category)** | | | | |
| **Fitness:** | | **Answer** | **Points** | **Score** |
| 1. No SOB | | Yes / No | 0 |  |
| 1. Limited to 200 metres (walking) | | Yes / No | 1 |  |
| **Mobility:** | |  |  |  |
| 1. Walks unaided | | Yes / No | 0 |  |
| 1. Requires walking stick or frame | | Yes / No | 1 |  |
| 1. Travels in wheelchair (own) | | Yes / No | 2 |  |
| 1. Immobile – requires stretcher | | Yes / No | 4 |  |
| **Senses:** | |  |  |  |
| 1. Hearing impairment | | Yes / No | 1 |  |
| 1. Registered blind | | Yes / No | 2 |  |
| 1. Learning disability/dementia | | Yes / No | 2 |  |
| 1. Loss of both senses/combination of 7, 8 or 9 | | Yes / No | 3 |  |
| **General Health** | |  |  |  |
| 1. Chronic ill health | | Yes / No | 1 |  |
| 1. Acute ill health | | Yes / No | 2 |  |
| 1. Leg in full plaster cast | | Yes / No | 2 |  |
| 1. Airway compromised, needs continuous assistance with suctioning | | Yes / No | 4 |  |
| **TOTAL SCORE** | | | |  |
| **Escort (only one escort per patient)** | |  |  |  |
| Patient under 16 years old | | Yes | | No |
| Carer required to interpret/action medical treatment | | Yes | | No |
| Exceptional circumstances | | Yes | | No |
| Nurse escort required | | Yes | | No |
| Assessed by | | Signature | | |
| Job title | | Date | | |
| Transport Use Only | | | | |
| Patient matches transport criteria | | Yes | | No |
| Patient matches escort criteria | | Yes | | No |
| Date fax received | | Transport Booked: | | |
| Date | | Time: | | |

Clinical Eligibility Criteria for Patient Transport

Does the patient have an alternative means of transport (including minicab or public transport) or a friend/relative that could give them a lift?

Yes

No

Patient may qualify for NHS funded transport.

Please complete mobility criteria assessment.

Patient scores

4 (or more)

**Transport should be booked**

Patient scores

3

**Patient does not meet the criteria but can appeal against the decision**

Patient scores

2 (or less)

Does the patient require skilled assistance to transfer to/from the vehicle?

Could the appointment be changed to suit patient’s travel arrangements?

Yes

Patient does not qualify for NHS funded transport.

Patients must make their own way or use public transport to hospital.

They must be reminded that NHS funded transport is for patients with a medical need only.

Some patients on low income may be eligible for reimbursement of travel costs (refer patient to healthcare travel costs scheme).

Forms available at ward/OPD level.

No

Does the patient need to lie on a stretcher during transportation?

Yes

Will the patient not use public transport due to cost?

No

Does the patient have a disability or condition that makes it difficult or impossible to be conveyed by alternative transport?

Yes

Does the patient claim mobility allowance?

No

Yes

Is the patient confused and has no other means of transport?

No

The patient does NOT qualify for patient transport – but may be eligible to claim HTSC expenses costs.

Does the patient have a condition such that there is a reasonable possibility an event could occur during transport that could require skilled assistance?

Yes

No

Does the patient require a medical escort or qualified medical crew with a fully equipped ambulance during transportation?

Yes

No

Does the patient have a medical condition in addition to the reason they were granted mobility allowance?

Yes

No

Yes

Does the patient have a disability that may result in their condition or behavior during transport being a risk to themselves or others?

No

The patient does NOT qualify for patient transport.