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For Action by:
Cashiers offices in hospitals

Action required:
Health boards and Trusts are required to implement the healthcare travel costs scheme guidance from 1 April 2017.

Sender: Frances Duffy, Director, Digital, Change and Innovation Directorate

HSSG Welsh Government Contact : Colin Eaketts, Service Change and Transport Division, Digital, Change and Innovation Directorate, Health and Social Services Group, Welsh Government, Cathays Park, Cardiff CF10 3NQ; colin.eaketts@wales.gsi.gov.uk; 029 2082 3748

Enclosures: 1. Healthcare Travel Costs Scheme: Instructions and Guidance for Health Boards and NHS Trusts in Wales; 2. Pilot study on providing overnight accommodation to patients eligible for Non-Emergency Patient Transport Services.



Llywodraeth Cymru
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Healthcare Travel Costs Scheme

*Instructions and Guidance for Health
Boards and NHS Trusts in Wales*

1 April 2017

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Executive Summary

This document provides guidance to health boards and NHS trusts in Wales on the NHS Wales Healthcare Travel Costs Scheme.

It sets out the legal requirements for administering the scheme as well as detailed information on the eligibility criteria and best practice on how the scheme might be delivered.

It is part of the toolkit available to health boards and NHS trusts for supporting access to NHS services. It has been developed following extensive engagement with NHS Wales and wider consultation. It also refers to a range of resources that can be deployed to promote the scheme to eligible patients and service delivery partners.

We would encourage the health boards and NHS trusts to promote the scheme to patients and other community based partners as widely as possible including on-line information services.

Introduction

Good transport systems provide access to many opportunities that can improve our quality of life. Transport has many positive benefits for our health and well being by improving access to essential services such as health and social care, increasing access to friends and family, encouraging routine physical activity and promoting social cohesion.

The accessibility of health and care services are enhanced when:

- good public and community transport services are available,
- people know that transport is available, trust its reliability and feel safe using it,
- people are physically and financially able to access transport,
- services are located near, or at a reasonable distance from, the people who need to use them (the greater the distance to be travelled the more likely that people from lower socio-economic groups (particularly those living in rural and remote communities) are more likely to be excluded;
- services are delivered in such a way that people can access them through the use of telemedicine & telehealth technologies and so avoid the need to travel, and
- outpatient appointments are made at more convenient times for patients who have to travel by public transport.

Health boards and NHS trusts are encouraged to prepare sustainable travel plans setting out how they will work with other partners to improve access to health and care services in response to the service change proposals set out in the Integrated Medium Term Plans.

This document provides information and guidance on the NHS Wales Healthcare Travel Costs Scheme (HTCS). It provides a clear framework for local decision making that takes into account variations in geography and other circumstances which can affect the need for help with the costs of travel. The HTCS can be a useful contribution to the actions set out in a sustainable travel plan.

What is the Healthcare Travel Costs Scheme?

For some patients, travel to receive healthcare can present difficulties – the journey may be lengthy or complex, costly, or there may be poor access to public transport. In particular, patients on benefits or low incomes can find it difficult to meet the cost of travelling to hospital for treatments or diagnostic tests. This can widen health inequalities and potentially have longer term consequences for the health and well-being of the patient.

HTCS is set up to provide financial assistance to those patients who do not have a medical need for non-emergency patient transport, but who require assistance with their travel costs. Under the Scheme, patients on low incomes or receiving specific qualifying benefits or allowances are reimbursed in full, or in part, for costs incurred in travelling to receive NHS services provided in a hospital.

The Legislation

This section sets out the legal obligations on health boards and NHS trusts in respect of HTCS.

HTCS is a mandatory scheme. The National Health Service (Travelling Expenses and Remission of Charges) (Wales) Regulations 2007 came into force on 1 April 2007 and were amended in 2010.

Full details of the 2007 Regulations and subsequent amending Regulations may be found at:

<http://www.legislation.gov.uk/wsi/2007/1104/made>

<http://www.legislation.gov.uk/all?title=The%20National%20Health%20Service%20%28Travelling%20Expenses%20and%20Remission%20of%20charges%20Wales%202010>

The 2007 Regulations (as amended) place a legal requirement on health boards and NHS trusts to reimburse the travel expenses incurred by eligible patients through HTCS. The Regulations also set out the eligibility criteria which are to be applied and what health boards and NHS trusts must do to comply with the statutory duty. Further guidance on how the requirements might be put into practice can be found in the good practice section of this document.

Eligibility Criteria

Under the Regulations, eligibility for full or partial reimbursement of travel costs depends upon the following conditions being met:

1. the patient must be:

- in receipt of one of the qualifying benefits or allowances specified in the 2007 Regulations (or in certain cases be a member of the same family as a person receiving a qualifying benefit or allowance), or
- be named on a NHS Low Income Scheme certificate HC2 or HC3 (or in certain cases be a member of the same family as a person named on a NHS Low Income Scheme certificate), and

2. the journey undertaken must be made to receive services provided under Parts 1 and 2 of the National Health Service (Wales) Act 2006 in a NHS hospital for which the patient has been referred by a GP or dentist.

Qualifying Benefits and Allowances

Table 1 - Benefits providing automatic entitlement

1. Benefit	2. Eligibility Criteria	3. Entitlement Covers
Income Support (IS)	All patients in receipt of Income Support are entitled to payment of NHS travel expenses through HTCS.	<p>Recipient, partner and any dependents for whom the recipient or partner is responsible including children and young people under 20 named in the award.</p> <p>Some children and young people will not be included in the IS award. These will be covered by Child Tax Credit (CTC).</p> <p>Escorts:</p> <p>Where deemed medically necessary by a doctor or other health care professional involved in the provision of services to a patient, the travelling expenses of escort(s) may also be claimed as part of the patient's cost. Where children under 16 are travelling for treatment escort costs may be paid for a parent or guardian attending the appointment with the child.</p>
Income Based Employment and Support Allowance (ESA (IB))	All patients in receipt of Income based Employment and Support Allowance	<p>Recipient, partner and any dependents for whom the recipient or partner is responsible including children and young people under 20 named in the award.</p> <p>Some children and young people will not be included in the award. These will be covered by Child Tax Credit (CTC).</p> <p>Escorts:</p> <p>Where deemed medically necessary by a doctor or other health care professional involved in the provision of services to a patient, the travelling expenses of escort(s) may also be claimed as part of the patient's cost. Where children under 16 are travelling for treatment escort costs may be paid for a parent or guardian attending the appointment with the child.</p>

Income Based Jobseekers Allowance (JSA (IB))	<p>All patients in receipt of Income Based Jobseekers Allowance</p>	<p>Recipient, partner and any dependents for whom the recipient or partner is responsible including children and young people under 20 named in the award.</p> <p>If a child is no longer included, entitlement should be through Child Tax Credit (CTC).</p> <p>Escorts: as for IS above</p>
Working Tax Credit (WTC) and Child Tax Credit (CTC)	<p>Patients who are receiving or are named on an award certificate for:</p> <ul style="list-style-type: none"> (a) WTC with CTC; (b) WTC with a disability element or a severe disability element, or (c) CTC but is not eligible for WTC, <p>provided that the relevant income of the person to whom the tax credit is awarded is not more than £15,050 on their award letter.</p>	<p>Recipient, partner and any dependents including children and young people under 20 named in the award letter.</p> <p>Escorts: as for IS above</p>
Pension Credit – Guarantee Credit (PCGC)	<p>All patients in receipt of PGCG</p> <p>Pension Credit – Savings Credit awarded on its own does not automatically provide entitlement through HTCS. However, patients in receipt of this benefit may qualify for full or partial payment of their travel expenses via the NHS Low Income Scheme (see below)</p>	<p>Recipient, partner and dependents</p> <p>Escorts: as for IS above.</p>

Universal Credit

The UK Department of Work and Pensions is making changes to the benefits system. This will see some means tested benefits replaced by Universal Credit. It is a single system of means tested support for working age people both in and out of work. Allowances for housing costs, children and childcare costs are integrated and it provides additions for disabled people and carers.

The new system of Universal Credit has been introduced in phases depending on where an individual lives and their personal circumstances. The roll-out of Universal Credit in Wales is to escalate from April 2017.

It is important that the award of Universal Credit continues to provide a passport for help with the costs of travel. To do this, and to ensure that we can continue to provide help to the same number of patients as the current system, it is proposed to introduce two earning thresholds to determine eligibility for help with travel costs.

The earning thresholds are:

- a lower threshold of £435 net income per month for households with no dependent child and/or limited capability for work/disability, and
- a higher threshold of £935 net income per month for households with a dependent child and/or limited capability for work/disability.

It is planned that these changes will come into effect from 1 April 2017¹.

Other routes providing eligibility to HTCS

Where patients are not in receipt of any of the benefits listed in Table 1 above, but are on a low income, they may be eligible for assistance through the NHS Low Income Scheme. A patient may be eligible for full or partial reimbursement of their travel costs in the circumstances set out in Table 2 below.

The patient will need to apply to the Prescription Pricing Division (PPD) of the NHS Business Services Authority on an approved form to claim entitlement and provide such evidence as may be requested in support of the claim. Where the claim to entitlement is successful, the PPD of the NHS Business Services Authority will issue a notice of entitlement to that person (which may include the claimant's family members).

¹ The National Health Services (Welfare Reform Miscellaneous Amendments) (Wales) Regulations 2017 extend eligibility to the HTCS following the award of Universal Credit up to the earning thresholds.

Table 2 – Other Routes Providing Eligibility

Passport To Support	Eligibility Criteria	Entitlement Covers
<p>People claiming on the grounds of low income</p>	<p>Patients who are not in receipt of a qualifying benefit but are on a low income and whose savings are less than £16,000 (or £23,500 if in a care home)² may be eligible for assistance with their NHS travel expenses.</p> <p>The calculation of a patient's entitlement is carried out by the PPD.</p> <p>Where patients have not yet made an NHS Low Income Scheme claim they should be provided with the following for completion and forwarding to PPD:</p> <p>HC1 – assessment form</p> <p>HC1(SC) – assessment form if the patient is in a care home or supported by a local authority because they are 16 or 17 and have recently left local authority care</p> <p>HC5/HC5(T) – refund claim form. If the patient has already made a claim but has yet to receive their certificate, they need only complete and forward the HC5.</p> <p>Patients who might not consider themselves to be on a low income should be encouraged to make a claim if their savings are below the current limits.</p>	<p>Recipient, partner and dependent children or young people under 19 whose names are shown on the notice of entitlement (known as a HC2 or HC3 certificate).</p> <p>Escorts:</p> <p>Where deemed medically necessary by a doctor or other health care professional involved in the provision of services to a patient, the travelling expenses of escort(s) may also be claimed. Their costs should be added to the patient's costs and it is the patient's income that will count, not the escort's.</p>

² From April 2017, the threshold for contributing to the costs of care in Wales is expected to increase to £30,000. The 2007 Regulations (as amended) and this guidance will need to be amended in line with this change.

	<p>Where successful, they will be sent a certificate showing how much they would be expected to pay for their travel per week and would be entitled to a refund of anything above this amount.</p>	
<p>Persons living permanently in a care home or accommodation provided by a local authority</p>	<p>To qualify the claimant must reside in one of the following and have satisfied the local authority that he is unable to pay for that accommodation at the standard rate or, as the case may be, the full rate:</p> <ul style="list-style-type: none"> • a care home; • residential accommodation provided by a local authority for persons aged 18 or over who by reason of age, illness, disability or any other circumstances are in need of care and attention which is not otherwise available to them; • residential accommodation for expectant and nursing mothers who are in need of care and attention which is not otherwise available to them. 	<p>Claimant only.</p>
<p>Asylum seekers for whom support is provided under Part VI of the Immigration and Asylum Act 1989</p>	<p>A person who is an asylum seeker for whom support is provided under Part VI of the Immigration and Asylum Act 1999.</p>	<p>Recipient and any dependents where a dependent is classified as someone in the UK who is:</p> <ul style="list-style-type: none"> • a spouse; • a child of his, or of his spouse, who is under 18 and dependent upon him.

Calculating Reimbursements

Where patients meet the eligibility criteria set out above, the 2007 Regulations state that the amount of any NHS travel expenses to be reimbursed must be calculated by reference to the cost of the cheapest means of transport which is reasonable, having regard to the patient's relevant circumstances.

The test of reasonableness is made on the basis that the patient should be able to reach the hospital in a reasonable time and without detriment to their health and well-being. When assessing a patient's claim, health boards and NHS trusts should take into account issues such as:

- the distance that the patient has to travel;
- how long the journey has taken to complete;
- whether the patient has to make the journey frequently;
- the availability, suitability and accessibility of public transport;
- the medical condition of the patient;
- the age of the patient; and
- the time of the appointment.

Health boards and NHS trusts are encouraged to support the use of community transport, volunteer drivers and taxis (as appropriate) as there may be valid reasons why an individual patient cannot use conventional local bus services.

Exclusions

The Scheme does not apply to:

1. patients who attend an establishment to receive primary medical or primary dental services;
2. patients who attend a hospital to receive NHS services but have not been referred for those services by a doctor or dentist (eg: self referral);
3. patients who have a medical need for ambulance transport – this is provided through Non-Emergency Patient Transport Services (NEPTS) commissioned by health boards and NHS trusts. Patients eligible for NEPTS are those:
 - whose medical condition is such that they require the skills or support of NEPTS staff on/after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means;

- whose medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means, or
 - who are recognised as a parent or guardian, where children are being conveyed.
4. The cost of transferring patients from one hospital to another, or to a clinic, or nursing home as part of their treatment should be regarded as part of their treatment cost. Similarly, the travel costs of patients sent home as either part of their treatment or to meet a hospital's convenience should be regarded as part of their treatment costs.
 5. Assistance with travel costs is not provided for patients who discharge themselves from hospital at their own request.
 6. Visitors cannot claim their travel costs through HTCS.
 7. HTCS support cannot be provided to private patients.
 8. The benefits of encouraging parents to stay overnight with their children in hospital are generally accepted and most Children's Departments will provide facilities for parents to sleep on the ward. No charge should be made for these facilities.
 9. Patients travelling abroad for treatment arranged and paid for by the NHS may claim reimbursement of their necessarily incurred travel costs to a port in Great Britain under HTCS. However, the reimbursement of the travel costs necessarily incurred from this port to their place of treatment may not be paid through HTCS. The reimbursement of these costs should be claimed through an application in writing to the health board which arranged the services within 3 months of the expenses having been incurred or such further period as that body may for good cause allow.
 10. The costs of overnight accommodation are not generally available under the Scheme. However, the NHS and WAST is piloting a feasibility study that is exploring the benefits of providing overnight accommodation for patients eligible for non-emergency patient transport services in order to avoid the need for regular journeys to receive treatment. The pilot is to run for a period of 6 months and will be evaluated before a decision is made on extending the scheme. Details of the pilot are contained in the document attached to this guidance.

Good Practice Guidance

This section provides additional good practice guidance and resources to assist health boards and NHS trusts in implementing robust processes to ensure the scheme is run effectively. It contains information on:

- roles and responsibilities;
- entitlement and eligibility;
- assessing the eligibility of the journey made;
- calculation of travel costs and appropriate modes of transport;
- payment procedures;
- financial processes;
- governance and fraud arrangements, and
- publicity and information provision.

1. Roles and Responsibilities

In addition to the statutory requirements set out earlier and to assist them in administering HTCS, health boards and NHS trusts should consider the following activities when implementing their systems.

Health boards and NHS trusts should:

- appoint a senior manager to take responsibility for reviewing and monitoring HTCS;
- promote the availability of HTCS to their local population;
- provide information on HTCS to patients and the public;
- ensure front line staff are aware of the scheme and how it is administered;
- develop and implement robust systems to deliver HTCS, including:
 - ensuring facilities are in place to reimburse travel costs as quickly as possible,
 - ensuring that a robust process exists for providing advance payments to patients,
 - ensure processes are in place for making retrospective payments to patients,

- ensuring that the cashier’s office and any alternative payment locations are clearly signposted and accessible to all patients,
- holding adequate supplies of HC1 and HC5(T) forms, and making these readily available to patients, and
- providing any support that patients may require with completing the HC1 or HC5(T) claim forms.

Under the Regulations, when an eligible patient applies for the reimbursement of travel costs, the health board and NHS trusts are responsible for:

- verifying the patient’s eligibility for the reimbursement of the travel costs;
- calculating the actual amount payable by reference to the cost of travelling by the cheapest means of transport which is reasonable having regard to the person’s age, medical condition and any other relevant circumstances. (Where the travel costs incurred relate to travel by private car, the amount payable may include a mileage allowance), and
- making the payment.

Where a postal claim is made for the reimbursement of travel costs previously incurred, claims are submitted to the PPD of the NHS Business Services Authority using form HC5(T). Where the PPD is satisfied a repayment should be made they will inform the relevant health board and NHS trust. In the case of travel costs incurred when travelling to a port in Great Britain in order to travel overseas to receive services arranged by a health board, the PPD will inform the health board which made the arrangements that a repayment should be made. It is then the responsibility of the health board to calculate the amount payable in accordance with the 2007 Regulations and make the relevant payment to the patient.

1a: Eligibility of the Patient

Health boards and NHS trusts are required to confirm that a patient is in receipt of a qualifying benefit or eligible for assistance through the NHS Low Income Scheme before making any payments.

Table 3 below provides information on acceptable proofs of entitlement:

Proofs of entitlement Benefit / Scheme	Proof of entitlement
Income Support (IS)	Patients claiming IS should be able to present either: an award letter from their Jobcentre Plus Office confirming their receipt of IS; <u>OR</u> any official correspondence that indicates entitlement to the named benefit on the day of the appointment, and dated within a 12 month period of the appointment.

Income Based Employment and Support Allowance (ESA(IB))	<p>Patients claiming ESA(IB) should be to present either:</p> <p>an award notice from their Jobcentre Plus Office confirming their receipt of ESA(B); <u>OR</u></p> <p>any official correspondence that indicates entitlement to the named benefit on the day of the appointment, and dated within a twelve month period of the appointment.</p>
Income Based Jobseekers Allowance (JSA (IB))	<p>Patients claiming JSA (IB) should be able to present either:</p> <p>an award letter from their Jobcentre Plus Office confirming their receipt of JSA (IB); <u>OR</u></p> <p>any official correspondence that indicates entitlement to the named benefit on the day of the appointment, and dated within a twelve month period of the appointment.</p>
Working Tax Credit WTC Child Tax Credit CTC	<p>Patients should provide an NHS Tax Credit Exemption Certificate (this is a wallet sized plastic card). Where an NHS Tax Credit Exemption certificate has yet to be issued an award letter should be provided.</p> <p>In the case of dependents, an exemption certificate is not issued. However, the tax credit award letter will list the children included within the award and this should be provided as proof of entitlement.</p>
Pension Credit – Guarantee Credit	<p>The award letter should be provided as proof of entitlement. This letter will detail the type of pension credit in payment.</p>
NHS Low Income Scheme (NHS LIS)	<p>The patient should provide an HC2/HC3 certificate.</p> <p>Certificate HC2 provides: eligibility to a full refund of NHS travel expenses, and will show:</p> <ol style="list-style-type: none"> 1. the period of validity of the certificate (both start and end date), and 2. the names of the people covered by the certificate (including any partner or dependants). <p>Certificate HC3 provides: eligibility to partial or limited refunds of travel costs and will show:</p> <ol style="list-style-type: none"> 1. the period of validity of the patients entitlement (both start and end date), and 2. the names of the people covered by the certificate (including any partner or dependents). <p>Both certificates will show the amount of travel costs that each patient is expected to meet in any one week (starting</p>

	at midnight Saturday). All costs incurred within the week over this amount may be refunded.
Persons living permanently in a care home or accommodation provided by a local authority	A letter from the local authority confirming their status as at the date the travel for healthcare was provided.
Asylum seekers for whom support is provided under Part VI of the Immigration and Asylum Act 1999	A letter from the Home Office confirming their status as an asylum seeker being supported under the 1999 Act as at the date the travel was undertaken, <u>OR</u> A valid HC2 or HC3 certificate.
Children of 16 or 17 being supported by a local authority	A letter from the local authority confirming their status as at the date the travel was undertaken.

1b: Eligibility of the Journey

Having confirmed the patient's entitlement to assistance through HTCS, the health board and NHS trust is then responsible for confirming that the journey for which a payment is being claimed meets the necessary criteria.

Under HTCS, eligible patients can claim payment of travel costs when accessing NHS services provided in accordance with Parts 1 and 2 of the National Health Service (Wales) Act 2006 at a major acute or district general hospital for which they have been referred.

Accident & Emergency Departments

Patients entitled to assistance through HTCS are only eligible for the reimbursement of their travel costs to an Accident and Emergency ward if the reason for their attendance is in relation to a pre-existing condition which they have previously been referred for. Where patients attend A&E for any other reason they would not be eligible for assistance through HTCS for help with their travel costs.

1c: Calculating Travel Costs

The 2007 Regulations stipulate that travel costs should be calculated based on the cheapest form of transport appropriate to the needs of the patient. Health boards and NHS trusts must, therefore, check that the costs of the patient's travel are reasonable, taking into account the patient's individual circumstances and needs.

The “Reasonableness” Test

The test of reasonableness is made on the basis that the patient should be able to reach the hospital where they are receiving their care in a reasonable time and without detriment to their health and well-being. When assessing a patient’s claim, health boards and NHS trusts must take into account issues such as:

- the distance that the patient has to travel;
- how long the journey has taken to complete;
- whether the patient has to make this journey frequently;
- the availability, suitability and accessibility of public transport;
- the medical condition of the patient;
- the age of the patient, and
- the time of the appointment.

1d: Claiming for Others

Carers and Escorts

Where deemed medically necessary by the patient’s consultant, GP or another health care professional involved in the patient’s care, the travelling expenses of an escort (or escorts) may also be reimbursed as part of the patient’s travel costs. Additionally, in cases where a child under 16 attends an appointment the travel costs of a parent or guardian escorting the child to the appointment may be paid.

Such payments are made on the basis of the patient’s eligibility for the scheme irrespective of the escort’s eligibility. The actual travel costs of the escort (or escorts) should be assessed on the same basis as those of the patient.

Children and Other Dependents

People receiving a benefit providing entitlement to HTCS can also claim for the reimbursement of travel costs where the healthcare appointment has been made for a child or other dependent. Such claims should be assessed in the same way as all other HTCS claims.

1e: Modes of Transport

Local Bus Services and Concessionary Fares

Health boards and NHS trusts should encourage the use of local bus services and to take advantage of local travel concessions, for example, the free travel scheme for elderly and disabled people, off-peak fares and other commercial promotions, where these are available and where they provide convenient links to hospitals. Health boards and NHS trusts should also seek to make appointment times more convenient for patients so that they can take advantage of local travel concessions.

Case Study

Sue receives Income-based jobseeker's allowance, qualifying for HTCS. She recently saw an orthopaedic consultant about the pain in her knees, who prescribed an intensive period of physiotherapy to improve her mobility. This means a trip to the hospital every day for at least two weeks by train. Each return journey will cost £7.50, but the train operating company does offer a weekly travel card at £25.50. Sue can't afford either of these as her benefit covers her food and bills without leaving any surplus.

In this case, Sue should be given an advanced payment to purchase the weekly travel card, as the cheapest means of travel. This has the dual purpose of being cost effective, and guarantees that Sue can attend every appointment without detriment to her financial situation.

Alternatives to Local Bus Services

Sometimes the use of local bus services may pose difficulties in itself, for example, where services are infrequent or where the patient may have to change buses and trains several times to reach hospital.

In addition, patients may have health problems that make travelling on a bus difficult. Some patients may have health problems that are not so easy to see, such as a weakened immune system or fatigue. Health boards and NHS trusts should consider these issues when assessing whether the travel costs being claimed are reasonable and make refunds for other forms of transport such as private motor vehicles and taxis.

Community Transport and Voluntary Car Schemes

Community transport or voluntary car schemes provide transport for people who are unable to use, or have difficulty with access to, more conventional local bus services. Local authorities and community transport operators will be able to provide details of local schemes. Schemes do vary, in terms of both the population groups they serve, the area they cover and the rates that they charge. For example, some schemes set a fixed price per journey, whilst others charge a set rate per mile or rely on donations or voluntary contributions.

Health boards and NHS trusts should reimburse people for the use of community transport/car schemes (excluding any annual “membership” fees charged by the scheme’s operator). Patients should ensure that they obtain a receipt from the driver for each journey made using this type of scheme.

Case Study

Barney is a retired printer and receives Pension Credit Guarantee Credit, making him eligible for help via HTCS. His arthritis is getting worse so his doctor has arranged for him to see a rheumatologist. The local bus service runs to a neighbouring town, where Barney has to change buses again to get to the hospital. His arthritis means walking is painful and he finds it hard to stand at the bus stop for the 20 minutes until the connecting bus arrives. A local charity runs a voluntary car scheme, which will take Barney directly to the hospital and back home again after his appointment. They charge 20p per mile.

In this instance, the local bus service is not feasible because Barney will not arrive in reasonable time, or in reasonable comfort. The journey will aggravate his arthritis and cause him considerable pain. The health board or NHS trust should reimburse the cost of the voluntary car scheme as this is the best option for the patient.

Private Motor Vehicles

Where a Health board or NHS trust considers the use of a private motor vehicle is reasonable, they should pay the full estimated cost of fuel actually used in making the journey. Health boards and NHS trusts have agreed to set mileage rates for reimbursements to patients using private motor vehicles in line with the advisory fuel rates specified by Her Majesty’s Revenue and Customs (HMRC) for company cars as a proxy for the cost of fuel.

Information on the current HMRC rates can be found by following the link below:
http://www.hmrc.gov.uk/cars/fuel_company_cars.htm

Health boards and NHS trusts will need to put in place arrangements to monitor changes to the advisory fuel rates published by HMRC.

If the health board or NHS trust considers that the use of a private vehicle was not reasonable and that the patient could have reasonably been expected to travel by using a local bus service, they should reimburse the lesser of the estimated cost of fuel actually used, or the equivalent public transport cost.

Case Study

Stephen is a young man with a history of recurrent respiratory infections. His consultant has referred him to the regional specialist centre for respiratory medicine.

Stephen drives the 75 miles to the hospital, taking on average 90 minutes. He is reimbursed 14p per mile. If he could not use his car, Stephen would have to catch a bus, then a train, then another bus. This would take around 3 hours and cost £24.

At £10.50, using his own car is the cheapest way for Stephen to travel and the health board or NHS trust would be right to reimburse his mileage. Not only would public transport be more expensive, but the hospital would be more limited in the appointment times that they could offer Stephen.

Taxis

There will be occasions when a taxi is the only feasible form of transport for patients. Health boards and NHS trusts should not exclude the use of taxis solely on the grounds of expense, but should assess whether the use of a taxi is reasonable given the patient's circumstances. Decisions should be based solely on the needs of the patient, not the needs of any accompanying escort, child or dependent.

It is good practice for decisions on the use of taxis to be discussed with patients prior to travel whenever possible, to ensure that they fully understand what will and will not be reimbursed.

2. PAYING THE PATIENT

Patients need to have a clear and easy-to-use process through which they can obtain any reimbursement of travel costs, to which they are entitled, in a way that suits their needs. This process needs to reflect the fact that illness and treatment can leave people feeling vulnerable and in need of greater support.

HTCS provides for three acceptable payment methods for patients:

- on the day of travel (where a cashier's service exists);

- retrospectively through a postal claim on form HC5(T), and
- in advance of travel.

A flow chart setting out the recommended process can be found at Annex A.

In general, health boards and NHS trusts are responsible for reimbursing patients their travel costs under HTCS where a payment is made on the day of travel or a payment is requested in advance. In the case of travel costs to a port to receive treatment overseas arranged by a health board, the health board which made the arrangements will be responsible for reimbursing patients their travel costs.

Where payments are made retrospectively through the post, it is the responsibility of the PPD of the NHS Business Services Authority to confirm the patient's eligibility and inform the health board or NHS trust that the reimbursement of travel costs is due to the patient.

It is then the responsibility of the health board or NHS trust to calculate the amount payable and to make payment.

2a): Verifying Claims

Health boards and NHS trusts should ensure that robust systems are in place to verify claims for entitlement to the reimbursement of travel costs under the scheme. When considering a claim, health boards and NHS trusts should ask to see the following information:

- evidence of the patient's entitlement to have their travel costs paid under HTCS (see Table 1);
- evidence that they have attended, or plan to attend an appointment at the hospital (e.g. an appointment letter or card), and
- proof of travel (e.g. bus or train ticket, taxi receipt), or details of proposed travel arrangements.

Some health boards ask that a form is completed by the patient and counter signed by the consultant, a suggested template can be found at Annex B.

2b: Payment on Day of Travel

To claim reimbursement on the day of the appointment, patients will need to provide evidence of their entitlement (see eligibility section) and appropriate travel receipts. Where these requirements are met, patients should be paid the appropriate cost of travel immediately and in cash.

Health boards and NHS trusts should ensure that they have facilities to make these payments to patients as and when required, including ensuring that:

- the Cashier's Office and alternative payment locations are clearly signposted,
- payment locations are accessible to all patients, and
- patients have access to payments at any time during the day - either through the Cashier's Office or through other arrangements outside of usual office opening hours;

This last point applies in particular to those discharged from hospital and sent home when the Cashier's Office is closed. Health boards and NHS trusts should also consider giving an identified post holder responsibility for ensuring that patients can be reimbursed at the earliest opportunity.

It is recommended that a post box should be made available at the cash office when closed. Completed requests and supporting information should be left there for processing at the earliest opportunity.

2c: Retrospective Payments

Patients who are unable to obtain reimbursement of their travel costs when they attend for treatment, can make a claim up to 3 months after the date of their treatment using the HC5(T) refund claim form. The process to determine entitlement and make payment has two stages.

Stage 1 – Determining the patient's entitlement to assistance through HTCS

HC5(T) forms are processed by the PPD. Depending on the entitlement route claimed, the form may initially be sent to either the patients' local Jobcentre Plus office or the Pension Centre who dealt with their Pension Credit claim for proof of entitlement to be confirmed.

The claim is examined to determine if the claimant was entitled to help with their travel costs on the date they travelled and that the claim was received within the 3 month time limit.

Valid claims are approved and forwarded to the health board or NHS trust to reimburse any necessary travel costs paid, generally within 5 working days of receiving the claim form. The patient is also notified that their claim has been passed to the provider unit for them to consider the refund. Where the claim is invalid the patient is notified.

Stage 2 – Determining journey eligibility, calculating the cost of travel and reimbursing the patient

Upon receipt of an approved claim, the local health board:

- determines if the journey claimed is eligible for reimbursement under the HTCS;

- calculates the appropriate cost of travel for reimbursement; and
- reimburses the appropriate cost to the patient.

Patients using this option should be made aware that this process may take several weeks.

2d: Advance Payments

Patients on low incomes or benefits may not have ready access to the money required to travel to their appointment, which can be a significant barrier to accessing healthcare. In such cases, an advance payment may be more suited to their needs than a retrospective payment. This issue was highlighted as a major concern for patients in the HTCS consultation.

Where required and appropriate, advance payments should be made to patients to assist them in attending their health care appointments.

Case Study

Mike has non-Hodgkin's Lymphoma. He receives both Income Support and Incapacity Benefit. Although he lives in Aberystwyth he undergoes chemotherapy every three weeks at Morriston Hospital, Swansea. On at least two occasions, Mike has missed his chemotherapy appointments because he couldn't afford the return fare.

In this case, the health board or NHS trust should arrange an advance payment for Mike, as his appointments are regular and scheduled well in advance. A further benefit to the hospital is reduced DNA rates, as Mike will always be able to get to his appointments.

On some occasions, patients may attend a hospital that does not have cashier or cash handling functions. In these cases, health boards and NHS trusts should establish arrangements to make advance payments available to patients. Where health boards and NHS trusts issue advance payments to patients, they should ensure they have a robust process in place to verify that the patient attends the appointment for which the payment has been made. This process should include checking the elements included within the verifying claims section above.

It is important that health boards and NHS trusts protect against reimbursing patients more than once for a single journey and should ensure that their systems are robust enough to mitigate against this risk.

2e: Appeals and Complaints

If a patient is unhappy with a decision by a health board or NHS trust to refuse reimbursement of travel costs or with the manner in which HTCS has been applied to their individual circumstances, they should be able to make an appeal against the decision with the health board or NHS trust in line with their complaints procedure. Patients should be signposted to organisations that can support them in making an appeal, such as Patient Advice and Liaison Services (PALS), Citizens Advice Bureau or local advocacy organisations.

If the patient is unhappy with the outcome of the appeal, they should be told that they can complain formally using the NHS Complaints procedures. Guidance on the NHS Complaints procedure is available through the NHS website:

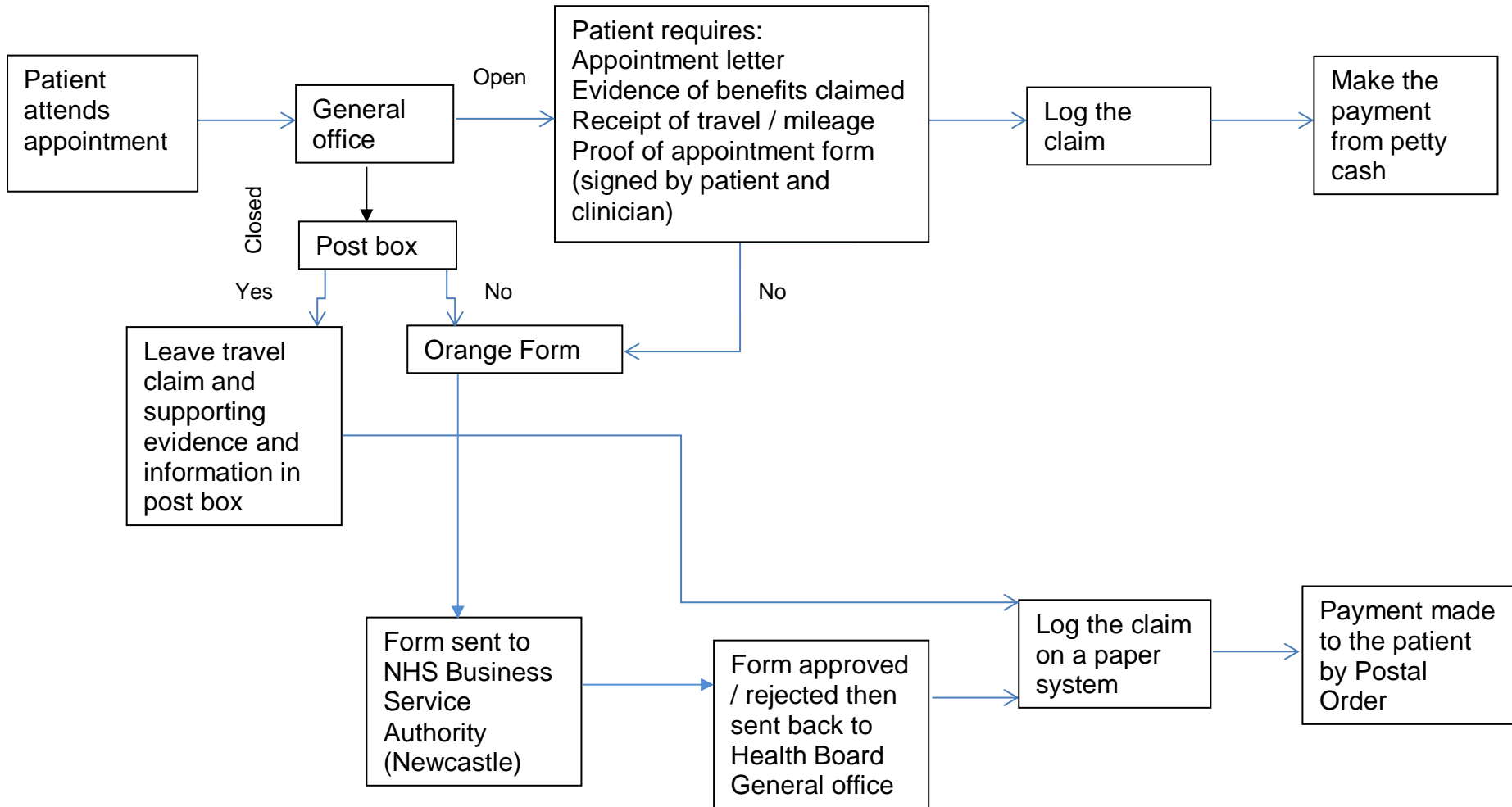
<http://www.wales.nhs.uk/ourservices/contactus/nhscomplaints>

2f: Promotion of scheme

Health boards and NHS trusts are responsible for promoting the scheme to their stakeholders and patients. The attached link provides a number of documents that will help with the promotion of the scheme.

<http://www.healthcosts.wales.nhs.uk/documentmap/>

Payment Process



This is to confirm that

Name:

Address:

.....

Attended (Clinic):

Date:

Time:

Signed:

Designation:

N.B Please note that the patient must produce this slip at the hospital office for assessment, together with the relevant DSS book or certificate

Reimbursement will not be paid from any of the clinic Reception Desks

FOR HOSPITAL USE ONLY:

	Amount	Ticket	Date	Approved by:
Bus				
Train				
Car				



Welsh Ambulance Services NHS Trust
Non Emergency Patient Transport Service

Version Control

Version Number	Date	Author	Comments
0.1	18 th July 2016	Nick Smith	Initial draft of document
0.2	1 st August 2016	Nick Smith	Refined after further discussions
0.3	21 st Dec 2016	Nick Smith	Refined after consultation with Health Boards
0.4	28 th Dec 2016	Nick Smith	Final Version for approval

Document Approval Route

Version Number	Date	Approver	Comments

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Welsh Ambulance Services NHS Trust Non Emergency Patient Transport Service

Situation

As part of the development of the Non Emergency Patient Transport Service and a review of the Health Travel Cost Scheme the Welsh Ambulance Service has reviewed the number of patients who travel long distances on consecutive days for hospital based treatment. From this review it has been identified that there are a cohort of patients who may benefit from being provided overnight accommodation as an alternative to travelling back and forth to hospital appointments on consecutive days.

In partnership with Hywel Dda University Health Board and ABM University Health Board the Welsh Ambulance Service have agreed to undertake a six month service improvement pilot where an offer of accommodation at the time of booking will be made as an alternative to consecutive travel.

In line with PDSA methodology, if successful then this will be extended to all other areas of Wales.

Background

Due to the geography of Wales some patients attending hospital for specialised care have to travel long distances. This travel may be undertaken with their own transport, through own transport with re-imburement from the Health Travel Costs Scheme or, if eligible, travel by ambulance/ambulance car.

Some specialised care, such as radiotherapy, requires treatment over consecutive days and if the patient lives a long distance from the specialised centre this can result in excessive, uncomfortable and tiring journeys that can negatively impact on the patients well being in addition to additional cost for the NHS.

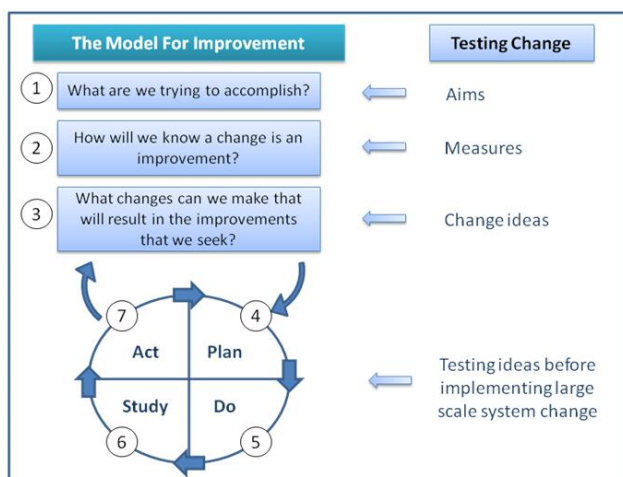
For the purposes of this PDSA a long distance is defined as travel over 90 minutes each way.

What we will do

WAST, in partnership with Hywel Dda and ABM University Health Boards will run a six month trial using PDSA methodology.

The trial will run from the 30th January 2017 until the 2nd June 2017.

The PDSA methodology is simple to understand and effective in practice. The chart below outlines the process that will be followed to test and evaluate the option of providing accommodation as an alternative to transport when attending consecutive appointments.



Welsh Ambulance Services NHS Trust
Non Emergency Patient Transport Service

The sections identify what we expect from each testing phase.

Structure of the PDSA Cycle

Aim “What are we trying to accomplish?”

In simple terms our aim is to improve the experience of patients who need to attend hospital on consecutive days through better use of the NHS Wales Health Travel Cost Scheme and NEPTS budgets.

Specifically this will mean:

For the patient:

- Reduced time travelling.
- Increased comfort
- Reduction in worry around provision of transport
- Longer rest between treatments.
- Increased flexibility to meet patients requirements
- Increased choice
- Seamless booking of accommodation
- Better outcome

For the NHS:

- Increased patient satisfaction
- Reduced DNAs
- Better use of limited funding.
- Increase in resource options.
- Prudent Healthcare
- Ability to make better use of limited resources.

Measures “How will we know a change is an improvement?”

- Reduced total travel time for patient
- High patient satisfaction score
- Longer rest between treatments
- Reduction of DNAs.
- No increase in cost
- Increased availability of ambulance resources.

Change “What changes can we make that will make an improvement?”

- When a booking request is made by a patient with consecutive appointments to the same location we will give the patient the opportunity to stay overnight in a local hotel. The patients estimated travel time should be in excess of 90 minutes each way.

Welsh Ambulance Services NHS Trust Non Emergency Patient Transport Service

- If the offer is accepted by the patients we will provide transport from home to the hospital, hospital to hotel, hotel to hospital the next day and then hospital to home.

Criteria of trial

The following patients will be deemed eligible for the offer of accommodation as part of this PDSA if they meet **ALL** the following criteria:

- They have 2 or more appointments immediately consecutive.
- Their travel time each way is estimated to be more than 90 minutes.
- The patient's mobility must be T1, C1 or C3.
- The patient is a resident within Hywel Dda, Powys or ABM Health Boards.
- The patient is attending treatment to a NHS location within Hywel Dda, Powys or ABM Health Boards.
- They are eligible for NEPTS Transport or the Hospital Travel Cost Scheme

Roles and Responsibilities during the Trial

The Welsh Ambulance Service

- Receive requests for transport
- Identify patients who meet the criteria
- Explain the option of overnight accommodation to patient/carer
- Confirm agreement of patient/carer
- Highlight to supervisor.
- Book transport and accommodation for patient and up to 1 escort/carer sharing room.
- Confirm details with patient together with key information.
- Produce information leaflet for patients
- Provide transport to and from home/hospital/hotel.
- Invoice Health Board monthly for cost of travel and accommodation.
- Coordinate monthly review of PDSA

The Health Board

- Participate in monthly PDSA meetings
- Review and pay WAST invoice from HTCS/NEPTS budget
- Undertake patient satisfaction follow up calls.

The Patient

- Provide accurate information to WAST when booking transport
- Read and understand all information provided by WAST prior to travel
- Inform WAST immediately if circumstances change
- Arrange all meals including breakfast
- Use the accommodation appropriately and be prepared to pay for any breakage or inappropriate use.
- Be responsible for any incidental costs including food.

Welsh Ambulance Services NHS Trust Non Emergency Patient Transport Service

- Provide feedback to WAST or Health Boards when asked.

Quality assurance of accommodation

WAST will be responsible for ensuring any accommodation booked is appropriate for patients. This will be achieved through a six monthly physical inspection and ongoing telephone feedback requests from patients.

Any issues will be addressed with the accommodation providers immediately and fed back at the monthly review meetings.

PDSA Team Members

- Sarah Campion (PDSA Lead)
- Joanne Rees-Thomas (General Manager)
- Gareth Skye (Transport Manager)
- Joanne Jones (Transport Manager)

Monitoring

A monthly report will be produced that will show the number of nights' accommodation booked as part of the trial and the cost incurred.

This data will show a comparison with the cost of providing transport against the accommodation.

Any significant variances will be reviewed and discussed at the monthly meeting.

The meetings will be chaired by WAST by conference call.

The meetings will be held on the following dates

9am Friday 24th February 2017

9am Friday 31st March 2017

9am Friday 28th April 2017 – Review and decision to continue.

9am Friday 26th May 2017 – Full review.

Trial Closure

A decision will be taken on the 28th April by the PDSA team if the PDSA should continue and be rolled out.

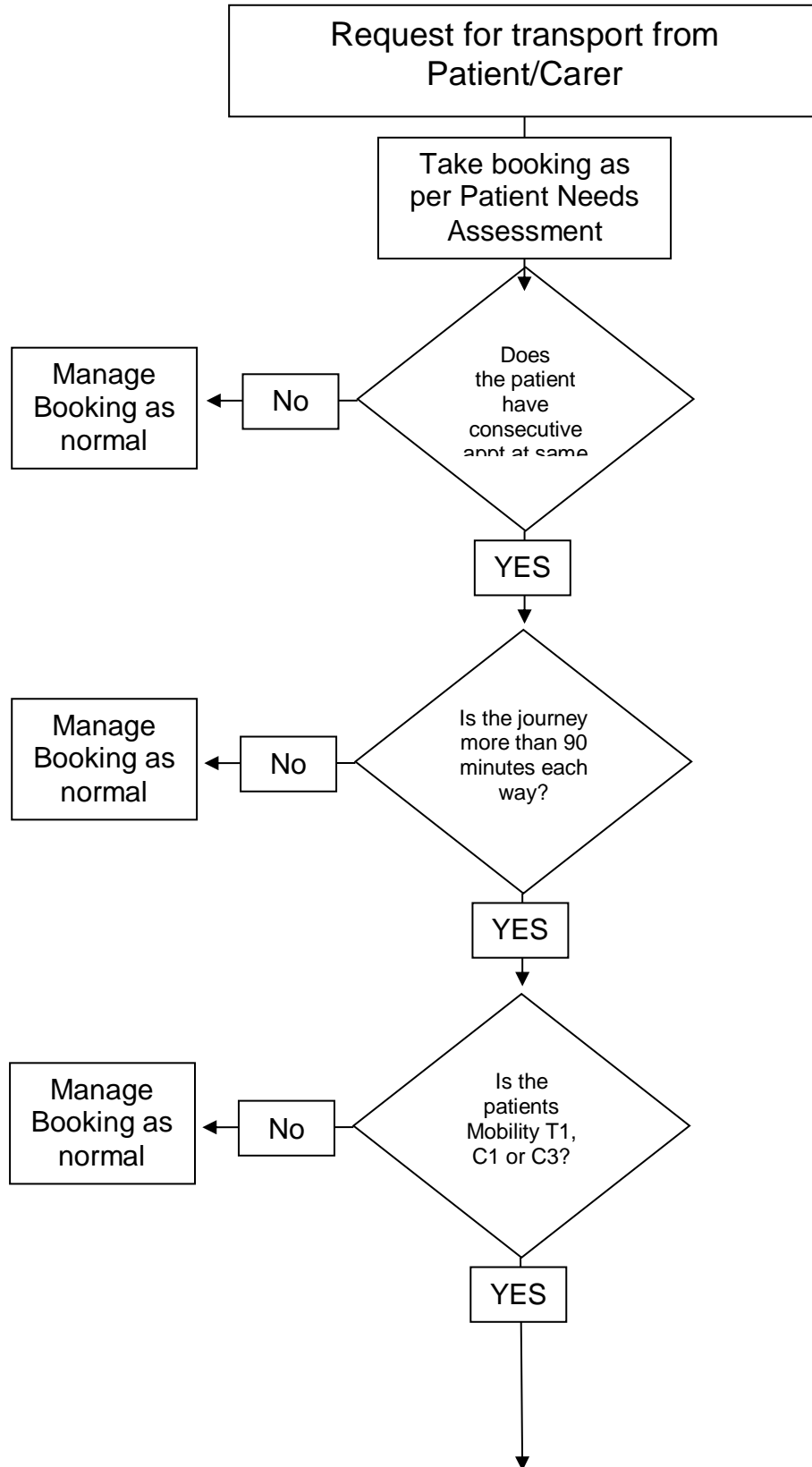
If yes a meeting will be arranged with potential Health Boards.

If no, the trial will be ended with a lessons learnt exercise being undertaken.

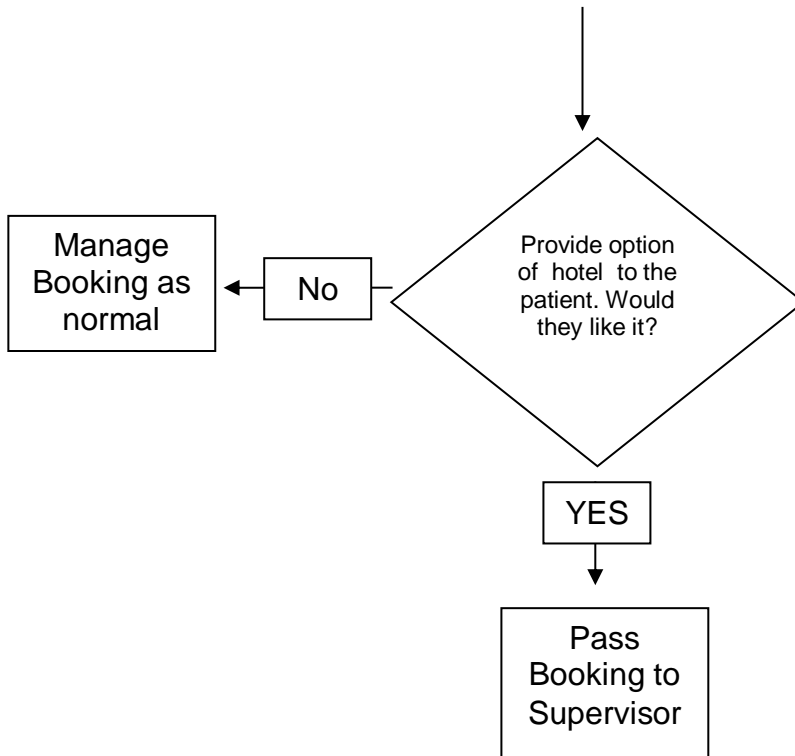
Welsh Ambulance Services NHS Trust
Non Emergency Patient Transport Service

Appendix A - Detailed Process

WAST NET Centre



Welsh Ambulance Services NHS Trust
Non Emergency Patient Transport Service



Welsh Ambulance Services NHS Trust
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WAST Supervisor

