PEER REVIEW-ESCORT APPROVALS PROCESS

Introduction

1. On 5 July 2023 a request was made to the Chief Executives of NHS Orkney and NHS Shetland to jointly undertake a peer review of NHS Western Isles (patient travel expenses) escorts approval process.

2. This request included the formation of a working group to review concerns about the decision-making for the approval of escorts, namely that the decisions were unduly tough, disadvantaging residents of the Western Isles and not incorporating medical opinion from treating health practitioners.

Aim

3. The aim of this brief is to outline how this review will be taken forward and associated timelines.

Working group composition

4. The working group will be made up of three members each of NHS Orkney and NHS Shetland, who facilitate or oversee their processes for the application of the Highlands and Islands Travel Scheme in their Board remit. The working group will report and share their findings with the NHS Orkney and NHS Shetland in order that conclusions and recommendations can be made and learning shared more widely where applicable (see below) in the form of a summary report at the end of this peer review process.

Focus areas

5. The working group will focus on four areas as follows:

   a. Operating context of the HITS policy in NHS Western Isles.
   b. Review of Escort process in accordance of the HITS policy.
   c. Audit and benchmarking of escort process with other Island Boards.
   d. Audit of complaints regarding utility of escorts.

Findings and recommendations

6. The working group will put forward their conclusions regarding the peer review of the escorts approval process from their work in the four areas outlined aligned to the concerns highlighted in the original request for a review.

7. The working group will also put forward any recommendations regarding the overarching HITS policy that might be learning from the benchmarking work undertaken as part of this peer review process.

Timelines

8. The aim is to have this work completed by no later than 27 October 2023 (and earlier wherever possible).

Brian Chittick
Chief Executive NHS Shetland

Laura Skaife-Knight
Chief Executive NHS Orkney

Chief Executive

The Balfour
Foreland Road
Kirkwall
Orkney
KW15 1NZ
www.ohb.scot.nhs.uk

Date: 01 November 2023

Tel: 01856 888271
Enquiries to: Laura Skaife-Knight
Email: FOISA s 38(1)(b)

Mr R McCallum
Director of Health and Social Care Finance, Digital and Governance

Sent via email:
FOISA s 38(1)(b)

Dear Richard

Final Report: Peer Review – NHS Western Isles' escorts approval process

Further to your letter of dated 5 July 2023, as requested, please find attached the concluding report from a peer review of the NHS Western Isles' escorts approval process along with the agreed terms of reference for this exercise.

A joint working group was convened to carry out a full review of the three Island Boards' escorts approval process, made up of colleagues from NHS Orkney and NHS Shetland who worked closely with those from NHS Western Isles. This process was overseen by us both as the Chief Executives of NHS Shetland and NHS Orkney, at the Cabinet Secretary's request.

The methodology and findings can be found within the body of the report, but in summary, the peer review found that NHS Western Isles has the fairest and most consistent application of the policy of the three island Boards.

The report also contains some recommendations that will enable Boards to improve how they engage with and support patients who must travel off island for their medical treatment. In particular, the need for an update of the existing, very outdated, MEL 1996(70), which sets out the direction for the Boards' implementation.

The members of the review group are happy to elaborate on any of the findings in the report if this would be helpful and will now move forward to implement the recommendations.

Yours sincerely

FOISA s 38(1)(b)

Laura Skaife-Knight
Chief Executive
NHS Orkney

FOISA s 38(1)(b)

Brian Chittick
Chief Executive
NHS Shetland

Cc [redacted] FOISA s 38(1)(b)

Escort Peer Review

Date:	**30th October 2023**
Version number:	**4**
Author:	**Escort Peer Review Group**
Security classification:	**CONFIDENTIAL- NOT FOR CIRCULATION**

Escort Peer Review Group

[redacted]
FOISA s 38(1)(b)

Contents

1. Situation

NHS Orkney and NHS Shetland Chief Executives commissioned a peer review of NHS Western Isles (patient travel expenses) escorts approval process following a request to do so from the Cabinet Secretary for NHS Recovery, Health and Social Care**. (Appendix 1 and 2)**

2. Background

MEL 1996 (70) was issued on 21st August 1996, setting direction on the payment of travelling and related expenses of hospital patients , clarifying what travel should fall into the Travelling Expenses Scheme, and what should be considered as treatment costs. One of the main principles referred to in MEL (1996)70 is that "While clinical need remains paramount, there is a need for all staff, including clinicians, to seek to achieve value for money particularly with regards to the need to incur expenses for patient escorts".

MEL 1996 (70) section 1.5 refers to Escorts - ***"If it is considered medically necessary for a patient to be accompanied by and escort and the Patient is eligible to have his or her travel costs reimbursed, that travel costs of the escort may also be reimbursed. The claim for reimbursement of the escorts expenses should be included by the patient in the claim for reimbursement of their own expenses. Eligibility for and escort may be determined by the patient's GP or by a consultant."***

In 2012 Directors of Finance received letters advising them that the allocation for the HITS funding was to be added to the Boards baseline funding. This did not actually occur until 2015-16 and at that time Boards were encouraged to use the funding "to actively ensure appropriate plans and actions are in place to maximise the opportunities to mitigate against the risks of this transfer of resources to your baseline".

3. Assessment

MEL 1996 (70), issued in 1996, has not been updated or superseded by any new directive.

Policy Review

A read across the existing 3 NHS Board policies shows a standard adherence to the MEL and a consistency across all policy principles and responsibilities, with the exception of the escort approval process.

NHS Orkney the only Board that has continued to have the patient's GPs making the decision on approving escorts with patients.

In NHS Shetland, there are some clinicians who will approve escort requests, where they have specialist cases, such as oncology or maternity patients but this is not across the Board.

NHS Western Isles have taken a standardised and fair approach to escort approvals, with none getting approved outwith the Medical Directors office.

The excerpts from the policies are shown in Table 1.

Table 1

NHS Shetland	NHS Western Isles	NHS Orkney
4.4 - The patient travel team have operational responsibility for patient travel, staff and patient communications, authorisation of some escorts within the criteria delegate to them. 4.5 - Escort Review Group – authorises escorts outwith the criteria delegated to patient travel and ensures compliance with eligibility	The decision is taken by the Medical Directors office and not by your GP or Consultant	4.2.1 - Authorised Escorts "are adults regarded by a GP or consultant as being approriate, necessary and responsible

All 3 Board Policies have an escalation process that patients can follow in the event they are not satisfied with a decision about their travel episode. All 3 Boards direct unresolved queries to the respective NHS Boards' Complaints Procedure.

All 3 Boards are consistent in their respective policies around the funding of expenses for escorts, albeit the expenses allocations have increased over the years.

All 3 Boards report that the administrative burden in relation to collecting the £10 that qualifying patients contribute to the cost of the travel prior to travel is excessive and all 3 Boards collect the patient contribution retrospectively when patients submit claims.

Escort Review Process

A reference period of the financial year 2022/2023 was used for the data gathering exercise. The 3 Boards were asked to produce the numbers of patient travel requests, and of those requests how many requested escorts (Table 2). This was then broken down further to the number of requests that had escorts approved.

Table 2

	Total Number of Patient Travel Requests	Escort Requested	Escort Approved	% of patients who requested escorts	% of escorts approved
Western Isles	6,461	2,609	2,758	40	105
Shetland	4,239	1,162	1,140	27	98.1
Orkney	4,612	2,045	2,025	44	99.0

It should be noted that the 3 Boards all have a different means of recording patient travel information. Western Isles have a Patient Travel dashboard which the peer review team felt would be something they would like to adopt, but it was difficult to compare directly across the 3 Boards with elements of data difficult to extract.

Escort Review Audit

For the peer review process 5 anonymised patient requests for escort review decision making were put through all 3 Island Boards processes to see if there was any consistency

The requests all originated from Shetland and those reviewing the requests were aware that this was a process for the review (ie they were not blinded).

Table 3 - Audit Results

Patient	Shetland	Orkney	Western Isles
Patient A	Not approved (requests additional escort in event of a delay which is not required for safe attendance at appointment)	Approved	Approved
Patient B	Not approved – anxiety as not travelled alone before	Approved	Approved
Patient C	Approved – mobility and falls risk	Approved	Approved
Patient D	Approved – receiving centre recommended and was day case	Approved	Approved if day case but refused if inpatient stay
Patient E	Approved – required personal care	Approved	Approved

There is variation in approval processes between the Island Boards on this very small sample with NHS Shetland being more inclined to refuse. However, these were actual NHS Shetland examples that had been anonymised and therefore they were too different to scenarios in the other Boards. It is not possible to draw a conclusion that Orkney or Western Isles work to different standards. Further cross-Board review might reveal differences but may not be the best use of resources.

NHS Orkney is the outlier in terms of the Escort Approval Process. Feedback from the GP Forum in NHS Orkney is that it is standard practice for them just to approve every request for an escort. The GPs don't believe it is the GPs role to police the escort authorisation process of the host health board.

"It is not the GP practice's policy, we didn't write it or have any involvement in it's creation. It creates too much conflict with our patients, and if I am honest, if a patient tells me they require someone present with them at their appointment then who am I to argue against that?"

3.1 Quality/ Patient Care

A sample of patient complaints where they were particularly related to patient travel and escorts were taken from each of the 3 Boards. The table below shows that across the 3 Boards only Western Isles had 1 complaint that was escort related across the 12 month sample period.

Table 4

Patient Complaints (12 months)			
	Total Number	**Escort Related**	**% of total complaints**
Western Isles	7	1	14
Shetland	0	0	0
Orkney	8	0	0

3.2 Workforce

The workforce models across the 3 boards are similar in terms of the post bandings and Board size.

Table 5

Patient Travel Resource	FOISA	Patient Travel Assistant - FOISA	Patient Travel Supervisor - FOISA	FOISA	Patient Travel Manager - FOISA	TOTAL WTE
Western Isles	1	2.56	1.90#			5.46
Shetland		3.20	1.00		0.20	4.4
Orkney		2.1	0.76	1		3.86

#0.4 WTE paid to local authority as part of MOU

3.3 Financial

Financial information has been sourced from all 3 Boards, only Shetland were able to provide the full breakdown of associated travel spend. It should be noted that these figures do not include the costs of the administration of the travel scheme. As suggested earlier in the report, we are not able to compare like for like with the data, eg NHS Orkney does not separate out the cost of escorts travel from the cost of patients travelling.

Table 6 – Total Travel Spend against Baseline RRL

	Spend on patient travel - flights & ferries	Filght/ferry Spend on Escorts	Child escorts included in total spend	% of total travel spend relating to escorts	Spend on patient claims	Baseline RRL	% of baseline spent on travel
Western Isles	2,502,246.00	875,786.00	Not available	34	443,081.00	84,398,000.00	3.49%
Shetland	1,408,169.36	337,828.96	136,197.71	24	349,267.37	57,005,788.00	3.08%
Orkney	1,547,552.91	Not available	Not available	Not available	149,834.71	57,042,995.00	2.98%

The allocation of funding under the HITS policy was based on travel costs as at 1996. It should be noted there is no reference to air travel throughout the document, indeed Loganair are not technically liable under the EU261 directive, for compensating those passengers who are travelling under the auspice of the HIT scheme. No consideration has been given to the increase in the cost of flights, in Western Isles this is around 20%,

The spend was further broken down per Board to show the split of travel by Loganair versus the use of ferries, as is shown below. NHS Orkney has the lowest spend on ferries, with Shetland the greatest, in contrast NHS Shetland has the lowest spend on flights with NHS Orkney the greatest. It should be noted that part of the reason for this may be the Shetland has a ferry service every night whereas Orkney does not. NHS Western Isles also noted that some patients book and pay for the ferry and claim the costs back and therefore are only able to provide the cost for ferry travel booked directly by the Board.

Table 7 – Costs Flights versus Ferries

	Filghts £	Ferries £	Total £	% Loganair	% Ferries
Western Isles	1,494,016.00	98,704.00	1,592,720.00	93.80%	6.20%
Shetland	1,176,676.50	231,492.86	1,408,169.36	83.56%	16.44%
Orkney	1,521,794.47	25,758.44	1,547,552.91	98.34%	1.66%

3.4 Communication, involvement, engagement and consultation

The Escort Peer Review has carried out its duties to involve and engage external stakeholders where appropriate:

- Initial scoping meeting held with NHS Shetland and NHS Orkney Peer Review Group on 24th of August 2023.
- Data collected from all 3 Boards included in the review
- Review meeting with Peer Review group on 28th September 2023
- Brief with Western Isles to sense check the findings 24th October 2023
- Presented to NHS Orkney and NHS Shetland Chief Executives 25th October 2023

4. Findings

4.1 **Operating context of the HITS policy in NHS Western Isles** – the review has found the existing NHS Board policies shows a standard adherence to the MEL and a consistency across all policy principles and responsibilities. Of the 3 Boards NHS Western Isles can demonstrate a fair and consistent approach to approving escorts.

4.2 **Review of Escort process in accordance with the HITS policy** - NHS Western Isles escort process is in line with the HITS policy and consistent with the other island boards.

4.3 **Audit and benchmarking of escort process with other Island Boards** - the review has found that the policies are consistent in their guidance around the definition of an escort and the criteria in which an escorts can be requested, and expenses claimed. The exception, in respect of the escort approval process being NHS Orkney, who are the only Board that has the frontline GPs making the decision on approving escorts for patients. **Table 1** above shows the slight differences across the 3 Boards policies in respect of this area of focus

4.4 **Audit of complaints regarding utility of escorts** – NHS Western Isles is the only Board that could link a complaint received to the escort process. The peer review

group did not seek to understand more about the complaint as it was not within the scope of the review.

5. Recommendations

5.1 MEL 1996(70) needs updated, the language throughout the document is outdated and, in some cases, not recognised. The MEL does not recognise that air travel is involved in the scheme. A review of the scheme should consider:

1. The strategic ask of all boards in relation to the reduction of carbon emissions by 2030
2. The inequalities for patients who are not permitted to take an escort to a hospital appointment based on where they live
3. The increasing costs of travel
4. Consistency with the recently launched YPFF scheme
5. In accordance with the Islands (Scotland) Act 2018, an Islands Communities Impact Assessment should be undertaken when reviewing the scheme. This should be done with the input of the Island Boards.

5.2 NHS Orkney should consider a review of the escort approval process, removing the decision making from the GPs, and update the policy accordingly.

5.3 There should be a review of the allocations of funding to the Island Boards to support the increase in the cost of flights. In Western Isles this is around a 20% increase.

PEER REVIEW-ESCORT APPROVALS PROCESS

Introduction

1. On 5 July 2023 a request was made to the Chief Executives of NHS Orkney and NHS Shetland to jointly undertake a peer review of NHS Western Isles (patient travel expenses) escorts approval process.

2. This request included the formation of a working group to review concerns about the decision-making for the approval of escorts, namely that the decisions were unduly tough, disadvantaging residents of the Western Isles and not incorporating medical opinion from treating health practitioners.

Aim

3. The aim of this brief is to outline how this review will be taken forward and associated timelines.

Working group composition

4. The working group will be made up of three members each of NHS Orkney and NHS Shetland, who facilitate or oversee their processes for the application of the Highlands and Islands Travel Scheme in their Board remit. The working group will report and share their findings with the NHS Orkney and NHS Shetland in order that conclusions and recommendations can be made and learning shared more widely where applicable (see below) in the form of a summary report at the end of this peer review process.

Focus areas

5. The working group will focus on four areas as follows:

   a. Operating context of the HITS policy in NHS Western Isles.
   b. Review of Escort process in accordance of the HITS policy.
   c. Audit and benchmarking of escort process with other Island Boards.
   d. Audit of complaints regarding utility of escorts.

Findings and recommendations

6. The working group will put forward their conclusions regarding the peer review of the escorts approval process from their work in the four areas outlined aligned to the concerns highlighted in the original request for a review.

7. The working group will also put forward any recommendations regarding the overarching HITS policy that might be learning from the benchmarking work undertaken as part of this peer review process.

Timelines

8. The aim is to have this work completed by no later than 27 October 2023 (and earlier wherever possible).

Brian Chittick
Chief Executive NHS Shetland

Laura Skaife-Knight
Chief Executive NHS Orkney

Appendix 2

Peer review – NHS Western Isles' escorts

THE SCOTTISH OFFICE
Department of Health

NHS Management Executive
St. Andrew's House
Edinburgh EH1 3DG

21 August 1996

1996(70)

This MEL replaces SHHD/DGM (1988)18, which is now cancelled SHHD/DGM (1988)56 and SHHD/DGM (1990)93 are also cancelled

Dear Colleague

PATIENTS' TRAVELLING EXPENSES SCHEMES

Summary

1. The Annex to this letter updates the guidance on the payment of travelling and related expenses of hospital patients under the NHS (Travelling Expenses and Remission of Charges)(Scotland) Regulation 1988 as amended by the National Health Service (Travelling Expenses and Remission of Charges)(Scotland) Amendment Regulations 1996, to take account of the changes in the NHS since 1988 and to clarify what travel should fall into the Travelling Expenses Scheme, and what should be considered as treatment costs.

2. The Annex also addresses the wider aspects of transport to hospital and defines the contractual and financial arrangements which should be made.

Action

3. General Managers and Chief Executives should draw this letter to the attention of those members of staff who are involved in authorising and paying the travelling expenses to patients (and escorts) and all relevant staff involved in extra contractual referrals. While clinical need remains paramount there is a need for all relevant staff, including clinicians, to seek to achieve value for money particularly with regard to the need to incur expenses for patient escorts. Chief Executives who provide long-term residential psychiatric care should draw the attention of relevant staff to the point raised in para 5.2 of the Annex.

Yours sincerely

D Palmer

DAVID PALMER

Addressees

For action:
General Managers, Health Boards

Chief Executives, NHS Trusts

For information:
General Manager, Common Services Agency

General Manager, State Hospitals Board for Scotland

General Manager, HEBS

Executive Director, SCPMDE

Enquiries to:

Sandy Kinnear
Directorate of Finance
Management Executive
Room 250
St Andrew's House
EDINBURGH EH1 3DG

Tel: 0131-244 2356
Fax: 0131-244 2371

CONTENTS

9. General Transport Aspects of Patient Care

10. Public Transport - Liaison with Operators and Local Authorities

11. Voluntary Services

12. Concessionary Fares

13 Contractual and Financial Arrangements

1.4 PATIENTS CLAIMING BUT NOT YET ASSESSED FOR LOW INCOME RELIEF

Patients who claim low income entitlement but who have not applied for assessment should be issued with a claim form HC1(AG1) which they should be advised to complete and send to the HBU.

Patients waiting to receive a certificate should be issued with refund claim form HC5(AG5) which they should send to the HBU; **the hospital must complete part E of form HC5(AG5) to confirm attendance and the cost of travel.** When patients who are assessed as eligible are sent their HC2(AG2) or HC3(AG3), confirmation of refund entitlement for journeys already made will be sent direct to the hospital (also on form HC5(AG5)). Reimbursement can be made when the patient next attends the hospital, but for those who will not be doing so within a reasonable period, hospitals should make the reimbursement by post to the home address.

1.5 ESCORTS

If it is considered medically necessary for a patient to be accompanied by an escort and the **patient** (not the escort) is eligible to have his or her travel costs reimbursed, the travel costs of the escort may also be reimbursed. The claim for reimbursement of the escorts expenses should be included by the patient in the claim for reimbursement of their own expenses. Eligibility for an escort may be determined by the patient's GP or by a consultant. If the patient's condition warrants it the expenses of a second escort may also be met.

1.6 RETROSPECTIVE CLAIMS

Patients may claim help with travel costs for up to 3 months retrospectively. All the conditions applying to patients who claim at the time of travel apply equally in such cases and only Income Support, Family Credit, Disability Working Allowance or low income assessment eligibility valid at that time can be taken into account. Patients claiming a refund on low income grounds HC5(AG5) will require the hospital to confirm attendance and the cost of travel.

1.7 PATIENTS WHO BECOME ELIGIBLE ON LOW INCOME GROUNDS DURING A COURSE OF TREATMENT

Patients who would not normally fall into the low income category might become eligible during a course of treatment because they have to travel long distances or frequently. If this happens they may apply to the HBU for assessment at any time. Eligibility for refund costs, if appropriate, will start from the date on which the claim is made.

1. PATIENTS ENTITLED TO REIMBURSEMENT OF TRAVELLING EXPENSES

1.1 PATIENTS IN RECEIPT OF INCOME SUPPORT OR FAMILY CREDIT OR DISABILITY WORKING ALLOWANCE

The following patients and, where considered medically necessary, their escorts are automatically entitled to full reimbursement of their travelling expenses:

- Patients - or those who are dependants in a family - in receipt of weekly INCOME SUPPORT. Patients claiming such entitlement should be able to present an order book, or one of forms B3, C3, FF260 or FF260A or a letter from the DSS confirming their status.

- Patients - or those who are dependants in a family - in receipt of FAMILY CREDIT. Patients claiming such entitlement should be able to present an order book or computer printed award notice.

- Patients - or those who are dependants in a family - in receipt of Disability Working Allowance. (Currently for this benefit capital must be £8,000 or less when it was claimed. But from 7 October this threshold will no longer apply.) Patients claiming such entitlement should be able to present an order book or a letter from the DSS confirming their status.

1.2 PATIENTS NOT IN RECEIPT OF INCOME SUPPORT OR FAMILY CREDIT BUT ON LOW INCOME

Other patients and, where considered medically necessary, their escorts may be eligible for full or partial reimbursement on the basis of low income. Patients may apply to be assessed under these arrangements using form HC1(AG1). Low income entitlement to travel costs reimbursement will be carried out by the Health Benefits Unit (HBU) at Sandyford House, Newcastle upon Tyne, NE2 1AA. To those assessed as eligible for help on low income grounds the HBU will issue a certificate HC2(AG2) or HC3(AG3), valid for 6 months, indicating the extent of relief which is to be given. The certificate will state the period of validity (both start and end dates) and whether a full or partial refund should be given: for partial refunds, the amount to be excluded will be stated on the certificate.

1.3 PATIENTS ASSESSED AS ELIGIBLE FOR LOW INCOME RELIEF AND HOLDING A CURRENT ENTITLEMENT CERTIFICATE

Patients claiming low income entitlement should be able to produce a certificate - either HC2(AG2) on which full reimbursement is appropriate, or HC3(AG3) which will show the amount the patient is assessed as being able to contribute towards travel costs, any costs above that being refunded.

2. THE HIGHLANDS AND ISLANDS SCHEME

2.1 The scheme provides for the reimbursement of travelling expenses in excess of a contribution, currently £7, without test of means to certain patients attending hospital. The qualifying conditions are as follows:-

- patients must be resident or work in the former Highlands and Islands Development Board area and be referred to hospital by a doctor or dentist or attend hospital by appointment.

- the distance travelled from the patient's home (or place of residence) to the hospital must be 30 miles or more, or involve a journey by sea of more than 5 miles.

- the necessary outlay on travelling expenses for a journey to and from hospital should exceed £7.

2.2 Patients who receive Income Support, Family Credit, Disability Working Allowance are eligible on low income grounds are not required to meet any of the cost. Patients eligible on grounds of low income for partial reimbursement of travel costs may be able to claim reimbursement of part of the £7.

2.3 The former Highlands and Islands Development Board Area covered the Island areas of Orkney, Shetland and Western Isles, Highland Region, Argyll and Bute District, Arran, the Little and Great Cumbraes, and the following parishes in the Moray District of Grampian Region:- Aberlour, Cabrach, Dallas, Dyke, Edinkillie, Forres, Inveravon, Kinloss, Kirkmichael, Knockando, Mortlach, Rafford and Rothes.

3. OTHER PATIENTS INCLUDED IN THE PATIENTS' TRAVELLING EXPENSES SCHEMES

The following groups of NHS patients are included in the Travel Expenses Scheme arrangements, in the terms described below.

- Children under 16 - Assistance is available to children under 16 attending a hospital or clinic and to a parent or guardian who accompanies the child if someone in the family gets Income Support, Family Credit or Disability Working Allowance which includes an allowance for the child.

- Young People Aged 16-19 in Full Time Education and Young People 16-18 - Assistance is available on the same terms as for any eligible hospital patient.

- NHS patients attending limb-fitting and other centres - should be assessed on the same terms as NHS hospital patients.

- Patients attending for NHS treatment at non-NHS establishments (eg those with contractual arrangements with a Health Board or GP Fundholder to

provide treatment for NHS patients) - help is on the same basis as if the patient had attended an NHS establishment.

4. WAR DISABLEMENT PENSIONERS - SPECIAL ARRANGEMENTS

4.1 War disablement pensioners seeking medical treatment **for their accepted war disablement** are entitled to have their travelling and subsistence expenses met by the Department of Social Security on the following basis:

- Payment of travelling expenses, subsistence and loss of earnings allowance.
- Travelling expenses for up to a maximum of 13 visits a year to those who are allowed home during a long period as an in-patient. Alternatively, for war pensioners who prefer not to travel home during such periods, travelling expenses may be paid to relatives on the basis of visits by 2 adult relatives (or one adult and 2 children travelling at half adult fare) for up to 13 visits a year.
- Where it is necessary for a war disablement pensioner to be accompanied by an escort, travelling expenses and subsistence allowance are also paid to the escort.

4.2 Any war pensioner enquiring about expenses should be advised to contact Treatment Group War Pensions Agency, Norcross, Blackpool FY5 3WP, stating that he is a war pensioner and giving his full name and address and, if possible, his war pension number.

4.3 In accordance with NHS Circular GEN(1993)14 dated 24 November 1993 War Pensioners attending Artificial Limb and Appliance Centres (ALAC) have their travelling expenses paid directly by the appropriate ALAC.

4.4 The Hospital Travel Expenses Schemes do not apply to such war pensioners. However, War Pensioners attending hospital for reasons **other** than their accepted war disablement should be assessed on the same terms as other patients.

5. PEOPLE NOT ELIGIBLE UNDER THE TRAVEL EXPENSES SCHEMES

5.1 In all other cases, Health Boards have discretion to reimburse patient travelling expenses where it is viewed to be an extension of the treatment costs and deemed to be clinically necessary. This also applies to any escort expenses that are considered to be appropriate, in such circumstances. Instances where Health Boards might wish to use such discretion are, for example, where patients are referred to hospitals outwith their own Health Board area, because the required treatment is not available within their own Health Board area.

5.2 The arrangements outlined in the preceding sections do not apply to patients for whom NHS ambulance service transport is arranged, patients being transferred between treatment centres, visitors to patients in hospital, private patients or

psychiatric patients making visits outside the Hospital. The arrangements or other help available in these cases is outlined below.

- **Patients with medical need for ambulance transport**

  Health Boards are responsible for arranging ambulance transport for those patients considered by a doctor, dentist or midwife to have a medical need for such transport.

- **Patients being transferred between treatment centres**

  The cost of transferring patients from one hospital to another, or to a clinic or nursing home whilst their treatment remains the responsibility of an NHS hospital clinician, should be regarded as part of treatment costs; as should the travel costs of patients who are sent home either as part of their treatment or to meet a hospital's convenience. Patients who take leave from hospital at their own request cannot be helped with their travel costs.

- **Visitors to patients in hospital**

  Help for visitors to patients in hospital is not available under the travel expenses schemes. Income Support recipients visiting someone in hospital may be able to obtain some help in the form of a Community Care Grant from the Social Fund: they should be advised to enquire at their local DSS office, and to ask for an application from SF 300.

- **Private Patients**

  Private patients are not entitled to help under the Hospital Travel Expenses Schemes.

- **Psychiatric In-Patients**

  Psychiatric in-patients who are encouraged as part of their treatment to make visits to their own or family homes, or to go into the community, are not eligible for assistance under the Travel Expenses Schemes. The costs of such visits should be part of the treatment costs.

5.3 It is not incumbent on any Health Board to meet the travel costs of foreign nationals, whether from the European Community or not, who have become ill or met with accidents while on holiday in the UK. Such costs should be met by the individual or his family or his insurance company.

5.4 Foreign nationals who are normally resident in the UK may be assisted if they meet the criteria for eligibility for one of the Schemes, but only for the costs of travel between their UK residence and hospital. Repatriation costs should not be met.

5.5 British nationals who have become ill or been injured while on holiday or resident abroad are not eligible to be reimbursed for the costs of returning to a hospital in the UK. Such costs should be met by the individual or his family or his insurance company.

6. PROCEDURES FOR REIMBURSING CLAIMS

General

6.1 Provider units should have adequate arrangements for:

- informing all NHS patients of their entitlements;
- checking the appropriate travel costs; and
- refunding to patients the travel costs to which they are entitled.

6.2 In or out-patients should be able to obtain travel cost refunds at any time of the day or night. This applies particularly to those discharged from hospital or sent home from and Accident and Emergency Unit during out-of-office hours. Provider units might wish to consider giving an identified postholder responsibility for ensuring that patients have access to funds whenever it is required. All clinic and ward staff should be made aware of and be familiar with the local arrangements.

Calculation of travel costs

6.3 Appropriate travel costs should be calculated on the basis of the cheapest form of public transport (including any promotional or concessionary fares) available to the patient. Patients travelling by private car, may claim the lesser of:

- the estimated cost of petrol actually used, or
- the equivalent public transport cost.

Car parking charges (including those at a hospital) may also be taken into account where they are unavoidable, although penalties incurred through illegal parking are not. In a few cases, where there is no alternative (for example, in cases where patients have restricted mobility or in cases where there is little or no public transport), patients may have to use a taxi for the whole or a part of their journey. In such exceptional cases these costs may be reimbursed. Where health service transport is made available at a charge to patients, the charge may be reimbursed to those eligible under the Schemes.

Concessionary fares schemes

6.4 Concessionary fares are available for many elderly people and for people with disabilities (see paragraphs 14.1-14.2 below). Provider units may wish to encourage patients to use or apply for concessionary fares wherever possible: similarly, they should remind patients to use cheap day return and other promotional offers by public transport operators.

Payment arrangements

6.5 Paragraphs 1-3 explain eligibility for full or partial travel costs reimbursement. Patients who are able to provide the evidence described should be refunded the appropriate cost of travel immediately.

6.6 Arrangements will also be needed to reimburse retrospectively those:

- for whom a low income certificate (on form HC2(AG2) or HC3(AG3)) is issued after their travel to or from hospital - see paragraph 1.4 above; and
- who cannot produce the evidence of entitlement at the time of travel - see paragraph 1.6 above.

Payment in Advance

6.7 Local DSS offices are not responsible for assisting patients with payments in advance to meet travel costs. It is the legal responsibility of provider units to make such payments where necessary and they should have arrangements for dealing with such requests. In these cases, provider units will need to satisfy themselves that the patient is entitled to assistance under the Scheme. In exceptional circumstances any patient faced with the immediate problem of being unable to get to hospital could apply to the local DSS office for a crisis loan.

Fraudulent claims

6.8 Hospital staff administering the Schemes, particularly those in Accident and Emergency Units, should be on their guard against the possibility of fraudulent claims, for example, where patients arrive at Accident and Emergency Units purporting to have injuries then claiming the fares home to very distant locations. Such claims will need to be scrutinised very carefully.

7. OVERNIGHT STAY COSTS

7.1 For some patients an overnight stay away from home is unavoidable, either because of the time of day or the length of travel. Where it is not reasonable for a patient (or an escort who is considered medically necessary to accompany the patient) to return home, an overnight stay should be arranged unless the patient is able to make their own arrangements. The benefits of encouraging parents to stay overnight with their children in hospital are now generally accepted and most Children's Departments have facilities for them to sleep on the ward. No charge should be made for these facilities.

7.2 The cost of unavoidable overnight expenses incurred by hospital patients in connection with travelling which is accepted for the purposes of the Patients' Travelling Expenses Schemes can be reimbursed if the Health Board is satisfied that an overnight stay is in practice unavoidable. Payment should be on the basis of the

cheapest reasonably available accommodation. Breakfast costs, but no other meal costs, may be included.

8. INFORMATION TO PATIENTS

8.1 Provider units should ensure that information about the Schemes is available to patients. In particular, notices should be displayed in all patient areas. Leaflet HC51 summarises the arrangements set out above and should be made freely available in appropriate hospital departments or clinics, as well as in the community. A separate leaflet (HC11) explains the help which is available to patients with NHS costs and charges generally. Provider units should ensure that details of the local arrangements for payment under the Schemes are displayed prominently in patient areas.

8.2 For all patients, provider units should ensure that they include details of the Schemes and of local transport and concessionary fares arrangements with appointment or admission letters. Ideally those who may be able to claim low income entitlement should receive the information early enough to be able to apply to the HBU for an assessment in advance. They should be advised to use the claim form HC1(AG1) which can be obtained from any local social security office.

9. GENERAL TRANSPORT ASPECTS OF PATIENT CARE

9.1 Travelling to and from hospital can present difficulties for some patients, particularly for those without easy access to public or private transport. Specific advice is not possible but it is important for provider units to assess the transport situation locally and to liaise with local transport authorities, Passenger Transport Executives, local authority Social Services Departments, local transport operators and voluntary bodies to explore the available options for avoiding or easing any local difficulties.

9.2 Provider units themselves can help to mitigate travel problems by arranging out-patient, day patient and admission/discharge times or visiting times to fit as conveniently as possible with the transport services which are available. Similarly, minor alterations to local service routes or timetables can sometimes be particularly helpful to patients or their visitors, and provider units should do whatever they can to negotiate any such changes with local operators.

9.3 Health boards will wish to take account of wider transport considerations in deciding where to place contracts for services and provider units will wish to improve the attractiveness and accessibility of their services. Both parties will wish to discuss, for example, whether it would be cheaper to provide transport rather than to meet the Travelling Expenses Scheme costs and what other measures may be possible in order to improve transport facilities.

10. PUBLIC TRANSPORT - LIAISON WITH OPERATORS AND LOCAL AUTHORITIES

10.1 It is open to provider units to consult local transport authorities, local authorities, or Passenger Transport Executives about possible alterations to local transport services. It may be possible to re-route services, reduce waiting times at bus interchange points, or alter the timing of services: local authorities have powers to subsidise socially necessary services, not provided by operators commercially after competitive tendering.

10.2 Local authorities have a role to play in co-ordinating the various transport needs and resources in their area, and should be consulted and kept fully in touch with developments in services and the need for the provision of transport to hospitals. Joint use of transport with local authority Social Services Departments might be appropriate; similarly joint user arrangements with voluntary organisations might be helpful in some locations.

11. VOLUNTARY SERVICES

11.1 The Government encourages the use of volunteers in all health service related activity. Helping both patients (who travel to hospital and other health service establishments) and visitors who have transport difficulties is an obvious area for local liaison with voluntary aid societies. The varied and irregular needs for transport might well be suitably met by the informal organisation of private car owners, or by the more formal provision of an occasional but regular minibus to serve isolated areas. Such arrangements are probably best organised by the hospital Voluntary Services Officer, or by a voluntary body itself in liaison with the hospital.

11.2 In hospitals or communities where there is scope for voluntary help with travel it is essential to ensure that information about patients and visitors who need help is assembled and made known to the voluntary organisations. A number of voluntary organisations and local communities are already providing various forms of local transport services to assist patients and visitors in need of help. Guidance on financial arrangements and on licence requirements is given in the following paragraphs.

11.3 Under NHS legislation provider units may give grants to voluntary organisations providing transport for patients who are not eligible for ambulance service transport. In considering such arrangements provider units should take into account the direct costs involved and the alternative reimbursement costs for those who are eligible under the Patients' Travel Expenses Schemes. In some cases it will be cheaper to liaise with other organisations to arrange local transport, but in others it will be cheaper to bear the public transport reimbursement costs for those who are eligible.

11.4 Similar financial help cannot be given to voluntary organisations to provide transport for **visitors**. Where provider units use their own transport to provide a service to visitors the full cost should be met by charging fares. (This must be discussed with the Traffic Commissioners first.)

11.5 Where vehicles, other than hospital transport vehicles, convey patients or visitors, depending on the circumstances, public service or private hire vehicles licensing may be required and the local Traffic Commissioners and Council should be consulted regarding the necessary licensing arrangements.

11.6 With the removal of Crown immunity on 1 April 1991, some hospital transport provided for patients will require public service vehicle licensing and the local Traffic Commissioners should be consulted in this context.

12. CONCESSIONARY FARES

12.1 A Concessionary Rail Fares Scheme is available for registered blind people accompanied by an escort (the 2 travel at the cost of one fare). Vouchers from the rail operator must be authorised and completed by a local authority Social Services Department and presented at the station booking office at the start of a journey.

12.2 Local authorities have discretion to arrange concessionary bus travel for people who are elderly and those with disabilities living in their area. Arrangements vary, but where they operate they could enable patients to travel to hospital at a reduced rate. Details of any local schemes should be made available in health service patient areas.

12.3 Help for parents visiting children in hospital is not available under the Patients' Travel Expenses Schemes. However, some bus operators offer concessionary fares to parents visiting children in hospitals. If approached, provider units are urged to co-operate with such schemes by arranging for passes to be completed for parents with children in hospital.

13. CONTRACTUAL AND FINANCIAL ARRANGEMENTS

13.1 Provider units are responsible for the administering the 2 Schemes and for making payments to patients. Health Boards, or District Health Authorities (DHAs) for cross-Border patients are responsible for reimbursing provider units for the payments made under the Scheme to all patients who are resident in their districts. Arrangements should be made for provider units to claim reimbursement from Health Boards and DHAs at periodic intervals (for example, at the end of each quarter). The procedures for processing such claims (including any attendant documentation) should be agreed between Boards or DHAs and provider units.

13.2 GP Fundholders are not funded for the Schemes. Provider units should reclaim the cost of any payments for directly referred patients from the relevant Health Board or DHA, as outlined in paragraph 13.1 above.

13.3 Where patients are referred to a non-NHS hospital (private, voluntary or Ministry or Defence) by an NHS consultant or GP Fundholder practice:

- the referring unit should pay any travel costs that are claimed by an eligible patient and seek reimbursement from the relevant Health Board on DHA as outlined in paragraph 13.1 above;

or

- the Health Board or DHA should arrange to make these payments direct.