



Kernow
Clinical Commissioning Group

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1. Document purpose

This document provides a framework for local decision making when assessing the eligibility of patients for Non-emergency NHS funded patient transport in line with national guidance and current legislation. It provides a basis for ensuring equitable access to non-emergency NHS funded patient transport to eligible patients in Cornwall and the Isles of Scilly.

To standardise access to non-emergency NHS funded patient transport across Cornwall and Isles of Scilly for patients with a medical or financial need for transport to and from a premises providing non-emergency NHS healthcare, and between NHS healthcare providers (commissioned by the NHS to deliver NHS funded care/treatment). To achieve this, the eligibility criteria outlined in this document has been standardised and will apply to all patients registered with an NHS Kernow GP practice.

It will ensure delivery of a sustainable patient transport service, which is fit for future as it has been developed in association with patients, clinicians and partners. The geographical challenges, that Cornwall and the Isles of Scilly experience, require a robust transport service as it plays a key role in ensuring improvement of the health of patients and provides reassurance to family members. Stakeholder consultations have provided valuable local insight and supported already identified challenges.

2. Scope

This will cover non-emergency NHS funded patient transport for patients travelling to receive healthcare at all NHS and independent service providers contracted to the NHS.

This policy does not apply to emergency transport such as 999 ambulances, Air ambulance, helicopter search and rescue and mental health transport.

3. Policy statement

NHS Kernow Clinical Commissioning Group's (NHS Kernow) policy is to fund non-emergency NHS funded patient transport where there is a statutory obligation to do so and make no discretionary payments other than those detailed within this policy document. These obligations are described in:

1. Eligibility Criteria for Patient Transport Services (PTS):
http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_078372.pdf

2. Healthcare Travel Costs Scheme – Instructions and guidance for the NHS (2010):
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213883/dh_116385.pdf
3. The National Health Service (Travel Expenses and Remission of Charges) Regulations 2003:
http://www.legislation.gov.uk/ukxi/2003/2382/pdfs/ukxi_20032382_en.pdf

NHS Kernow will provide access to non-emergency NHS funded patient transport for patients registered with and NHS Kernow GP practice or who are usually resident in Cornwall and the Isles of Scilly who:

- Meet the nationally defined criteria on health grounds (described in item one above); or
- Meet the nationally defined criteria on financial grounds (described in item two and three above); or
- Meet the locally defined criteria for frequent travellers; or
- Are usually resident on the Isles of Scilly (described in item two and three above).

NHS Kernow will provide access to non-emergency NHS funded patient transport for escorts of those patients identified above who:

- Meet the nationally and locally defined criteria for escorts.

Patients should be assessed every time they request NHS funded patient transport as their condition may have changed

4. Introduction

Patients travelling to receive NHS non-emergency healthcare are normally expected to make their own way using their own transport or the range of public, community or voluntary transport available locally. However, patients may be eligible for assistance on the grounds of either health need or financial need:

- **NHS Funded Patient Transport for health need:** NHS funded patient transport services are available to patients who are unable to travel on private or public transport due to a health need. This service mainly helps patients who are accessing healthcare services, being transferred between healthcare services or being returned back to their place of residence having received healthcare services. The healthcare must be NHS funded in order to be eligible for non-emergency patient transport. NHS funded patient transport services are available free of charge to eligible patients.
- **NHS Funded Patient Transport for financial need:** Patients that do not have a health need but are on a low income, or in receipt of certain benefits, may be able to claim a refund of reasonable travel costs under the Healthcare Travel Costs Scheme if they are referred to hospital or other NHS premises for NHS specialist

treatment or diagnostic tests. Patients are expected to use the cheapest suitable mode of transport for their circumstances.

Both patients and escorts/carers will be assessed against eligibility criteria defined nationally by the Department of Health and supported by NHS England Guidance.

- http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_078372.pdf
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213883/dh_116385.pdf

The purpose of these eligibility criteria is to provide a fair and equitable service to patients accessing NHS funded patient transport. It is also to ensure that this resource is provided to those who have a specific medical or financial need that means that they require transportation to access healthcare services or return home.

5. NHS Funded Patient Transport

Isles of Scilly residents, please see section seven.

NHS Kernow policy is to fund in line with national statutory guidance with no discretionary payments other than those detailed within this policy document– see link to guidance:

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_078372.pdf

a) Eligibility (Extracted from national guidance)

A patient's eligibility for NHS funded patient transport services will be assessed against the following nationally defined clinical eligibility criteria:

- A medical condition that requires the skills or support of patient transport staff, on or after the journey, to the extent that it would be detrimental to their condition or recovery if they were to travel by any other means; or
- A medical condition that impacts on their mobility, to such an extent that they would be unable to access healthcare, and it would be detrimental to the patient's condition or recovery to travel by any other means.

Patients should be assessed every time they request NHS funded patient transport as their condition may have changed.

A patient's eligibility for non-emergency NHS funded patient transport and provision of escorts should be determined by either a healthcare professional or by the Centralised Booking Service at Royal Cornwall Hospitals NHS Trust who are both:

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

b) Exclusions

NHS funded patient transport eligibility does not extend to include:

- Patients who are usually able, for the purpose of daily living, to travel in a private car (e.g. a relative, friends or neighbour's car) or on public transport (e.g. a bus, train, volunteer car service or taxi); or
- Patients travelling for private treatment funded by themselves; or
- Transport for social need (e.g. because a patient does not have their own car); or
- Transport to primary care services e.g. GP or dentist; or
- Patients requiring an urgent or 999 response; or
- Visitors to patients in hospital.

However, you may be entitled to NHS funded patient transport if you have a temporary medical need (for example, your leg is in plaster).

c) Escort criteria for NHS Funded Patient Transport (Extracted from national guidance)

Only healthcare professionals will normally be carried as patient escorts on NHS funded patient transport vehicles. Family members and friends may be authorised to travel in exceptional circumstances if they are able to provide the necessary skills or services that the patient requires on the journey that cannot be supplied by the transport staff.

A patient can travel with an escort if one of the following applies:

- The patient's medical condition is such that he/she requires constant supervision for safety (the escort must be able to meet the medical need and it should be established whether a healthcare professional would not be the preferred option); or
- The patient has mental health problems that prevents them travelling alone; or
- The patient is under 16 years of age; or
- The patient has significant communication difficulties, including learning difficulties, impaired sight or is hard of hearing (where a patient has communication difficulties the escort should be able to provide a positive benefit in ensuring the patient can understand anything being said to them by the

ambulance crew; for example, through the use of sign language where the patient is hard of hearing).

d) NHS Kernow local criteria

- Patients attending a 20 week pregnancy scan will be entitled to funded escort travel. If this entitlement is unused it cannot be saved for a later appointment; or
- Patients attending a two week wait appointment, where the initial diagnosis will be discussed will be entitled to funded escort travel for emotional support. If this entitlement is unused it cannot be saved for a later appointment.

Only **one** relative escort will be permitted for children under 16 years and for adults who require constant attention and/or need an advocate during their hospital visit.

Where a request is made for a patient to travel with a friend/relative as an escort the decision to approve the request will be made by the Centralised Booking Service having sought appropriate clinical guidance.

e) How to book NHS funded patient transport

To receive NHS funded patient transport, patients must telephone the Centralised Booking Service at Royal Cornwall Hospitals NHS Trust on 01872 252211 who will check eligibility against the nationally defined criteria and book any appropriate transport.

6. Healthcare Travel Costs Scheme

NHS Kernow policy is to fund in line with national statutory guidance with no discretionary payments other than those detailed within this policy document – see link to guidance.

- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213883/dh_116385.pdf
- http://www.legislation.gov.uk/ukxi/2003/2382/pdfs/ukxi_20032382_en.pdf

f) Eligibility (extracted from national guidance)

The Healthcare Travel Costs Scheme is aimed at patients that have a financial need for assistance with their travel costs to access health services which are not primary medical or primary dental care services, for which the patient has been referred by a doctor or dentist.

To qualify for help under the Healthcare Travel Costs Scheme, patients must meet three conditions:

- At the time of their appointment the patient, or their partner (including civil partners) must be in receipt of one of the qualifying allowances or benefits listed:
 - Income support; or
 - Income based Jobseekers allowance; or
 - Pension Credit Guarantee Credit; or
 - Income-based ESA; or
 - Named on an NHS tax exemption certificate; or
 - On a low income and named on certificate HC2 or HC3; and
- The patient must have a referral from a health care professional for a specialist or to a hospital for further NHS funded treatment or tests; and
- The patient's appointment must be on a separate visit to when the referral was made.

g) Exclusions (extracted from national guidance)

The Healthcare Travel Costs Scheme does not apply in the following circumstances:

- Patients who attend an establishment to receive primary medical or primary dental services;
- Transport of patients with a medical need for ambulance transport;
- Patients being transferred between treatment centres;
- Patients who discharge themselves from hospital at their own request;
- Self-referral patients (who have not been referred by a doctor or dentist);
- Visitors to patients in hospital;
- Patients travelling for private treatment funded by themselves; or
- Overnight stay costs; or
- 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. In these cases the patient has not made an additional journey outside of the journey undertaken to attend their primary care appointment and therefore reimbursement through HTCS is not appropriate; or
- Patients entitled to assistance through HTCS are only eligible to claim the cost of their travel to an Accident and Emergency if the reason for their attendance is in relation to a pre-existing condition for which they are under the care of a consultant. Where patients attend A&E for any other reason they would not be eligible for assistance through HTCS for help with their travel costs.

h) Reimbursement of escort costs for Healthcare Travel Costs Scheme (extracted from national guidance)

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

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

Eligibility for provision of escorts should be determined by either a healthcare professional or by the Centralised Booking Service at Royal Cornwall Hospitals NHS Trust who are:

- Clinically supervised and/or working within locally agreed protocols or guidelines,
- Employed by the NHS or working under contract for the NHS, and
- Must be agreed in advance of the journey.

Payments are made on the basis of the patient's eligibility for the scheme irrespective of the escort's eligibility. The actual travel costs should be assessed on the same basis as those of the patient and assessed in the same way as all other Healthcare Travel Costs Scheme claims.

Only **one** relative escort will be permitted for children under 16 years and for adults who require constant attention and/or need an advocate during their hospital visit.

i) NHS Kernow local criteria

Outside of the statutory requirements of the Healthcare Travel Costs Scheme, NHS Kernow has identified two areas where, subject to strict eligibility criteria, the provision of an escort may be approved in order to provide emotional support for a patient either:

- Attending a 20 week pregnancy scan; or
- Attending a two week wait appointment, where an initial diagnosis will be discussed.

If this entitlement is unused it cannot be saved for a later appointment.

j) Types of transport (extracted from national guidance)

Patients should use the most cost effective means of transport, which in most cases will be public transport. When assessing how reasonable the means of transport is the following will be taken into consideration:

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

The use of a taxi is only to be considered if no other alternative is available, taking into account the patient's circumstances.

k) Travel expenses for treatment abroad (extracted from national guidance)

Patients travelling abroad for NHS funded treatment may make Healthcare Travel Costs Scheme claim for travel costs incurred in travelling to a port (including an airport, ferry port or international train station) in Great Britain from which an international journey begins.

The costs of travel from the port to the place of treatment fall within NHS foreign travel expenses and cannot be claimed through the Healthcare Travel Costs Scheme.

NHS foreign travel expenses are travel expenses which a patient necessarily incurs in travelling abroad from a port in Great Britain in order to receive services arranged by the NHS. A patient will only be entitled to the payment of NHS foreign travel expenses where the health service 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 costs are incurred.

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

l) How to claim travel expenses

Patients can claim travel expenses from a nominated cashier's office, these are usually located in the hospital or clinic that provided the patient's treatment. To claim

a reimbursement, patients must present their travel receipts, appointment letter or card and proof of qualifying benefits.

Nominated cashiers offices are responsible for assessing Healthcare Travel Costs Scheme claims and making payments direct to patients.

Where a hospital or clinic does not have a nominated cashier's office, patients can complete an HC5 (T) form and post it to the address on the form. Postal claims can be made up to three months after travel expenses are incurred.

Mileage rates will be set at the advisory fuel rates specified by Her Majesty's Revenue and Customs (HMRC) for company cars as a proxy for the cost of fuel at the time of travel. Information of the current HMRC rates can be found by following the link: http://www.hmrc.gov.uk/cars/fuel_company_cars.htm

7. Isles of Scilly NHS funded patient transport

NHS Kernow's policy is to fund in line with national statutory guidance with no discretionary payments other than those detailed within this policy document– see link to guidance.

- http://www.legislation.gov.uk/ukxi/2003/2382/pdfs/ukxi_20032382_en.pdf
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213883/dh_116385.pdf

Special arrangements are in place for residents of the Isles of Scilly who only have to pay £5 towards the cost of NHS funded patient transport to the mainland. Travel to the mainland can be either boat or air transport. Air transport will only be available to Land's End airport.

Residents of the off islands are entitled to the off island element when travelling to the mainland for NHS funded treatment. Patients will be issued with a reference number for the off island element of their travel when they call the Centralised Booking Service at Royal Cornwall Hospitals NHS Trust on 01872 252211.

Patients travelling to the mainland and back in the same day will be entitled to the reimbursement of either a Scheduled boat fare or a Special boat fare dependant on the time of their travel. Claims for this should be sent:

For the attention of the Patient Transport Team
NHS Kernow
Sedgemoor Centre
Priory Road
St Austell
PL25 5AS

a) Eligibility **(extracted from national guidance)**

For Isles of Scilly residents to qualify for NHS funded patient transport to the mainland patients must meet three conditions:

1. At the time of their appointment the patient must be usually resident (not temporary resident) on the Isles of Scilly; and
2. The patient must have a referral from a health care professional for a specialist or to a hospital for further NHS funded treatment or tests; and
3. The patient's appointment must be on a separate visit to when the referral was made.

b) Exclusions **(extracted from national guidance)**

Isles of Scilly NHS funded patient transport does not apply in the following circumstances:

- Patients who attend an establishment to receive primary medical or primary dental services;
- Patients who discharge themselves from hospital at their own request;
- Self-referral patients (who have not been referred by a doctor or dentist);
- Visitors to patients in hospital;
- Patients travelling for private treatment funded by themselves; or
- Overnight stay costs.

Funding of Isles of Scilly travel is subject to the same exclusions as outlined in section six of this document.

c) Escort criteria

If it has been deemed medically necessary for an escort to accompany a patient, the escort must travel with the patient. The escort should escort the patient for the outbound and inbound journeys. Escort transport must be booked at the same time as the patients transport.

Only **one** relative escort will be permitted for children under 16 years and for adults who require constant attention and/or need an advocate during their hospital visit.

Where the nationally or locally defined criteria for escorts are met, the NHS will pay for the cost of an escort to travel to the mainland, minus a £5 contribution from the patient. The need for an escort must be agreed in advance of the journey.

Eligibility for provision of escorts should be determined by either a healthcare professional or by the Centralised Booking Service at Royal Cornwall Hospitals NHS Trust who are:

- Clinically supervised and/or working within locally agreed protocols or guidelines,
- Employed by the NHS or working under contract for the NHS, and
- Must be agreed in advance of the journey.

d) National Criteria (extracted from national guidance)

A patient can travel with an escort if one of the following applies:

- The patient's medical condition is such that he/she requires constant supervision for safety (the escort must be able to meet the medical need and it should be established whether a healthcare professional would not be the preferred option); or
- The patient has mental health problems that prevents them travelling alone; or
- The patient is under 16 years of age; or
- The patient has significant communication difficulties, including learning difficulties, impaired sight or is hard of hearing (where a patient has communication difficulties the escort should be able to provide a positive benefit in ensuring the patient can understand anything being said to them by travel operator's staff; for example, through the use of sign language where the patient is hard of hearing).

e) NHS Kernow local criteria:

Outside of the statutory requirements of the Healthcare Travel Costs Scheme, NHS Kernow have identified two areas where the provision of an escort may be approved in order to provide emotional support for a patient either:

- Attending a 20 week pregnancy scan; or,
- Attending a two week wait appointment, where an initial diagnosis will be discussed.

If this entitlement is unused it cannot be saved for a later appointment.

f) Return travel

Patients attending for NHS funded services not requiring an inpatient stay must book their return travel at the same time as their outbound travel.

Patients travelling with an escort are required to complete their return journey within 72 hours of their outbound journey. Please note that the 72 hour calculation does not include Sundays as flights and sailings do not operate.

Where a patient cannot book their return travel due to being an inpatient with an unknown discharge date, they, or their representative, should telephone the Centralised Booking Service at Royal Cornwall Hospitals NHS Trust on 01872 252211 as soon as the discharge date is known.

g) How to book Isles of Scilly NHS Funded Patient Transport

To receive NHS funded patient transport to the mainland, patients must telephone the Centralised Booking Service at Royal Cornwall Hospitals NHS Trust on 01872 252211 to arrange air or sea transport.

h) Adverse weather conditions

If a patient (and escort where applicable) is not able to undertake the inbound leg (Mainland to Isles of Scilly) of their NHS funded patient transport Journey, due to weather conditions, accommodation costs on the mainland are not paid. Local arrangements have been put in place with Volunteer Cornwall for assistance with transport and accommodation should any vulnerable patient get stranded on the mainland. Volunteer Cornwall can be contacted for this purpose via the Centralised Booking Service at Royal Cornwall Hospitals NHS Trust on 01872 252211. The costs for these services will be borne by the patient.

i) Cancellation or amendment of travel bookings

- Cancellation by travel operator – weather or technical
- Cancellation or amendment by Provider of NHS services
- Cancellation or amendment by patient

Patients may request to amend or cancel travel bookings provided that all conditions detailed in sections 7a and 7c are maintained. Where a cancellation or amendment is required as a result of adverse weather or technical issues with the transport provider or changes to appointment dates or times by an NHS organisation, there will be no cost to the patient.

In all other situations where cancellations or amendments are made at the patient's request, the patient will be liable for all costs associated with the change or cancellation that are charged to the NHS by the transport provider.

8. Frequent travellers

Outside of the statutory requirements, NHS Kernow has identified frequent travellers as an area where access to a NHS Funded car service will be provided for those individuals who do not meet the nationally defined medical or financial eligibility criteria, subject to the strict eligibility criteria detailed below:

Frequent travellers are defined as those patients who are required to attend hospital:

- At least three times a week for a sustained course of treatment lasting a minimum of six weeks; or,
- At least six times a month for a sustained course of treatment lasting a minimum of three months.

9. Discretionary payments

NHS Kernow's policy is to fund in line with national statutory guidance with no discretionary payments other than those detailed within this policy document – see link to guidance:

- http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_078372.pdf
- http://www.legislation.gov.uk/ukxi/2003/2382/pdfs/ukxi_20032382_en.pdf
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213883/dh_116385.pdf

This policy does not allow for discretionary payments that fall outside of the criteria detailed above for transport or accommodation costs.

10. Community transport services within Cornwall

Where a patient is not eligible for NHS funded patient transport there are a number of community transport services within Cornwall that can be accessed. Please follow this link for details: <http://www.cornwall.gov.uk/transport-and-streets/public-transport/cornwalls-transport-services/transport-operators/community-transport-schemes/>

The costs for these services will be borne by the patient.

11. Public transport

Please follow this link for information and resources relating to bus services across Cornwall: <http://www.cornwall.gov.uk/transport-and-streets/public-transport/cornwalls-transport-services/buses-in-cornwall/>

Please follow this link for information and resources relating to train services across Cornwall: <http://www.cornwall.gov.uk/transport-and-streets/public-transport/cornwalls-transport-services/trains-in-cornwall/>

12. Appeals process

If a patient is unhappy with a decision to refuse non-emergency patient transport or reimbursement of travel costs or with the manner in which the policy has been applied to their individual circumstances, they should appeal to the Centralised Booking Service at Royal Cornwall Hospitals NHS Trust where it will be reviewed by a senior manager.

If the patient is unhappy with the outcome of the appeal, they can complain formally using the NHS complaints procedures. The Centralised Booking Service has local arrangements and procedures for investigating complaints which conform to NHS complaints procedures. Guidance on the NHS complaints procedure is available through the DH website: <http://www.nhs.uk/NHSEngland/complaints-and-feedback/Pages/nhs-complaints.aspx>

The Independent Complaints Advocacy Service (ICAS) provides support to people in England wishing to complain about the treatment or care they received under the NHS. ICAS delivers a free and professional support service to clients wishing to pursue a complaint about the NHS.

13. Review

This policy will be reviewed in two years or sooner should any national guidance, legislation or statutes change.



Kernow

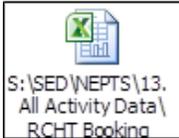
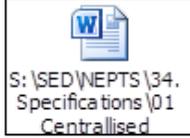
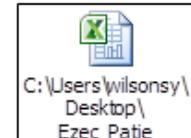
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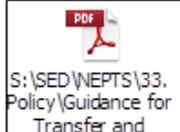
Appendix A: Joint Comprehensive Impact Analysis (JCIA)

(replaces the previous CC CIA and NHS Kernow Equality Impact Assessment)

Person/s responsible for the assessment		Elective Care Programme Lead			
Lead organisation					
Name of policy/service to be assessed	NHS Funded Patient Transport	Date of assessment	05/05/2017 (revisited 18/01/2018)	Is this a new or existing policy/service?	Existing
1. General Background Information:					
1.1 Reason for undertaking JCIA					
Change to policy/procedures		Changes have been made to existing policy and no impact analysis was available.			
1.2 What is the purpose of the policy/service change/development					
Change to policy/procedures		To ensure equitable access to NHS funded patient transport to eligible patients in Cornwall and the Isles of Scilly in line with national guidance and current legislation.			
1.3 Anticipated timetable for decision					
Less than 1 month					
1.4 What areas will this impact?					
Cornwall wide		Will also impact the Isles of Scilly.			
1.5 Which of the Strategic Objectives does this JCIA apply to?					
All three		To standardise access to NHS funded patient transport across the Cornwall and Isles of Scilly healthcare economy that is classified as non-urgent, planned and scheduled transportation of patients, with a medical need or financial need, for transport to and from a premises providing NHS healthcare and between NHS healthcare providers.			

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1.6 What are the commissioning arrangements?	
Solo health	The policy covers all NHS and independent service providers contracted to the NHS.
1.7 Who implements the policy/service?	
Acute health	Planned Care Programme and Centralised Booking Service.
1.8 Who benefits/is intended to benefit from this policy/service? Please give age and brief description of cohort	
All patients registered with an NHS Kernow GP practice, or who are usually resident in Cornwall and the Isles of Scilly, will now receive an equitable service. This means that all patients will be subject to medical and/or financial assessment in line with nationally set criteria. This will mean that some patients who are currently in receipt of funding because of discretionary payments, or because that cohort of patients was previously exempt for assessment, may have their funding removed. The healthcare system as a whole will benefit as a result of funding getting to those patients who need it.	
1.9 What Health and Social Care outcomes are achieved/wanted from this policy/service?	
Support lifelong wellbeing	The policy supports patients' access to planned healthcare services. For those with a medical or financial need the CCG is able to support access to secondary care treatment, which will have a positive impact on the wellbeing of patients. This will result in improved outcomes for patients.
1.10 How will/are the above monitored?	
Formal through contract	Data will be collected from the Centralised Booking Service and EZEC through a Minimum Data Set and With Local Quality Requirements:  S:\SED\NEPTS\13. All Activity Data\RCHT Booking  S:\SED\NEPTS\34. Specifications\01 Centralised  C:\Users\wilsonsy\Desktop\Ezec_Cornw  C:\Users\wilsonsy\Desktop\Ezec_Patie
1.11 Who are the main stakeholders in relation to the policy/service?	

Patients	Further stakeholders include: Secondary Care Providers (RCHT, PHNT, Duchy) GPs Secondary Care Consultants Carers Transport providers Cornwall Council Healthwatch
1.12 Is there clinical evidence for effectiveness of the service/policy?	
Yes, national	National Policies are set out as:  S:\SED\NEPTS\33. Policy\Eligibility Criteria for Patient  S:\SED\NEPTS\33. Policy\Healthcare Travel Costs  S:\SED\NEPTS\33. Policy\Guidance for Transfer and
1.13 Does this policy/service link to Health and Social Care overall strategy for the next 5 years (2015 - 2020) and current direction of travel for Integrated Communities?	
Yes, totally	Not only does the new policy support the financial sustainability aspect of the 5 Year Forward View, including a fair, needs-based funding of NHS treatment and access, patient transport also links to improved patient discharge and preventing Delayed Transfers of Care.
2. Engagement	
2.1 How have you engaged stakeholders in gathering or testing the evidence available ?	
Other	Through the Non-Emergency Patient Transport Project Delivery Group and Non-Emergency Patient Transport Project Steering Group. The engagement ran from 1 December 2016 until 28 February 2017, and comprised three main elements: (cont'd over)

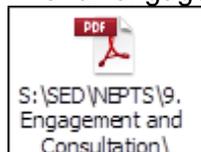
	<ul style="list-style-type: none"> - Direct engagement with people via public events; - Direct patient engagement with people who have/have had a cancer diagnosis and people receiving renal dialysis; and - A survey available online and in paper format. <p>In addition, people were welcome to make their views known to us in any way that suited them. The engagement was widely advertised via the media and social media. In addition, direct notification of the consultation was sent to many statutory and voluntary sector partners and all Patient Participation Groups. A request was made that they in turn cascade the information about the engagement to the people/organisations in their own networks. For full details of the engagement please see the report:</p> <div data-bbox="1176 783 1368 927" style="border: 1px solid black; padding: 5px; width: fit-content;">  <p>S:\SED\NEPTS\9. Engagement and Consultation\</p> </div>
<p>2.2 What is the experience of individuals who access the service?</p>	
<p>Largely positive</p>	<p>As the specification of the service would not be changing, rather the eligibility criteria, a satisfaction question was not asked within the engagement service. However, out of the 41,924 journeys undertaken by EZEC from June 16 to June 17 only 38 complaints were received.</p>
<p>2.3 How have you engaged stakeholders in testing the policy/service proposals?</p>	
<p>Other</p>	<p>There were eleven direct public engagement events, principally held in outpatient departments of acute and community hospitals to ensure that we were available to people who were likely to be using patient transport. Each event was advertised in advance to enable anyone who wanted to be involved to do so, and not just the people</p>

	<p>who were having an appointment on that day. Bodmin and Bude/Stratton community hospitals stated they were unable to host an engagement event, leading to these events taking place in public settings within each town.</p> <p>Two public events were planned for the Isles of Scilly, one during the evening and one during the following morning. Unfortunately the weather intervened meaning the engagement team could not get to St Mary's, providing a pertinent if unhelpful demonstration of the reality of living on the islands. A positive outcome was retrieved from the adversity by holding a hastily arranged engagement session at Lands' End airfield. With several island residents waiting there for the weather to clear it proved to be a useful engagement session, and we appreciate the cooperation provided by the staff at the airfield that enabled this engagement to happen. One week later a rearranged daytime public engagement session successfully took place at the Church Garden Pavilion on St Mary's. There were three direct patient sessions, one with the RCHT Cancer Patient Group and two that took place on the wards at RCHT with patients undergoing renal therapy</p>
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2.4 For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs

The Elective Care Programme Lead, Contracts Manager and Elective Care Clinical Leads attended consultation sessions with patients in Cornwall and the Isles of Scilly and a survey was completed and following this an engagement report has been produced, in addition to the revised NHS funded patient transport policy.

The full engagement report covering all of the activities and outcomes is here:



3. Impact Upon Access to Services

Aspect	+ or - impact	Details	Plans to minimise negative impact
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<p>Eligibility of people to receive the service</p>	<p>Negative</p>	<p>Removing discretionary elements will require patients to meet nationally defined eligibility criteria (either medical or financial). Patients must be assessed every time they request NHS funded patient transport as their circumstances may have changed. Frequent travellers - renal and cancer patients - may no longer qualify for funding where they may have previously due to NHS Kernow not applying the national policy.</p>	<p>Letters have been written to the 5 patients who were receiving discretionary advising that they would need to apply on medical or financial grounds. A discretionary payments panel was set up to consider these patients and it was determined that 3 would qualify under financial/medical grounds.</p> <p>For renal dialysis patients, discussions have taken place with renal consultants at RCHT and Kidney Care UK, to propose additional medical criteria to be applied to these patients. Out of nearly 200 renal patients it was established that only around 40 would not qualify on nationally set medical and financial criteria, but these patients may qualify under the proposed additional medical criteria.</p>
<p>Ability of people to access the service</p>	<p>Neutral</p>	<p>Access arrangements remain unchanged. Patients still use the Centralised Booking Service to be assessed for medical need, and to book transport. Patients still use the HTCS claim form to reclaim if they financially qualify.</p>	<p>N/A</p>
<p>Waiting times to receive service</p>	<p>Positive</p>	<p>As discretionary elements have been removed activity levels will be less and therefore waiting times to access the service will be reduced for those patients who meet the nationally</p>	<p>N/A</p>

		defined eligibility criteria (either medical or financial).	
Longer term sustainability of the service	Positive	The service will be limited to patients with a demonstrated health or financial need.	N/A
Reducing health inequalities	Neutral	If a patient has been identified as not eligible they might decide not to go to their healthcare appointments as they cannot afford the transport costs. Transport will only be provided to patients with a demonstrated health or financial need.	N/A
4. Impact upon Quality of Services			
Aspect	+ or - impact	Details	Plans to minimise negative impact
Clinical performance/outcomes	Negative	If a patient has been identified as not eligible for NHS funded patient transport they might decide not to go to their hospital appointments as they cannot afford the transport costs. NHS funded patient transport will only be provided to	As part of the Shaping our Future agenda, making services as close to the community and as easily accessible as possible will reduce the need for extensive patient transport.

		patients with a demonstrated health or financial need.	
Statutory NHS targets	Neutral	Transportation to access healthcare services or return home will be provided to the eligible patients. Achieving statutory NHS targets are not expected to be effected positively or negatively as a result of NHS funded patient transport policy changes.	
Patient Choice	Negative	Patients may not choose out of county providers for their healthcare if they are not eligible for NHS funded patient transport on medical or financial grounds. The biggest areas that will effect are tertiary and specialised services.	We will need to work closely with providers in Devon and further afield to ensure this does not become a barrier and actively work to provide as many services in the community and in county as possible.
Cohesion with wider services	Neutral	To ensure healthcare services are available locally as possible, to minimise the need or distance that patients have to travel. Cohesion with wider services	

		will not be affected.	
Operational effectiveness	Positive	As discretionary elements have been removed activity levels will be less and therefore waiting times to access the healthcare services will be reduced for those patients who meet the nationally defined eligibility criteria (either medical or financial). The new policy will provide clear guidance for RCHT booking service to allow the operation to run as effectively as possible.	
5.Impact Upon Patients and Carers			
Aspect	+ or - impact	Details	Plans to minimise negative impact
Patient care standards	Neutral	Does not directly impact patient care only transport. For those that require care and medical support on journeys the patients will be assessed on the medical criteria and the most appropriate transport/care	

		will be provided.	
Patient safety	Neutral	Patient safety will be considered as part of any medical assessment and the most appropriate transport/care provided.	
Privacy and dignity	Neutral	Will not be affected. Same standards as present will be enforced.	
Patient care journey/pathway	Neutral	Should not have an impact on the patient care journey/pathway as this is related to and from the healthcare appointments.	
Patient experience	Negative	A patient who is a frequent traveller who previously was eligible but now finds themselves not eligible for NHS funded patient transport, may rate their experience and satisfaction lower.	All frequent travellers to be advised of the changes, the new policy and their rights.
Carer experience	Neutral	The policy changes are in direct reference to patient journeys. Escort eligibility follows the nationally prescribed standards	

Psychological	Negative	The worry of the costs of transport to their healthcare appointments may have an adverse psychological impact on the patient and relatives.	Communication about the changes must be widespread and effective. Letters to be sent to patients who may be adversely affected. Elective Care team to be proactive in answering queries from patients, with prompt responses and a designated Elective Care Team member identified to manage this process.
6. Impact Upon Wider Community			
Aspect	+ or - impact	Details	Plans to minimise negative impact
Local economy	Positive	By limiting the healthcare service to those with a demonstrated health or financial need.	
Transport	Negative	Patients who were previously accessing NHS funded patient transport may not be eligible under the revised NHS patient transport policy. Public transport may not be running regularly enough for patients to access healthcare or may not be available in their area if they live in a rural location. Public transport frequency availability may vary during different times of the year.	Engagement is needed with Cornwall Council on the Local Transport Plan. Distances and rurality are considered as part of medical criteria as set out in national guidance.
Community safety/crime and disorder	Neutral	None identified	
Environment	Neutral	None identified	
Social Care	Neutral	None identified	

Cohesion with community strategy	Positive	By limiting the service to those with a demonstrated health or financial need the service will be sustainable.	As part of the Shaping our Future agenda, making services as close to the community and as easily accessible as possible will reduce the need for extensive patient transport.
Technology	Neutral	None identified	
Safeguarding	Neutral	None identified - no safeguarding regulations are changed and local safeguarding strategies still apply. Patient transport contracts ensure that safeguarding is part of their quality requirements and they must adhere to the CIOS policies.	
Information management	Neutral	None identified	
Rural isolation	Negative	Public transport may not be running regularly enough for patients to access healthcare or may not be available in their area if they live in a rural location. Public transport frequency availability may vary during different times of the year.	As part of the Shaping our Future agenda, making services as close to the community and as easily accessible as possible will reduce the need for extensive patient transport.
7. Impact Upon Wider System Partners - Has consideration been given to sharing proposed changes with the Systems Resilience Group and Weekly Senior Operational Group?			
Aspect	+ or - impact	Details	Plans to minimise negative impact

Primary Care	Neutral	GP may be asked to share patient information so medical eligibility can be assessed. Some patients may require support where they do not qualify for a service.	
KERNOW Health CIC	Neutral	As this is for planned care rather than the Integrated Urgent Care Service, no impact has been identified.	
Cornwall Health (Out of Hours Primary Care)	Neutral	Not relevant, non emergency patient transport.	
111	Neutral	Not relevant, non emergency patient transport.	
SWASFT 999	Neutral	Not relevant, non emergency patient transport.	
Ezec Transport	Positive	Consistently applying medical eligibility criteria, therefore, helps to plan their journeys better and provide the right transport for the patient.	Consistently applying medical eligibility criteria, therefore, helps to plan their journeys better and provide the right transport for the patient.
RCHT	Negative/Positive	Centralised booking office provider, this provides them clarity on eligibility as discretionary payments have been removed. However, will have an impact on RCHT as frequent travellers are no longer automatically eligible,	Collaborative work to be undertaken with regards to ascertaining specialist medical assessments for Renal Dialysis patients.

		individual assessments will be undertaken. Patients may not choose this provider if transport is not available.	
PHNT	Negative	Will have an impact on PHNT as frequent travellers are no longer automatically eligible, individual assessments will be undertaken. Patients may not choose this provider if transport is not available.	Collaborative work to be undertaken with regards to ascertaining specialist medical assessments for Renal Dialysis patients.
Care Homes	Negative	Patients who were previously accessing NHS funded patient transport may not be eligible under the revised NHS patient transport policy. This may leave care homes needing to support and arrange transport	Effective communication to care homes and patients affected is required.
Domiciliary Care Providers	Neutral	No Impact identified	
Hospice Providers	Neutral	No Impact identified	
Cornwall Foundation Trust	Neutral	May be some impact for those patients accessing community services	To work with providers in establish care as close to patients and in the community as possible.
Other System Partners - please specify and add lines as necessary	Negative	May affect the services of TAP (Age UK) as the removal of capped payments and frequent travellers will	This a volunteer led service so should not have financial or capacity implications for Age UK.

		remove activity from their service	
8. Impact on protected characteristics			
Aspect	+ or - impact	Details	Plans to minimise negative impact
Race: Consider people's race, colour and nationality. Including Gypsy, Roma, Traveller communities, refugees, asylum seekers, ethnic minorities, language barriers	Neutral	Patients will need to meet nationally defined eligibility criteria (either medical or financial). No specific criteria relates to race, colour and nationality.	
Sex: Consider men and women (potential to link to carers below).	Neutral	Patients will need to meet nationally defined eligibility criteria (either medical or financial). No specific criteria relates to sex.	
Disability: Consider attitudinal, physical and social barriers. This can include physical disability, learning disability, people with long term conditions, communication needs arising from a disability.	Negative	It is possible that previously patients accessed non emergency patient transport as they were in a wheelchair and are no longer eligible.	Use of wheelchairs is not a criteria listed within the national medical eligibility criteria specifically. However, all patients will be assessed on medical criteria, and mobility is taken into consideration as part of this. Patients might have access to a mobility vehicle, which could be used to travel to and from healthcare appointments.
Sexual orientation: Consider heterosexual people as well as lesbian, gay and bisexual people.	Neutral	Patients will need to meet nationally defined eligibility criteria (either medical or financial). No specific criteria relates to sexual orientation	

Age: Consider across age ranges, including on older and younger people. This can include safeguarding, consent and child welfare.	Neutral	The financial eligibility criteria is based on access to defined benefits and the majority of these are aimed at working age group, however do include pension credit. There may be an affect for those older patients who are not on pension credit but still on low incomes	There may be a need to support older patients to apply for HTCS support through the low income assessment.
Religion or belief: Consider people with different religions, beliefs or no belief.	Neutral	Patients will need to meet nationally defined eligibility criteria (either medical or financial). No specific criteria relates to religion or belief.	
Marriage/civil partnership: Consider people who are married, not married, in a civil partnership, not in a civil partnership.	Neutral	Patients will need to meet nationally defined eligibility criteria (either medical or financial). No specific criteria relates to marriage/civil partnership.	
Gender reassignment (including transgender): Consider transgender people. This can include issues such as privacy of data and harassment.	Neutral	Patients will need to meet nationally defined eligibility criteria (either medical or financial). No specific criteria relates to gender reassignment/transgender.	
Pregnancy and maternity: Consider working arrangements, part-time working, infant caring	Positive	Local Escort criteria has been included in the NHS funded patient transport policy for Healthcare Travel	

responsibilities.		Costs scheme (20 week anomaly scan) - patients can claim the cost of travel and travel for an Escort (to provide emotional support).	
<p>Other identified groups: Consider veterans, different socio-economic groups, people living in poverty, area inequality, income, resident status (migrants), people who are homeless, long-term unemployed, people who are geographically isolated, people who misuse drugs, those who are in stigmatised occupations, people with limited family or social networks, and other groups experiencing disadvantage and barriers to access.</p>	Negative/Positive	<p>Frequent travellers (patients travelling 3 times per week for a six week period or more - renal dialysis, cancer - chemotherapy and radiotherapy attendances). Under the previous patient transport policy all patients within this definition were automatically eligible, this was due to the national guidance being interpreted incorrectly.</p> <p>Cancer patients have to travel for healthcare treatment, radiotherapy is only delivered at RCHT Trelice site, PHNT Derriford and RD&E.</p> <p>Patients living on the Isles of Scilly off islands will have their travel costs met from the off islands to St Mary's to the mainland where as previously St Mary's to the</p>	<p>The national guidance states that frequency and distance travelled should be taken into account. Each patient will be assessed individually against the medical and financial criteria. There may be patients who find themselves outside the thresholds for benefits or low income and not meeting the medical eligibility who will now not be able to access NHS funded patient transport.</p> <p>Patients to access their local renal satellite unit ensuring the distance to travel is reduced as much as possible. Ensure that all clinically appropriate patients are assessed for home dialysis removing the need to travel. NHS Trusts offer free parking for renal patients attending renal dialysis appointments as detailed in the National Service Framework for renal.</p> <p>Mobile chemotherapy unit where patients should be assessed for clinical appropriateness is available.</p>

		<p>mainland costs were met.</p> <p>Patients living on the Isles of Scilly will continue to be able to choose boat or flight transfers to the mainland. Flights will be to Lands Ends airport. Once on the mainland onward travel will be funded if medically or financially eligible.</p>	
<p>8.1 Eliminate discrimination, harassment and victimisation: Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation).</p>			
<p>As per section 8.</p>			
<p>8.2 Advance equality of opportunity: Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation).</p>			
<p>As per section 8.</p>			
<p>8.3 Promote good relations between people with protected characteristics: Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sexual orientation).</p>			
<p>As per section 8.</p>			
<p>8.4 Addressing the impact on equalities: Supply an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.</p>			
<p>As per section 8.</p>			
<p>9.Financial Aspect</p>			
Aspect	+ or - impact	Details	Plans to minimise negative impact

Implications for NHS Commissioning organisations	Positive	Ensuring NHS funded patient transport is provided to patients that have been individually assessed against the national criteria for medical and financial need. Other CCGs may follow NHS Kernow's policy. There may be some savings that are realised.	
Implications for NHS provider organisations	Neutral	No financial implications predicted for other NHS providers	
Implications for health community	Neutral	No substantial savings expected but no cost increase either.	
Implications for Peninsula	Neutral	No substantial savings expected but no cost increase either.	
Implications for Local authorities	Negative	May put Local Authorities under pressure to address public transport or community transport issues.	Engagement is needed with Cornwall Council on the Local Transport Plan.
Implications for voluntary sector	Negative	May affect the services of TAP (Age UK) as the removal of capped payments and frequent travellers will remove activity from their service	This a volunteer led service so should not have financial or capacity implications for Age UK.
Implications for private sector	Neutral	None identified	

Implications for individual/carer	Negative	Patients who were previously accessing NHS funded patient transport may not be eligible under the revised NHS patient transport policy. This may cause direct financial impact on those patients.	Ensure that Frequent Travellers and patients receiving discretionary payments all receive communications. RCHT CBS to support patients who may qualify on financial grounds or through HTCS low income qualification.
10. Anticipated Climate of Opinion			
Aspect	+ or - impact	Details	Plans to minimise negative impact
Clinical opinion	Positive/Negative	Consistency of applying the criteria is supported by clinicians, there are some specific areas where clinicians are concerned that patients will not access treatment if their transport costs are not met by the NHS.	We have addressed these areas such as renal dialysis patients with clinicians. The CCG clinical Lead has been involved in all decisions from the outset of reviewing the policy.
Local community	Negative	May put Local Authorities under pressure to address public transport or community transport issues.	Engagement is needed with Cornwall Council on the Local Transport Plan.
Political	Negative	Some patients who do not satisfy the criteria may engage in complaints and proceed further Health Service Ombudsman or Secretary of State for Health. Other CCGs may follow NHS	Comprehensive plan established across Elective Care Team and Communications Team to deal with any such complaints. All responses to go through CCG leadership.

		Kernow's policy.	
Media	Negative	Some patients who do not satisfy the criteria may express their concern to the media.	Comprehensive plan established across Elective Care Team and Communications Team to deal with any such complaints. All responses to go through CCG leadership.
Staff	Negative	Upon release staff may receive an increase in volume of complaints and queries	Comprehensive plan established across Elective Care Team and Communications Team to deal with any such complaints. All responses to go through CCG leadership.
11. Any Other Impact not Identified Above			
Aspect	+ or - impact	Details	Plans to minimise negative impact
None identified			
12. Impact on Core Human rights Values of: Fairness, Respect, Equality, Dignity, Autonomy - <u>for Health Project consideration</u>			
Which of the Human Rights Articles does this document impact?	Yes	No	Plans to minimise negative impact
To life		P	
Not to be tortured or treated in an inhuman or degrading way		P	

To be free from slavery or forced labour		P	
To liberty and security		P	
To a fair trial		P	
To no punishment without law		P	
To respect for private and family life, home and correspondence		P	
To freedom of thought, conscience and religion		P	
To freedom of expression		P	
To freedom of assembly and association		P	
To marry and found a family		P	
To an effective remedy		P	
Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention		P	
To peaceful enjoyment of possessions		P	
To education		P	
To free and fair elections		P	