



**Dorset
Clinical Commissioning Group**

NHS Dorset Clinical Commissioning Group

The Healthcare Travel Costs Scheme



Supporting people in Dorset to lead healthier lives

DOCUMENT TRAIL AND VERSION CONTROL SHEET

Name of Document	The Healthcare Travel Costs Scheme
Project Sponsor	Cancer and End of Life Care CCP
Policy ID	
Date of document	28 August 2013
Review Date	
Author	Sarah Turner
Approved by	
Date approved	August 2013
Effective from	August 2013
Status	Current
Version	V1

DORSET CLINICAL COMMISSIONING GROUP

THE HEALTHCARE TRAVEL COSTS SCHEME

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THE HEALTHCARE TRAVEL COSTS SCHEME

1. INTRODUCTION

- 1.1 You may be able to claim a refund under the 'Healthcare Travel Costs Scheme' (HTCS) of the cost of travelling to hospital or other NHS premises for NHS-funded treatment or diagnostic test arranged by a doctor or dentist.

Criteria to qualify for travel costs

- 1.2 To qualify for help with travel costs under the HTCS, you must meet three conditions:
- At the time of your appointment, you or your partner (including civil partners) must be receiving one of the qualifying benefits or allowances, or meet the eligibility criteria of the NHS Low Income Scheme.
 - Your journey must be made to receive NHS-funded non-primary medical or non-primary dental care services, to which you have been referred to by a GP, dentist or hospital consultant.
 - For referrals made by a primary practitioner such a GP or dentist, the service must be provided on a different day and in premises other than those occupied by the practitioner who made the referral.

How to claim

- 1.3 You can claim travel costs for your children if bullet point 2 or 3 above applies to them and you are in group 1 above at the time of the appointment. Any young person aged 16 or over may make their own LIS claim – there is more information in [leaflet HC11- Help with health costs](#) (PDF, 420 kb).
- 1.4 From 1 April 2013 Clinical Commissioning Groups (CCG) will make payments. If you have been referred by a primary care practitioner to a public health organisation other than a trust or foundation trust then claims have to be sent to the Dorset CCG.

Travel escorts

- 1.5 You can claim travel costs for an escort, if your doctor, dentist or consultant says that for medical reasons you need someone to travel with you.

2. EXCLUSIONS

2.1 You **cannot** claim help with travel costs, if:

- you are visiting someone in hospital. However, visitors in receipt of one of the qualifying benefits may be able to receive assistance in the form of a Discretionary Care Grant. Further information about this assistance can be obtained from your local council;
- you are visiting your local GP or dentist for routine primary care services, such as check-ups, vaccinations, cervical cancer screening or minor surgery, as these are excluded from the scheme. Urgent primary care services during the out of hour periods (i.e. between 6.30pm and 8.00pm weekdays, at weekends or on bank holidays) are also excluded.

3. WHAT ARE THE QUALIFYING BENEFITS AND ALLOWANCES?

3.1 You or your partner (including Civil partners) receive:

- Income Support;
- Income-based Jobseeker's Allowance;
- Income-related Employment and Support Allowance;
- Pension Credit Guarantee Credit, or
- you are named on, or entitled to (use your award notice as evidence), a NHS tax credit exemption certificate, or
- you have a low income and are named on certificate HC2 (full help) or HC3 (limited help). To apply for this certificate, you should complete form HC1 available from your local hospital, Job Centre Plus offices, or from the DH publications order line on 0300 123 1002;
- you are awarded Universal Credit.

3.2 Find out more about the NHS Low Income Scheme (LIS).

4. WHAT FORM OF TRANSPORT CAN I USE?

4.1 You should use the cheapest most appropriate means of transport, which in most cases will be public transport. If you travel by car you will be reimbursed the estimated cost of fuel used plus unavoidable car parking and toll charges.

4.2 Where you are using a taxi for transport it is recommended that you check [with the hospital](#) or

5. HELP WITH TRAVEL COSTS BEFORE YOUR APPOINTMENT

5.1 You should be able to receive payments in advance of travel to your appointment. Please contact the hospital or Dorset [Clinical Commissioning Group](#) concerned for further information on how to do this.

6. HOW DO I CLAIM A REFUND?

6.1 You should take your travel receipts, appointment letter or card and proof that you are receiving one of the qualifying benefits to a nominated cashier's office to claim your reimbursement.

6.2 In some hospitals, the name of the office that you need to go to may be different e.g. the General Office or the Patient Affairs Office. If you are not sure, ask reception or [Patient Advice and Liaison Services](#) (PALS) staff where you should go.

6.3 Alternatively, you can complete an [HC5 form - claim travel charges](#) (PDF, 35 kb) and post this together with your travel receipts to the address given in the form. You can make a postal claim up to three months after your appointment has taken place.

7. CAN I CLAIM TRAVEL EXPENSES FOR TREATMENT ABROAD?

7.1 If you are travelling abroad for treatment under the NHS, a claim may be made 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 your travel from the port to the place of treatment fall within NHS foreign travel expenses and cannot be claimed through HTCS.

7.2 NHS foreign travel expenses are travel expenses which a person necessarily incurs in travelling abroad from a port in Great Britain in order to receive services arranged by the NHS. A person 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.

8. IMPORTANT NUMBERS

Phone **0300 330 1348** for the dental services help line

Phone **0300 330 1343** for the Low Income Scheme help line

Phone **0300 330 1341** for queries about medical exemption certificates.

Phone **0300 330 1341** for queries about PPCs.

Phone **0300 330 1349** for the prescription services help line

Phone **0300 330 1347** for queries about tax credit certificates

Phone **0845 610 1112** to order a paper copy of the HC12 and HC5 forms

For all other queries call **0300 330 1343**

Dorset Clinical Commissioning Group

Equality Impact Assessment Form

- 8.1 **Public Authorities are required to assess the impact on proposed policies, changes to existing policies and service delivery for any differential experiences / outcomes for certain groups of people known as equality groups, with the aim to take action and remove any inequalities. This form helps to guide staff through this process by ensuring that a range of factors have been considered before any changes are made. This form is in two parts. The initial screening review to determine if there are any impacts, and then the fuller assessment if impacts have been identified which includes actions that need to be taken. This form should be completed at the beginning of any change in service or policy/strategy.**

Please let Ebi Sosseh know when you are starting your impact assessment. Once complete, please also send a copy to Ebi for review. Please note the final document will be placed on the PCT Cluster web sites. A copy should be kept within your department for audit purposes.

Strategy or policy title: Non-emergency Patient Transport Service

What are the intended outcomes of this work? *Include outline of objectives and function aims*

Currently the non-emergency patient transport service is provided by a number of providers across the county with the bulk of Dorset patients using South Western Ambulance Service however about 40% of the service is provided by private ambulance providers or taxi firms with contracts with the Acute and Community Trusts

The service to be procured will deliver an integrated, seamless service for patients across the county for patients commissioned and contract managed by the CCG. All vehicles to be used within the contract will meet defined specifications which will enable the provider to use a full range of vehicles that will be capable of transporting stretchers, wheelchairs, mobility scooters as well as ambulant patients. There will also be 4 x 4 vehicles available to enable access to remote areas within the county i.e. at the end of a farmers lane and the service will cover the whole county and replace the piecemeal current service which does not serve some rural areas well.

The new Help / Call centre will allow access via on-line and phone for bookings and provision will be made for those with hearing impairment.

This service will be available to all patients who meet the national NHS PTS eligibility criteria i.e. have an associated medical need that requires assistance with their transport to and from a hospital appointment or discharge from hospital.

The provider will train staff to interact with mental health and learning disability patients effectively.

Who will be affected? *e.g. staff, patients, service users etc*

- Current and new patients to the service

- Carers of current and new patients to the service
- Staff who are 'in scope' for TUPE

PART 1 SCREENING

Evidence

What evidence have you considered? *List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.*

Disability - *attitudinal, physical and social barriers*

The patients accessing the current and future service have a medical condition, mobility issues, mental health or learning disability as a result. The new provider will ensure that access to the service offered is equitable under the term 'reasonable adjustments' in the Equality Act 2012.

Gender- *men and women*

The service is open to men and women equally

Race - *different ethnic groups, nationalities, Roma gypsies, Irish travellers, language and cultural barriers*

The service is open to people from all ethnic backgrounds.

Consideration of language and cultural differences will be taken into account on an individual needs basis to ensure equal access and equitable service delivery.

Age - *across age ranges for both old and younger people*

The service is open to all ages. There is no upper or lower age limit although children will need to be accompanied by an appropriate adult at all times.

Gender reassignment (including transgender) - *transgender and transsexual people. This can include issues such as privacy of data and harassment*

This service will be available to all patients who meet the national NHS PTS eligibility criteria i.e. have an associated medical need that requires assistance with their transport to and from a hospital appointment or discharge from hospital

Marital status – *married, civil partnership, single, widowed*

The service is open to all

Sexual orientation - *heterosexual people as well as lesbian, gay and bi-sexual people*

The service is open to all

Religion or belief - *people with different religions, beliefs or no belief*

The service is open to all.

Consideration of language and cultural differences will be taken into account on an individual needs basis to ensure equal access and equitable service delivery.

Pregnancy and maternity – *consider evidence on working arrangements, part-time working, infant caring responsibilities.*

This service will be available to all patients who meet the national NHS PTS eligibility criteria i.e. have an associated medical need that requires assistance with their transport to and from a hospital appointment or discharge from hospital

Carers - *please consider any impacts that this may have on people with caring responsibilities*

Carers will be able to accompany patients where the eligibility criteria indicates carers or escorts can travel with the patient

Engagement and involvement

Please outline how you have engaged with communities to gather feedback about potential impacts. For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs. If you have not yet engaged with communities, please outline what you plan to do

The Engagement and Consultation on the PTS service has been on-going since February 2012. It has included the following national and local groups:

Patients and the Public

Current Providers

Potential Providers

Others (as required)

These consultation events have taken place in the form of face to face meetings, group meetings and briefing

sessions.

The comments and views from these consultations have been used to shape the specification document.

For a further detailed breakdown of the consultation results can be obtained by contacting:

Sarah Turner NHS Dorset CCG (sarah.turner@dorsetccg.nhs.uk)

Use the table below to identify whether the service and/policy/strategy could/does have a positive impact (+), a negative impact (-) or no impact at all (o) on either any or all of the equality groups specified.

	Eliminating unlawful or unjustifiable discrimination	Advance equality of opportunity	Encourage involvement and participation	Eliminating health inequalities	Eliminating harassment or victimisation
Disability	0	0	0	0	0
Gender	0	0	0	0	0
Race and Ethnicity	0	0	0	0	0
Age	0	0	0	0	0
Gender reassignment	0	0	0	0	0
Marital status	0	0	0	0	0
Sexual Orientation	0	0	0	0	0
Pregnancy and maternity	0	0	0	0	0
Religion or belief	0	0	0	0	0
Pregnancy and maternity	0	0	0	0	0

Carers	0	0	0	0	0
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If there is either a positive (Disability group exempted) or a Negative impact you must consider completing the Stage Two - Full Equality Impact Assessment to address or remove any significant potential/actual impact.

PART 2 – FULL IMPACT ASSESSMENT

Action planning for improvement *Please give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.*

Please give an outline of your next steps based on the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

- Stakeholder engagement is planned as part of the contract
- Arrangements for continued monitoring and evaluating the service for its impact on different groups as the service is implemented (patient surveys will be carried out)
- Arrangements for making information accessible to staff, patients, service users and the public will be developed and agreed before service launch

Name of person who carried out this assessment:

David Way

Date assessment completed:

1st May 2013

Name of responsible Director:

Jane Pike

Date assessment was signed:

3rd May 2013 (Ebi Sosseh email)

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Action required	Activity agreed	Target date	Person responsible
<i>e.g. To ensure translated information is available about how to access services</i>			
Provide information leaflets in a range of languages	Incoming provider to design with CCG any leaflets	1 st October 2013	Provider with CCG Project Manager
Ensure availability of translation services	Incoming provider to arrange access with translation services	1 st October 2013	Provider
Develop patient surveys	Incoming provider to develop patient surveys with the commissioner to capture diversity questions as well as service questions	1 st October 2013	Provider with CCG project manager
Develop communication tools for those with visual, hearing and speech impairment	The provider to work with the commissioner and groups working with the visually, hearing and speech impaired to either find communication tools or develop staff to enable them to communicate effectively with impaired patients	On-going	Provider with CCG project manager