

## Committee/Board Report

<b>Date</b>			
<b>Report title]</b>	Policy		
<b>Author(s)</b>			
<b>Supporting Executive(s)</b>	Caroline Dawe		
<b>Executive Summary</b>			
<b>Actions Requested</b>	Adoption of policy		
<b>Which other committees has this item been to?</b>	none		
<b>Reference to other documents</b>			
<b>Have the legal implications been considered?</b>	yes		
<b>Does this report need escalating?</b>			
<b>Equality Impact Assessment</b>			
<b>Who does the proposed piece of work affect?</b>	Staff	✓	
	Patients	✓	
	Carers	✓	
	Public	✓	
		Yes	No
1. Will the proposal have any impact on discrimination, equality of opportunity or relations between groups?	✓		
2. Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?			✓
3. Will there be a positive benefit to the users or workforce as a result of the proposed work?	✓		
4. Will the users or workforce be disadvantaged as a result of the proposed work?			✓
5. Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?			✓
If the answer to any of the above questions is yes ( other than question 3) or you are unsure of your answers to any of the above you should provide further information using <b>Screening Form One</b> available from Corporate Services			
If an equality assessment is not required briefly explain why and provide evidence for the decision.			

## Policy and Procedure for the Provision of Non Emergency Patient Transport including arrangements for the reimbursement of Patient Travel Costs under the NHS Healthcare Travel Cost Scheme (HTCS)

<b>Document Status:</b>	DRAFT
<b>Version:</b>	2

<b>DOCUMENT CHANGE HISTORY</b>		
<b>Version:</b>	<b>Date:</b>	<b>Comments (i.e. viewed, or reviewed, amended , approved by person or committee)</b>
V1	May 2013	Existing NHS Devon cluster policy reviewed for new national/local changes required.
V2	June 2013	Additional comments added from members of Patient Transport Forum and Exec lead, new Eina screening completed, up to date poster advert included at appendices
V3		
<b>DISSOLUTION OF NHS DEVON 31 MARCH 2013</b>		

<b>Authors:</b>	Alison Holder: Senior PALs Manager  Original 2012/13 policy: Sue Scrivener, Denise White
<b>Document Reference:</b>	<b>Our mission:</b>  Our mission is to transform services so that we support everyone to have access to high-quality sustainable services that promote wellbeing and care when people are unwell.  Clinical Commissioning Group objective: We will: <ul style="list-style-type: none"> <li>. commission services with partners to reduce health inequalities and improve people's lives <ul style="list-style-type: none"> <li>1.</li> <li>2. Equality Delivery System: Goal 2: Improved patient access and experience. The NHS should improve accessibility and information and deliver the right</li> </ul> </li> </ul>

	<p>services that are targeted, useful, useable and used in order to improve patient experience.</p> <p>Directorate:- Delivery</p>
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<b>Review date of approved document:</b>	<p>Policy will be reviewed every two years, unless new guidance, legislation, amendments or revised working practices come into force prior to the review date.</p> <p>All revisions will be clearly documented and recorded.</p>
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<b>Equality Impact Assessment</b>			
<b>Who does the proposed piece of work affect?</b>	Staff	X	
	Patients	X	
	Carers	X	
	Public	X	
<b>Have the legal implications been considered?</b>	YES		
		Yes	No
6. Will the proposal have any impact on discrimination, equality of opportunity or relations between groups?		X	
7. Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?			X
8. Will there be a positive benefit to the users or workforce as a result of the proposed work?		X	
9. Will the users or workforce be disadvantaged as a result of the proposed work?			X
10. Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?			X
If the answer to any of the above questions is yes (other than question 3) or you are unsure of your answers to any of the above you should provide further information using <b>Screening Form One</b> . See Appendix J			
If an equality assessment is not required briefly explain why and provide evidence for the decision.			

**Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) has made every effort to ensure this policy does not have the effect of discriminating, directly or indirectly, against employees, patients, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability. This policy will apply equally to full and part time employees. All NEW Devon CCG policies can be provided in large print or Braille formats if requested, and language line interpreter**

**services are available to individuals of different nationalities who require them.**

Relevant Legislation	<ul style="list-style-type: none"> <li>• DH Eligibility criteria for patient transport services (PTS) 10 September 2007</li> <li>• National Health Service Act 2006</li> <li>• DH Healthcare Travel Costs Scheme: Instructions and Guidance for the NHS 26 May 2010: England</li> </ul>
Linked Strategies polices and other documents	<ul style="list-style-type: none"> <li>• Rural Health Strategy</li> <li>• Involving People Strategy</li> <li>• NHS Constitution</li> <li>• Quality Framework</li> <li>• MakingExperiencesCounty</li> <li>• Child Protection Procedures</li> </ul>

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## **1. Introduction**

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For some patients, travel to receive healthcare can present difficulties as the journey may be lengthy, complex, costly, or access to public transport may be poor. In particular, patients on a low income or on benefits can find the cost of travelling to hospital, or other healthcare premises, for treatment or diagnostic tests, a barrier to attendance at services. This can widen health inequalities and potentially have serious consequences for the health of the patient. Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) continues to deliver as many healthcare appointments as close to patients' homes as possible as part of the Care Closer to Home strategy. This policy also recognises the issues raised in the Rural Health Strategy which highlights the need for those in the most socially deprived areas to have good access to healthcare.

This document provides a framework for local decision making that takes into account variations in local geography and circumstance which can affect individuals' needs for help with travel costs. It also provides the basis for wider publicity and communication about patients' entitlements to ensure that patients and their families and carers have easy access to information about what transport support is available.

It covers the mandatory requirements for patient transport services for people with a defined medical need, and reimbursements under the Healthcare Travel Cost Scheme (HTCS) for people on low income.

This policy also proposes an approach to discretionary support through the Clinical Commissioning Group (CCG). Wherever the words CCG appear throughout this document, it shall be understood to be NEW Devon Clinical Commissioning Group.

This policy takes a progressive step towards reducing inequalities, however it is recognised that there is a need for sustained effort over time to continue to address inequalities in access to healthcare. This work is part of a larger, more comprehensive joint approach with other partners across the county aimed at ensuring that people living in Devon have access to a range of travel options. To this end the CCG is working closely with South Devon and Torbay Clinical Commissioning Group, NHS Trusts across Devon, Plymouth and Torbay, Devon County Council and the voluntary agencies across Devon, Plymouth and Torbay.

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## **2. Scope**

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This policy is based on appropriate national guidelines and for the use of both CCG staff and service providers to determine:

- Eligibility for transport based on medical need criteria;
- Eligibility for discretionary assistance with transport e.g. frequent users.
- Eligibility for reimbursement under the Healthcare Travel Cost Scheme, and the procedure for applying for reimbursement

The application of medical criteria will be made by those booking transport on behalf of patients, and to support this, a flow chart has been developed, to help determine the type of transport required.

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### **3. Principles & Purpose**

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The purpose of this Policy is to ensure that the criteria for determining eligibility for free or subsidised travel are applied fairly and consistently across the county.

The policy also covers arrangements for the prior approval of, and reimbursement of, out of county travel.

The policy aims to bring clarity and consistency for patients in understanding what transport options are available and how they can access them. It ensures that those in most need of transport are prioritised.

The policy highlights the reimbursement options available to those entitled to assistance with transport costs and, where appropriate, the policy seeks to ensure that reimbursement is made in a timely and equitable manner.

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### **4. Consultation**

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This document has been developed in consultation with the countywide Devon Health Transport Forum.

It has been presented to the Transport sub group of the Senior Council for Devon and representatives of the Local Involvement Networks (LINK) forum during 2012/13.

It has been presented to Devon's Joint Engagement Board and the consultation and opportunity to comment placed on their website and in circulars to reach out through engagement networks. It has also been shared with other key interest groups, and in particular the advice of the Overview Scrutiny Committee (OSC) Rural Access to Health Task Group, who has reviewed transport issues in some depth, has been sought prior to approval of this policy by local NHS Trusts, and the predecessor NHS cluster of PCT's in Devon.



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## **5. Equality and Health Impact Assessment (EHIA)**

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Initial screening has indicated that a full EHIA impact assessment is not required.

A preliminary screening prior to a full health impact assessment was undertaken and reviewed in June 2013. See Appendix J. The policy should be considered as part of joint work with partners across the county to improve access to health care

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## **6. Assuring adherence to policy**

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Adherence of policy will be monitored through commissioning agencies by feedback from staff and patients and by monitoring exceptional usage.

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## **7. Eligibility Criteria for Medical Tier Transport**

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### **7.1 Patient Transport Services (medical tier transport)**

The NHS aims to commission medical tier transport that meets the needs of eligible patients by the most economical means.

In order to be eligible for travel under the Patient Transport Services arrangements the patient must meet one or more of the following medical needs criteria, in line with National Guidance, which can be found at:

[http://collection.europarchive.org/tna/20080313140814/dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh\\_078373](http://collection.europarchive.org/tna/20080313140814/dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/dh_078373)

Eligible patients are those who:

- Have a current medical condition such that they require the skill or support of Patient Transport Services 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.
- Have a medical condition that currently 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.
- Are the recognised parent or guardian where children (up to the age of 16) are being transported in accordance with the preceding bullet points.
- Have a mental incapacity, learning disability or mental health condition, which makes using private or public transport unsuitable

The journey undertaken must be made to receive services under the National Health Service Act 2006, which are not primary medical or primary dental care services, for which the patient has been referred by a doctor or dentist.

The methodology which has been developed by local NHS service providers, for identifying whether a "medical condition" complies with the above criteria, is attached at Appendix A.

Patients who do not meet the medical criteria identified above are not entitled to transport under Patient Transport Services.

## **7.2 Use of Escorts on medical tier transport**

Only healthcare professional escorts will normally be allowed to travel. A family member or friend may be authorised to travel if the patient falls into one of the following categories:

- is under sixteen years of age
- has significant communication difficulties, including learning disabilities, impaired sight or is hard of hearing
- has a mental health problem that prevents him/her travelling alone
- the patient has complex needs and would only feel safe if they had someone they knew to interpret for them e.g. stroke patients, or an interpreter if there was a language barrier
- is a vulnerable adult requiring supervision for safety

The need for an escort must be approved by the referring medical practitioner.

## **Non- medical tier transport**

### **7.3 Discretionary Assistance with transport**

This section of the policy clarifies the approach to discretionary funding support through the CCG, as delivered by the relevant District General Hospitals in Devon.

For patients who do not qualify for Patient Transport Services, but who have a serious illness, and are undergoing a sustained programme of treatment, which requires them to attend appointments **three or more times a week, or 10 or more a month**, and where this would be detrimental to their treatment plan if they did not attend their appointment, the CCG will use its discretionary powers to assist with the funding of transport. This will be in accordance with the current individual District General Hospital local policies and may include a minimal charge to the patient as a contribution to the discretionary assistance cost.

In order to be eligible the patient must be in receipt of services under the National Health Service Act 2006, which are not primary medical or primary dental care services, for which the patient has been referred by a doctor or dentist.

Patients on low income who continue to attend for treatment, but less frequently, and are eligible to claim under the Healthcare Travel Cost Scheme can seek reimbursement in accordance with Section 8.

It is also recognised that there will be rare occasions when the CCG will need to assess and consider assistance to an individual when all other avenues have failed. Each case will be reviewed by the CCG commissioning directorate in respect of the particular circumstances. The first point of contact for patients for this will be the Patient Advice and Liaison Service (PALS) team. If it is a Trust to Trust issue the first point of contact will be the Contracts team.

### **7.3.2 Discretionary Assistance Travel – Use of Escorts**

Relatives or friends will only be transported as escorts if they meet the criteria under 7.2 and are deemed medically necessary by the patients referring consultant, GP, or other healthcare professional associated with the patient's care.

### **7.4 Advance payment**

In exceptional circumstances advance payment can be made to assist patients to attend urgent appointments. Wherever possible, arrangements will be made, by service providers, to make payment direct to the provider of transport. Cash will not be provided direct to patients.

### **7.5 Patient Information**

The current user friendly patient information leaflet will be reviewed regularly and maintained for patients and carers. (A sample of the current leaflet can be seen at Appendix I). Patient Information will be available through a variety of sources including the CCG website and in a range of locations including GP practices, hospitals and other public buildings and relevant voluntary sector premises.

### **7.6 Community Transport and Voluntary car schemes**

Devon currently has a number of key contact points for patients to gain information and to be signposted to the most suitable and cost effective form of transport. These are run by the voluntary sector and are a Single Point of Contact (SPOC) for each local area. They are situated in West Devon, Teignbridge, East Devon, North Devon and Mid Devon. Contact details for these can be found on the Devon County Council website listed below. These voluntary sector agencies are grant aided by the CCG and Devon County Council, North Devon Healthcare Trust and the Royal Devon and Exeter Foundation NHS Trust.

Details of other schemes currently operating in the county are regularly updated and available on the Community Transport Schemes page of the Devon County Council website, which is;

<http://www.journeydevon.info/where-do-i-start/travelling-to-hospital>

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## 8. Healthcare Travel Cost Scheme

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### 8.1 National Guidance

The national guidance can be found at:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_116385.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_116385.pdf)

In order to be eligible for full or partial reimbursement of travel costs, the patient must meet the following 3 conditions:

#### 8.1.1 The Patient

a. The patient must be in receipt of one of the qualifying benefits or allowances specified in Appendix B (or in certain cases be a member of the same family as a person receiving a qualifying benefit or allowance) –**full reimbursement using the cheapest suitable form of transport (see reimbursement rates in Appendix G)**, or

b. The patient must be named on an NHS Low Income Scheme Certificate HC2 or HC3 (or in certain cases be a member of the same Family of a person named on a NHS Low Income Scheme Certificate. (Appendix C) Full or partial reimbursement as shown on the certificate

8.1.2 The journey undertaken must be made to receive services under the National Health Act 2006, which are not primary medical or primary dental services, for which the patient has been referred by a doctor or dentist.

8.1.3 The service has not been provided during the same visit and at the same premises at which primary medical services or primary dental services, which lead to a referral by a medical practitioner, are provided.

#### 8.2 How will this apply in practice?

A patient who attends an NHS appointment at a GP surgery, a community-based health centre, a hospital or other premises for non-primary care services, is entitled to claim reimbursement of their NHS travel expenses to these places of treatment, provided it is a journey which meets the criteria above.

A patient is entitled to reimbursement of their travel costs, where they attend A&E in order to seek treatment for a condition for which they have already received treatment, and/or advice, from a consultant, at the hospital, as part of an ongoing doctor/patient relationship.

For provider units which are not an NHS Trust or NHS Foundation Trust, the responsibility for refunding travel costs is dependent upon the terms of contract between the Provider and the CCG. If the contract does not provide that refunds of NHS travel expenses will be made by the provider, these will fall to the CCG to make.

#### 8.3 Reimbursement

Where the conditions set out in paragraphs 8.1.1– 8.1.3 have been met, a patient may apply for full or partial reimbursement of those sums. The amount of any NHS travel expenses to be reimbursed will be calculated in accordance with principles identified in Section 8.7. The conditions set out in this section are based on the National Health Service (Travel Expenses and Remission of Charges) Regulations 2003 and any assessment of whether a patient has complied with these criteria will be made by reference to those regulations.

All claims should be made within 3 months of the date of travel and all payments made by no later than 6 weeks of the receipt of a valid claim.

Full details of the 2003 regulations and subsequent amendments are available at [www.opsi.gov.uk/stat](http://www.opsi.gov.uk/stat)

Application of the Regulations are detailed in the “Instructions and Guidance for NHS Organisations”, the latest version of which was issued in May 2010. A flowchart is attached at Appendix D.

#### **8.4 Advance Payment**

In exceptional circumstances advance payment can be made to assist patients to attend urgent appointments. Wherever possible, arrangements will be made, by service providers, to make payment direct to the provider of transport. Cash will not be provided direct to patients.

#### **8.5 Travel Abroad**

##### **8.5.1 Treatment arranged and paid for by the NHS**

Under the Hospital Travel Cost Schemes (HTCS) regulations (as identified in section 8.1) where a patient is eligible for full or partial payment of NHS travel expenses and is travelling abroad for treatment arranged and paid for by the NHS, they may claim their necessarily incurred travel costs to a port (including an airport, ferry port or international train station) in Great Britain from which an international journey begins. Reimbursement of patient travel costs from the port to the place of treatment falls within NHS foreign travel expenses.

A person will only be entitled to the payment of NHS foreign travel expenses where the health services body, which has made the arrangements for services to be provided overseas, agrees the mode and cost of travel and the necessity or otherwise for a companion, **before** the travel costs are incurred.

To claim payment or repayment of NHS foreign travel expenses, the person must apply in writing to the health service body, which arranged the services, within **threemonths** of the expenses being incurred, unless otherwise agreed with the health services body.

##### **8.5.2 Patients who choose to seek treatment abroad**

In the first instance, patients are strongly advised to discuss their plans with the commissioner in advance, to ensure that they are entitled to the required treatment under the NHS.

However, if they are, under the terms of the Department of Health “Guidance on Cross Border Healthcare and Patient Mobility”, issued in April 2010, only those patients eligible for Healthcare Travel Cost Scheme (as identified in section 8) are entitled to assistance with travel expenses associated with the provision of treatment abroad.

The HTCS Regulations provide for reimbursement of travel costs by the cheapest “reasonable” means of transport only - not accommodation, nor subsistence. Under the HTCS arrangements, patients incur the costs and then claim a reimbursement. Please see 8.7 for detail of the ‘reasonable’ test and how the calculation is made.

Commissioners will consider reimbursement of such costs for the most efficient mode of transport to the destination of treatment.

## **8.6 Exclusions to Hospital Travel Costs Scheme (HTCS)**

The Healthcare Travel Cost Scheme does not apply to:

- Patients attending an establishment to receive primary medical or primary dental services i.e. for repeat medication, initial appointments etc.
- Patients attending an establishment to receive non-primary medical services or non-primary dental services but who have not been referred for those services by a Doctor or Dentist i.e. Self Referral.
- Patients who have a medical need for ambulance transport - which is provided through the Patient Transport Service.
- 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 Consultant should be regarded as part of their treatment costs. Likewise, the travel costs of patients sent home as either part of their treatment or to meet hospitals convenience should be regarded as part of their treatment costs.
- Patients attending A&E, other than those identified in section 8.1.
- Patients who discharge themselves from hospital at their own request.
- Visitors to patients in hospital. However, if the visitor receives one of the qualifying benefits listed in appendix B or C, they may be able to receive assistance in the form of a Social Fund Loan and further assistance on this can be obtained from Jobcentre Plus offices. Local councils may also have limited help for emergency travel costs, under Local Welfare Funds.
- Private Patients.
- The cost of an overnight stay.
- The cost to parents accompanying their child on an overnight in hospital. The benefits of parents staying with their children overnight are generally accepted and most children’s departments provide facilities for parents to sleep on the ward. No charge should be made for these.
- Patients receiving non-primary care services on the same visit and in the same premises as those occupied by the doctor or dentist who during that visit has referred them for that care in the course of providing primary medical or primary dental services. For example, if an appointment is made with the GP and during this it is established that the patient requires a blood test, which can be taken at the time of the initial visit, as the patient has not made an additional journey to receive the test, reimbursement through the Healthcare Travel Costs Reimbursement Scheme is not appropriate.

- The payment of NHS foreign travel expenses – See section 8.5.

### **8.7 Calculating Travel Costs (Healthcare Travel Cost Scheme)**

In accordance with the 2003 Regulations, travel costs will be calculated on the cheapest form of public transport appropriate to the patient. Upon request for payment, the costs of the travel incurred should be checked to ensure they are reasonable and the patient's personal circumstances should also be taken into account when determining this.

The assessment of reasonableness is based on the assumption that the patient should be able to reach their healthcare establishment in a reasonable time and without detriment to their condition. Therefore the following criteria should be taken into account, when considering whether the mode of transport chosen is reasonable;

- The distance the patient has to travel.
- The length of time the journey takes to complete.
- How often the patient has to undertake this journey.
- The availability, suitability and accessibility of public transport.
- The patient's medical condition.
- The patient's age.
- The notice time given to the patient of the appointment

If deemed medically necessary by the patient's referring consultant, GP or another healthcare professional involved in the patients care, the travelling expenses of an escort may also be claimed as part of the patients travelling expenses. In cases where a child under 16 attends an appointment, the travelling costs of a parent or guardian can also be claimed. Where it is deemed to be medically necessary, the reference to an escort can be taken to mean 2 escorts, and travel expenses incurred.

Payments for escorts are made on the basis of the patient's eligibility, irrespective of the escort's eligibility. The travel costs for the escort however should be assessed on the same basis as those for the patients. The criteria for approving escorts are attached at Appendix E.

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

All requests for reimbursement must be accompanied by evidence of entitlement and expenditure and, where possible, refunded to the patient at the time of their visit. If the patient doesn't have evidence of entitlement and expenditure, they should be given form HC5 (T) to be completed and sent off.

### **8.8 Modes of Transport available (for those qualifying for the Healthcare Travel Cost Scheme)**

People will be encouraged to use the most cost effective form of transport available to them to attend their healthcare appointment whenever it is possible to do so.

### **8.9 Public Transport and Concessionary Fares**

People are encouraged to use public transport wherever it is possible to do so. They should be advised to refer to the relevant service provider for information on the wide range of tickets available.

People of pensionable age or who are disabled may be eligible for a Concessionary Fares pass. Further information on eligibility and application is available on the national concession bus pass pages of the Devon County Council website.

**Patients and staff of healthcare providers are requested to arrange appointments to maximise the use of concessionary schemes.**

#### **8.10 Car parking and Toll Charges for private cars**

Patients who are entitled to full or partial reimbursement for travel costs and who travel by private cars provided by family and friends, will be reimbursed for car park and toll charges, on production of receipts.

Under no circumstances will penalties incurred through illegal parking be reimbursed.

#### **8.11 Taxis**

Wherever possible, patients are advised to discuss the use of a taxi in advance to clarify what reimbursement will be given.

If the use of a taxi is considered to be the only alternative, taking into account the patient's circumstances, reimbursement for the costs incurred will be made, subject to a receipt being provided.

#### **8.12 Payment for Travel Costs Incurred on the Day of Travel or in Advance**

Wherever possible cash should be reimbursed to patients on the day of their appointment to ensure they are able to return home. Cashier facilities are available at most NHS hospitals for reimbursement claims on the day of attendance. If a patient attends a site where this facility is not available the payment for travel will need to be paid retrospectively. Please see Appendix F for details on how to claim. Forms HC5 (T) should be available at most NHS hospitals.

#### **8.13 Retrospective Payments**

Retrospective payments will be made through the post using form HC5 (T) and the Prescription Pricing Division of the NHS Business Services Authority will advise of the patient's eligibility and will confirm that a refund is due. The responsible organisation will then calculate the amount and process the claim as per Appendix F. This is usually done by the relevant provider unit.

Claims relating to appointments at units not responsible for refunding (see section 8.2) will be considered and paid by the CCG.

Once the Prescription Pricing Division has confirmed eligibility, it is the decision of the CCG whether or not the retrospective costs incurred for travel are reimbursed. This decision will be made on the basis of 'reasonableness' as described in section 8.7 Calculating Travel Costs.



The CCG will refund the cost of the cheapest suitable form of transport, so if the patient travels by bus and has a bus pass, no refund will be given.

If the journey, method or cost was considered to be unreasonable or disproportionate, the patient will only be reimbursed for the equivalent public transport cost (either mileage rate or bus fare cost) for the journey. (See Appendix G – Reimbursement rates)

#### **8.14 Fraud Prevention**

Only claims submitted using the approved form is acceptable. Should fraud be suspected, it should be reported to the Local Counter Fraud Specialist or to the NHS Fraud and Corruption Reporting Line.

#### **8.15 Complaints**

Should the costs not be reimbursed at the time of the appointment the patient should, in the first instance, make an appeal to the Cashier's line manager. If a satisfactory conclusion is not reached the patient should contact the appropriate Patient Advice and Liaison Service (PALS). If the patient is not satisfied with the outcome, a formal complaint can be made to the relevant NHS organisation and this will be handled according to the NHS Complaints Procedure. The complaint should be made within twelve months of the original appointment date.

#### **8.16 Audit**

Claims and appeals/complaints will be audited on an annual basis unless otherwise requested.

### **9. Review**

This policy will be reviewed in accordance with CCG's review process.

### **10. Patient Information**

Patient Information will be available through a variety of sources and in a range of locations including GP practices, hospitals and other public buildings.

## Appendix A

### Assessing Medical Need

The person responsible for booking non urgent PTS transport will use the following criteria to determine whether a patient has a medical need, within the terms of the national policy: **Department of Health Eligibility Criteria for Patient Transport Services (2007)** which is published on the DH website and available in electronic PDF format only.

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_078373](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078373)

Eligible patients are those who:

- **Have a current medical condition such that they require the skill or support of Patient Transport Services 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;**
  - Journey will be detrimental to health
  - For patients who may harm themselves, or have an infectious wound condition
  - For patients whose condition may cause harm to others
  - For patients who need to be monitored and / or treated during the course of the journey
    - For example, a patient requiring medication every four hours may not be eligible for medical patient transport if they were travelling from Bideford to Exeter but would be eligible if they were travelling from Bideford to Manchester.
  
- **Have a medical condition that currently 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.**
  - For patients who will need substantial assistance/support to move from their bed/chair at pick up point to vehicle and from vehicle to destination
  
- **Are the recognised parent or guardian where children (up to the age of 16) are being transported in accordance with the preceding bullet points.**
  
- **Have a mental incapacity, learning disability or mental health condition, which makes using private or public transport unsuitable**

## Appendix B

### Qualifying Benefits and Allowances

Benefit	Eligibility Criteria	Entitlement Covers	Proof of Entitlement
Income Support (IS)	All patients in receipt of IS including Income related support allowance, are entitled to payment of NHS travel expenses through the Healthcare Travel Costs Scheme	<p>Recipient, partner and any dependents for which 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 but will be covered by Child Tax Credit (CTC)</p> <p>Escorts: Where deemed medically necessary by a doctor or other healthcare professional involved in the provision of services to a patient, the travelling expenses of escort(s) may also be claimed as part of the patients cost.</p> <p>Where children under 16 are travelling for treatment, escort costs may be paid for a parent / guardian attending the appointment with the child.</p>	<p>Patients claiming IS should be able to present either:</p> <ul style="list-style-type: none"> <li>• An award letter from their Jobcentre Plus Office confirming their receipt; OR</li> <li>• 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</li> </ul>
Income Related Employment and Support Allowance (ESA(IR))	All patients in receipt of Income Related Employment and Support Allowance	Recipient, partner and any dependents for which the recipient of the partner is responsible including children and young people under 20 named in the award. Some children and young people will not	Patients claiming ESA(IR) should be able to present either: An award notice from their Jobcentre Plus Office confirming their receipt of ESA(IR), or any official correspondence that indicates entitlement to

		<p>be included in the award. These will be covered by Child Tax Credit (CTC). Escorts, where deemed medically necessary by a doctor or other healthcare 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.</p> <p>Where children under 16 are travelling for treatment escort costs may be paid for a parent or guardian attending the appointment.</p>	<p>the named benefit on the day of the appointment, and dated within a twelve month period of the appointment.</p>
<p>Income Based Job Seekers Allowance(JSA IB)</p>	<p>All patient in receipt of JSA IB</p>	<p>Recipient, partner and any dependents for which the recipient or partner is responsible including children and young people under 20 named in the award. If a child is no longer included, entitlement should be through Child Tax Credit Escorts: See Income Support</p>	<p>Patients claiming JSA (IB) should be able to present either:</p> <ul style="list-style-type: none"> <li>• An award letter from their Jobcentre Plus Office confirming their receipt; OR</li> <li>• 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</li> </ul>
<p>Working Tax Credit (WTC) Child Tax Credit (CTC)</p>	<p>Patients who are receiving or are named on an award certificate for:</p> <p>a) WTC with CTC;</p> <p>b) WTC with a disability element or a</p>	<p>Recipient, partner and any dependents including children and young people under 20 named in the award.</p> <p>Escorts – See Income Support</p>	<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, and award letter should be provided.</p>

	severe disability element; or c) CTC but is not eligible for WTC, provided that the relevant income of the member to whom the tax credit is made is not more than £15, 276 on their award notice		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.
Pension Credit Guarantee Credit– This is NOT state pension. It is a payment over and above this which only some pensioners are entitled to.	All patients in receipt of Pension Credit Guarantee Credit  <b>NB</b> Pension Credit – Savings Credit on its own does not automatically provide entitlement to assistance through HTCS. However, patients in receipt of this benefit may qualify for full or partial payment of their NHS travel expenses via the NHS Low Income Scheme (See below)	Recipient, partner and dependents  Escorts – See Income Support	The award letter should be provided as proof of entitlement. This letter will detail the type of pension credit in payment.
Universal Credit	Only available in limited pilot areas of UK, until October 2013.	As JSA income based until October 2013.	Award notice/letter

## Appendix C

### Other Routes Providing Eligibility to HTCS

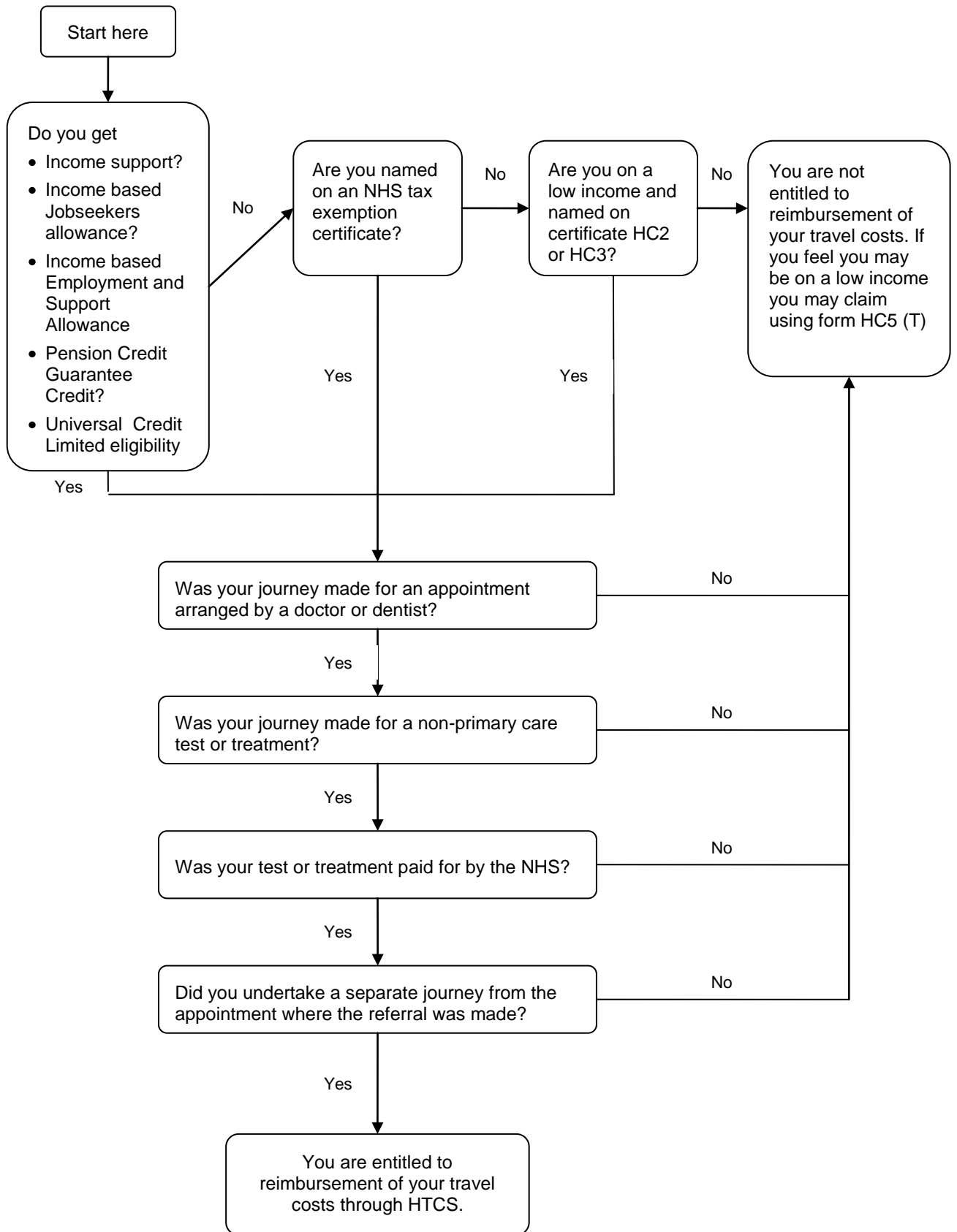
<p>Patients not in receipt of any of the benefits listed in Appendix A, but on a low income may be eligible for assistance through the NHS Low Income Scheme. A person may be eligible for full or partial payment of their NHS travel expenses in the circumstances set out in Appendix B. The person will need to apply to the Prescription Pricing Division (PPD) on a form HC1 to claim entitlement evidence may be requested in support of the claim. Where the claim is successful the PPD will issue a notice of entitlement to that person, which may include the claimant's family members</p>			
Passport to Support	Eligibility Criteria	Entitlement Covers	Proof of Entitlement
<p>People claiming on the grounds of low income.</p> <p>This often applies to pensioners, students, single parents and people on long term ill health disability benefits.</p> <p>(See Appendix H – Low income poster)</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 £23,250 if in a care home) may be eligible. 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 the 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 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</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: 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 escorts.</p>	<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"> <li>1. the period of validity of the certificate (both start and end date)</li> <li>2. the names of the people covered by the certificate (including any partner or dependents)</li> </ol> <p>The patient should provide an HC3 certificate.</p>

	<p>encouraged to make a claim if their savings are below the current limits. 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 over and above this.</p>		
<p>Persons living permanently in a care home or accommodation provided by a local authority</p>	<p>The claimant must reside in one of the following and have satisfied the authority that they are unable to pay for that accommodation at the standard rate, or as the case may be, the full rate:</p> <p>A care home</p> <p>Residential accommodation provided by the 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</p> <p>Residential accommodation for expectant and nursing mothers who are in need of care and attention which is not otherwise available to them</p>	<p>The claimant only</p>	<p>An official letter from the local authority confirming their status as at the date the travel for healthcare was undertaken.</p>
<p>Asylum seekers for whom support is provided under Part VI of the Immigration and Asylum Act 1999</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>This part of the Act makes provision for support being provided for asylum seekers or dependents of asylum seekers who appear to the Secretary of State to be destitute or likely to become destitute.</p> <p>(Destitute is measured by</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"> <li>• A Spouse</li> <li>• A child of his, or of his spouse, who is under 18 and dependent on him</li> </ul>	<p>An official letter from the Home Office confirming their status as an asylum seeker being supported under the 1999 act as at the date the travel for healthcare was undertaken; or a valid HC2 or HC3 certificate.</p>

	reference to a lack of, or lack of access to, adequate accommodation and food and other essential items)		
Children of 16 or 17 being supported by a local authority	A child of 16 or 17 years of age who has been in local authority care and is being supported by a local authority under section23B(8) of the Children Act1989	The claimant only	An official letter from the local authority confirming their status as at the date the travel for healthcare was undertaken.



## Appendix D – HTCS Flowchart



## **Appendix E**

### **Use of Escorts on medical tier transport**

Only healthcare professional escorts will normally be allowed to travel. Family members and friends may be authorised to travel if the patient falls into one of the following categories:

- is under sixteen years of age
- has significant communication difficulties, including learning difficulties, impaired sight or is hard of hearing
- has a mental health problem that prevents him/her travelling alone
- the patient has complex needs and would only feel safe if they had someone they knew to interpret for them e.g. stroke patients, or a translator if there was a language barrier
- is a vulnerable adult requiring supervision for safety

The need for an escort must be approved by the referring medical practitioner, who must deem it medically necessary and it must be agreed in advance of the journey.

## Appendix F

### 1. Process for Requesting Reimbursement on the Day of Travel

#### **NHS Hospital Sites, via Reception or General Office/Cashiers Office**

Patients qualifying for a travel refund under the Healthcare Travel Costs Scheme (HTCS) should present their appointment card or letter, travel receipts and proof of entitlement for an immediate reimbursement at the hospital where they are treated. Any enquiries should be addressed to this hospital in the first instance.

If the patient is unable to claim on the same day or the payment office is closed a retrospective claim may need to be made (as below).

### 2. Process for Requesting Retrospective Payments

#### **Non NHS Hospital Sites, e.g. Local Treatment Centres**

Due to the absence of onsite cashier facilities, patients referred for NHS treatment at privately run hospitals or at NHS clinics not linked to a main hospital site will not usually be able to claim an immediate travel refund. A retrospective claim must therefore be made using an HC5 (T) Claim Form. Patients may also need to complete an HC1 'Help With Health Costs' application form if they have not already been assessed as qualifying under the Low Income criteria of the HTCS scheme and wish to be assessed for the Scheme.

Claim forms can be obtained from NHS hospitals and most other NHS sites. Claims must be sent within 3 months of the journey date. The NHS Helpline 0300 330 1343 can also advise patients who need further help or advice about making a claim. Applications must be completed in full and sent to the appropriate verifying authority e.g. the NHS Business Services Authority in Newcastle as instructed on the form(s). Please firmly attach any travel receipts and supporting evidence required.

Once verified and stamped the HC5 (T) refund claim form will be forwarded to the appropriate organisation, usually the unit where the patient received their care, for payment. Claims to be paid by the CCG will be checked and authorised by the responsible clerical officer before being sent to our Shared Financial Services for payment. All claims must be on properly verified and stamped HC5 (T) Forms and include any necessary supporting evidence.

All receipts submitted should be originals. Private petrol costs and mileage will be calculated at the CCG's set rate(s) (See Appendix G.) Payment will be made by cheque from Shared Financial Services via 2<sup>nd</sup> class mail. Please note that payment may take up to 4-6 weeks from receipt of a verified claim at the CCG. Shared Financial Services cannot make any payments by postal order or by cash.

The NHS Business Services Authority will only consider claims received after the 3 month deadline, when accompanied by a letter of explanation. It will be NHSBSA decision whether to accept and process these claims.

## Appendix G

### Reimbursement rates; updated 1 April 2013

Eligible patients will receive a refund for the reasonable costs of the cheapest suitable option for their journey, taking into account the distance, the length of time, whether it is a journey done frequently, availability, suitability and accessibility of public transport, the medical condition, including weakened immune system and fatigue and the age of the patient.

Type of transport	Refund rate when used as cheapest suitable option	Refund rate when used as patient choice
Public transport	Lowest concessionary fare	Lowest concessionary fare
Private car	Full estimated cost per mile at regional agreed rate (currently 15p), plus parking, tolls & London congestion charge	Lower of regional per mile fuel rate plus costs, or public transport cost
Community transport	Actual cost.	Local provider rate pence per mile
Hospital cars, Torbay area only	Actual cost	Partial cost at 60% rate
Taxis (prior agreement should be sought if possible)	Actual cost	Local provider rate pence per mile
Health Service Transport options provided at a charge	Fully refunded	Only available to non medical need patients as last resort

NB Per mile rates are agreed across the region, and must be at least in line with HM Revenue and Customs advice, updated every 6 months. [http://www.hmrc.gov.uk/cars/fuel\\_company\\_cars.htm](http://www.hmrc.gov.uk/cars/fuel_company_cars.htm)

**Car parking costs paid for relevant periods, using concessions where possible, will be refunded.**

**No fixed penalty or other penalties incurred in the journey are payable.**



South Devon and Torbay  
Clinical Commissioning Group



Northern, Eastern and Western Devon  
Clinical Commissioning Group

## On a tight budget?

## Want help with health costs?

**Prescription Charges • Travel Costs • Eye Tests • Dental Charges**









You qualify for help with health costs if you and your family receive:

- Income Support
- Income based Job Seeker's Allowance
- Income related Employment Support Allowance
- Pension Credit Guarantee Credit
- Working or Child Tax Credit NHS Exemption Certificate
- Universal Credit (Limited Eligibility)

If you do not receive these benefits, you can also apply for a

**Low Income Certificate**

- Receiving disability living allowance? Small Private Pension?
- Student? Carer?
- Savings under £16,000?

Ask for an HC1 form at your hospital, Job Centre, Dentist or Optician  
or call Help with Health Costs on  
**0300 330 1343**

They will be able to offer help and advice on completing the form

**Need advice and help?**  
Contact The Patient Advice and Liaison Service (PALS)

**0300 123 1672 or 01392 267 665**

text for a call back to **07789 741 099**

Email: [pals.devon@nhs.net](mailto:pals.devon@nhs.net)

## Appendix I

### Help with travel costs

Patients (and sometimes their escort) who are under consultant care or who have been referred by a GP or dentist may be entitled to help with travel and parking costs and toll charges relating to health appointments. The refund, if granted, will be for the costs of the cheapest suitable form of transport available.

Help is available to anyone who receives (\*or is named on)

- | income support
- | income-based Jobseeker's Allowance
- | income-related Employment and Support Allowance
- | Pension Credit Guarantee Credit
- | an NHS Tax Credit Exemption Certificate\*

Many other people on a low income with savings below £16,000 can also receive help with costs, but need to apply for a certificate to confirm this, using form HC1. To find out more, ask for leaflet 'Help with Health Costs HC1 | April 2009' from 0845 8501166 or visit: [www.nhs.uk/HelpWithHealthCosts.aspx](http://www.nhs.uk/HelpWithHealthCosts.aspx)

Refunds of costs for those eligible can be reclaimed at the time if you can show proof of entitlement and receipts/tickets, or by post up to three months after your journey using form HCS(T). You can collect forms HC1 and HCS(T) at hospital general offices.

For NHS policy on refunding travel costs in Devon visit: [www.devonpct.nhs.uk](http://www.devonpct.nhs.uk), [www.plymouthpct.nhs.uk](http://www.plymouthpct.nhs.uk) or [www.torbaycaretrust.nhs.uk](http://www.torbaycaretrust.nhs.uk)

### Travel cost appeal process

If you are unhappy with a decision about travel cost refunds, you can ask to speak to the cashier's line manager to appeal. For further help contact the Patient Advice and Liaison Service (PALS). Each major hospital and health trust in England has their own PALS which can be contacted via the hospital telephone number; website or through staff, for help with any concern.

### Where to get help - Local Single Point of Contact (SPOC)

For information, advice and help with booking any form of transport, contact your area's NHS supported SPOC, open week days only. If you can't use the telephone, you can ask health staff, carers or family members to ring for you.

Exeter and East Devon.....	01404 46529
Mid Devon.....	01884 242 099
North Devon and Torrington.....	01271 314 332
Plymouth.....	0845 053 9100
Teignbridge.....	01626 774 484
Torbay.....	01803 656 777
West Devon and South Hams.....	01822 617 525

### Comments or concerns

If you have comments or concerns about your healthcare and would like help in confidence, contact the Patient Advice and Liaison Service (PALS) for Devon, Plymouth and Torbay on 0300 123 1672 or [pals.devon@nhs.net](mailto:pals.devon@nhs.net)

For a copy of this leaflet in another language or format, or further copies, please telephone 0300 123 1672.

Review date May 2013



Devon, Plymouth and Torbay

### Transport advice for Devon, Plymouth and Torbay patients from June 2012



Patients are asked to travel as independently as possible to and from health care, so that travel support can be given to those who need it most.

This leaflet provides you with information on all of the transport options available, as well as advice on how to choose the best one for you.

You have the following options:

- Public transport
- Using your own car or having a lift with friends or family
- Community transport and voluntary car schemes
- Taxi
- NHS supported transport

### Advice before you choose

This guide provides travel advice only. You should also read any information with your appointment letter, or check with your doctor.

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Refunds of costs for those eligible can be reclaimed at the time if you can show proof of entitlement and receipts/tickets, or by post up to three months after your journey using form HC5(T). You can collect forms HC1 and HC5(T) at hospital general offices.

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- Taxi
- NHS supported transport

### Advice before you choose

This guide provides travel advice only. You should also read any information with your appointment letter, or check with your doctor.



**Appendix J**  
**Equality Impact Assessment**  
**SCREENING FORM ONE – to be completed for all Policies,**  
**Strategies & Service Development**

<b>Name of policy: Non urgent patient transport and reimbursement Policy</b>
<b>Commissioning decision : Adoption of existing 2012/13 Devon Cluster policy</b>
Locality and service area covered: <ul style="list-style-type: none"> <li><input type="checkbox"/> ✓Employees</li> <li><input type="checkbox"/> ✓Patients/clients/service users</li> <li><input type="checkbox"/> ✓Partnerships/organisations</li> <li><input type="checkbox"/> ✓Visitors or temporary residents</li> <li><input type="checkbox"/> ✓Staff from other organisations</li> </ul>
Name and contact details of officer completing assessment: Name Alison Holder Job title Senior PALS Manager Telephone no: 01392 267665 Email address: alison.holder@nhs.net
1. What is the main purpose of the strategy/policy/project (or the changes you want to make to it)? This updated policy is in force across all providers in Devon, and both CCG's. It is presented for formal adoption within the NEW Devon CCG. Its purpose is to ensure equitable practice in provision of non urgent patient transport for patient journeys for all residents of Devon, Plymouth and Torbay, and to ensure patient entitlement to reasonable travel cost reimbursement is standardised and available to all entitled patients. The policy is based on national guidance and forms part of all provider contracts which are the responsibility of NEW Devon CCG or South Devon and Torbay CCG.
2. What are the main activities of the strategy/policy/project? The policy confirms guidance on access criteria for free NHS provided transport, provides for roles for all partners in ensuring this, and supports access to services for all patients.
3. Who is intended to benefit from the strategy/policy/project, and how? All patients and their families accessing NHS services. All staff engaged in supporting enquiries about and provision of non urgent patient transport. Community transport groups across Devon in the voluntary sector, who provide transport to health appointments. All providers of NHS transport contracts. Partner local authorities with public transport duties
4. Is the policy consistent with the NEW Devon CCG's equality policies? e.g. Acceptable Behaviour, Whistle Blowing, Zero Tolerance, Equal Opportunities <ul style="list-style-type: none"> <li>✓ Yes ✓</li> <li>✓ No</li> </ul>

5. Is responsibility for the policy shared with another service, CCG or organisation?
✓ Yes ✓
✓ No
6. If yes, what responsibility and which bodies?
SEE questions 1 and 3

7. What positive and possibly negative impact is the strategy/policy/project likely to have on different sections of the community or employees?  
**Please use the table below**

	<b>Impact</b> Positive + Neutral Negative – ✓ box	<b>Reason</b>	<b>Are there additional factors that could contribute to the positive or negative impact? If so, what are they?</b>	<b>Evidence/Consultation</b>
Sex/Gender	+ - none			
• Women	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Clear entitlement statements and action, equitable assessment. Standard process for all		
• Men	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Race/Ethnic Group				
• Asian or Asian British people	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
• Black or Black British people	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
• Chinese people	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
• Gypsy or Roma People	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
• Irish People	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
• People of Mixed Heritage	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
• White People	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
• People of other ethnic backgrounds	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Asylum Seekers and Refugees	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
People with physical disabilities	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vulnerability recognised and supported in standard		

	<b>Impact</b> <b>Positive +</b> <b>Neutral</b> <b>Negative – ✓ box</b>	<b>Reason</b>	<b>Are there additional factors that could contribute to the positive or negative impact? If so, what are they?</b>	<b>Evidence/Consultation</b>
		criteria		
People with sensory disabilities e.g. deaf or partial sight	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vulnerability recognised and supported in standard criteria		
People with learning disabilities	+	Vulnerability recognised and supported in standard criteria		
Deaf People who use British Sign Language	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vulnerability recognised and supported in standard criteria		
People with mental health needs	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Vulnerability recognised and supported in standard criteria		
Lesbians, gay men and bisexual people	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Gender reassignment	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Trans people	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Pregnancy and maternity	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Age including	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
• Older people (60+)	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
• Younger people (17-25) and children	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
People of different faith groups or beliefs including no faith	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

	<b>Impact Positive + Neutral Negative – ✓ box</b>	<b>Reason</b>	<b>Are there additional factors that could contribute to the positive or negative impact? If so, what are they?</b>	<b>Evidence/Consultation</b>
Travellers	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Other (please specify)  Rurally or financially isolated	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	The policy supports Rural Health strategy, assists transport provision fairly for all patients wherever they live and offers fair and speedy reimbursement to assist anyone on a low income.		
Carers	+ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

**Notes:**

- Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when assessing positive and negative impacts.
- The categories relating to ethnicity include those used in the 2001 census. Consideration should be given to the needs of specific communities within the broad categories such as Bangladeshi people and to the needs of other communities such as Turkish/Turkish Cypriot, Greek/Greek Cypriot and Polish that do not appear as separate categories in the census.
- Consider the positive impact that new services redesign or service changes could make. Commissioning decisions will be to improve the experience of patients so these should be emphasised. E.g. changes to access to a service could have benefits to a group of patients who previously struggled with access. Such as tele medicine for housebound patients
- An adverse impact does not necessarily require action to be taken. Actions must remain in proportion with the benefits that could be achieved and resources available to complete them. If adverse impacts are identified and actions for improvement are not proportionate, the reasons for not taking action should be detailed and open to challenge.

9. Will this policy/service consultation be available in other formats, other languages? Braille, British Sign Language. Audio/video tape large print or statement acknowledging services are available in other formats.

Available on request

10 a) Could you improve the strategy, project or policy's positive impact?

Explain how:

- The policy has been included in all provider contracts to ensure good practice.
- Review appropriately in light of new guidance on Help with Health costs due in 2013, and other guidelines produced biannually

10 b) Could you minimise or remove any negative impact?

Explain how:

N/A

*You may wish to use the action sheet at the end of Section Two.*

Name: Alison Holder  
Title: Senior PALS Manager  
Date: 20/6/2013