

# Policy:

## Eligibility Criteria for NHS Funded Patient Transport

Executive or Associate Director lead	Director of Finance
Policy author/ lead	Manager – Transport and Stores Services
Feedback on implementation to	Manager – Transport and Stores Services

Document type	Policy
Document status	Final V2
Date of initial draft	November 2017
Date of consultation	December 2018 (2 <sup>nd</sup> consultation June 2019)
Date of verification	PGG – 15 July 2019
Date of ratification	25 July 2019
Ratified by	Executive Directors Group
Date of issue	29 July 2019
Date for review	June 2022

Target audience	All Services using/authorising NHS Funded Patient Transport
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Keywords	Eligibility, Funded Transport
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### **Policy Version and advice on document history, availability and storage**

Version 2 This document replaces Version 1.

The basic Eligibility Criteria remains in line with National Guidance and is unchanged following this review.

This document is being resubmitted following issues raised at PGG. There was a further review and consultation, as a consequence amendments were made to some sections.

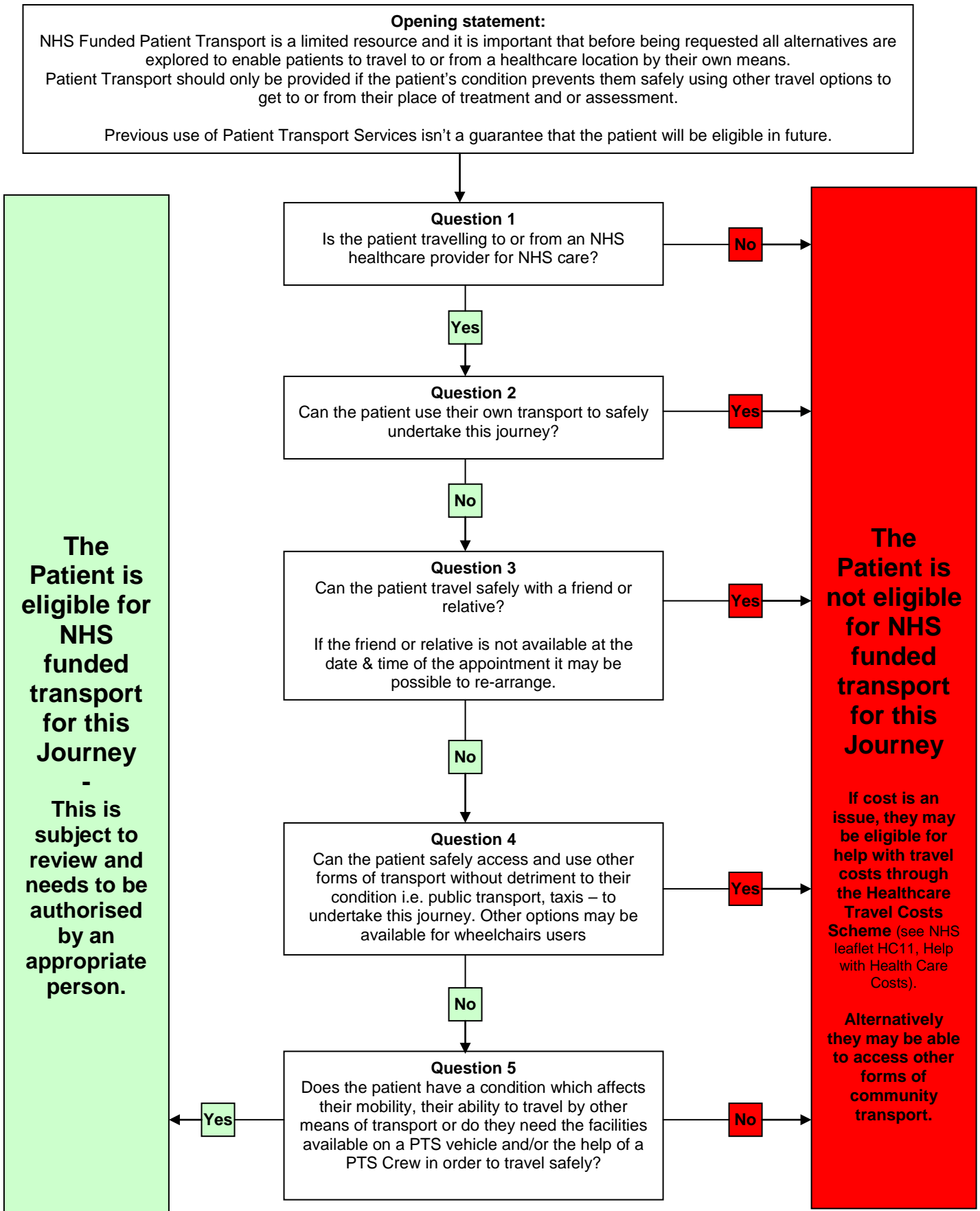
This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version will be removed from the Intranet and Trust website and archived. Any copies of the previous policy held separately should be destroyed and replaced with this version.

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**Flowchart**

**Ascertaining Eligibility for Patient Transport Services (PTS)**



## 1. Introduction

National guidance is clear on which patients are eligible for NHS funded patient transport and Sheffield Health & Social Care NHS FT (SHSC) needs to adhere to this guidance. This means service users will be responsible for providing their own transport (directly or indirectly e.g. from carers, family, friends) so that the provision of Trust/NHS funded transport becomes the exception and is only offered in accordance with national guidance.

Trust staff will be required to look closely at their service users travel needs and assess whether they meet nationally agreed eligibility criteria as described in the Flowchart (and additionally any local protocols that may be agreed by Service Directors) before booking any transport that is funded from SHSC revenue. In brief a service user to qualify, must be deemed clinically unfit to travel other than by Patient Transport and/or they must genuinely have no alternative means of travelling to and from Hospital or other NHS premises for NHS-funded treatment, available to them.

People who have a genuine need for Patient Transport can then be assessed to ensure that the most suitable and cost effective solution is provided. This can be supplied by SHSC Transport Service for service users who have very poor mobility, have difficulty accessing or egressing premises or are wheelchair users.

Alternatively, this can be supplied through voluntary groups, taxis and/or any willing commercial provider subject to cost. Meeting the eligibility criteria for patient transport is no guarantee that the transport will be provided, that it will not incur a cost to the service requesting transport for the service user or to the service user themselves.

All SHSC clinical services that assess Service Users as eligible for NHS funded patient transport will be required to meet the cost of such services from their Directorate revenue budgets. This may be via an internal service agreement with SHSC Transport Services including an ad hoc recharge from SHSC Transport Services, or via appropriate authorisation of payment to private providers

Introducing this policy will ensure that the resources that are available (both transport and financial) are used only by service users who have a real need and meet the eligibility criteria.

## 2. Scope

This is a Trust wide policy that applies to all services who arrange/offer/need patient transport for any Service User and any carer/family member, travelling to/from any NHS premises, Outpatient unit, Clinic or Inpatient ward for any assessment or treatment.

Services that offer transport can choose or develop their own locally agreed protocols and guidelines to supplement the national criteria and include reference to financial arrangements and cost. All such local arrangements must be approved at directorate level and include arrangements for authorising/monitoring.

An example of a locally agreed protocol could be providing NHS funded transport for a first appointment or for a time-limited period. All local protocols should be developed using a risk assessment basis and individual details recorded in a service user's care plan, together with details of when/how the initial arrangements will be reviewed.

Meeting the eligibility criteria for patient transport is no guarantee that the transport will be provided or that it will not incur a cost to the service requesting transport for the service user or to the service user themselves.

Eligibility criteria can also be subject or determined by the individual clauses which are agreed and signed up to via the Trust individual contractual arrangements with Commissioners of services. In that, for some individual services, patient transport costs may (or may not be) built into or recoverable via the contracts and the financial envelopes (or budgets) agreed as part of the day to day service provision. If SHSC Managers or staff are unclear about the allowance or restrictions within the contract, relative to patient transport, then advice should be taken from the Contracting team before eligibility is confirmed or determined".

### 3. Definitions

**Patient Transport** – Transport provided to carry service users with mobility issues or other issues that prevent them from using public transport or private transport, to and from pre-booked appointments for assessment and treatment, and/or in relation to admissions and discharges for inpatient wards/units. This transport does not have to be supplied by SHSC Transport Services but following a suitable assessment that includes Patient needs, cost and availability, could be supplied through voluntary groups, taxis and/or any willing commercial provider.

**Service user**- Any person or persons who are registered with the SHSC for assessment or receiving treatment administered by SHSC and its staff. This can include inpatient care, outpatient care, assessments or treatment at clinics and within specialist units. In addition it can include care provided at home/in the community or in supported living environments where support by SHSC staff/services is required.

**PTS** - Patient Transport Services

**SHSC** - Sheffield Health and Social Care NHS Foundation Trust

### 4. Purpose

The purpose of the policy is to bring the Trust into line with guidance issued by the Department of Health regarding Patient Transport Eligibility Criteria. It is also required to ensure that only service users who have on assessment an identified need and are eligible against the criteria, are able to access and use Patient Transport.

Establishing that a service user is eligible for Patient Transport is not a guarantee that this transport will be directly provided by SHSC. The criteria will set the basic eligibility and are to be used within each directorate/service to inform and guide them in developing their own locally agreed protocols and guidelines. However, the

default position will be that service users are responsible for providing their own transport (directly or indirectly e.g. from carers, family, friends) so that provision of Trust funded patient transport becomes seen as the exception or 'final resort' when other avenues have been exhausted.

Establishing a service user's eligibility for transport should be done before any offer of transport is made. Any eligibility for transport should be revisited each time transport is requested. A service user's eligibility for transport should be determined either by a health care professional or by non-clinically qualified staff who are both:

- Clinically supervised and are working within locally agreed Protocols and Guidelines.
- Employed by the NHS or working under a contract for the NHS.

## 5. Duties

**Service Managers** - Must ensure that where they choose to provide funded patient transport there are locally agreed protocols and guidelines in place that supplement the national criteria and include reference to financial arrangements and cost. All such local arrangements must be approved by the Service Director and include arrangements for authorising/monitoring. Alternatively a decision can be taken simply to apply the national DoH criteria with no local deviations

**Ward /unit managers** – Must ensure that staff assessing service users for eligibility are

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

**Staff assessing Service users** – must work within the locally agreed guidelines and protocols and ensure that these are revisited every time patient transport is requested.

## 6. Process

### **6.1 Eligible service users are those:**

- Where their medical condition is such that it impacts on their mobility and they require the specialist skills of PTP (Patient Transport Professional) staff to support them in either accessing the transport at home or hospital etc. (including the use of stair climber equipment for wheelchair users), during transport and /or where it would be detrimental to the services users condition or recovery if they were to travel by any other means.
- Where a service users condition including their Mental Health and Learning Disability, impacts or their ability to use any other forms of transport including public transport.
- Where a service user's condition including their Mental Health and Learning Disability requires the use of a suitably qualified escort and where on

assessment, it would generally be detrimental to use Public or other forms of transport.

- Where they do not have access to their own private transport via carer, family or friends or where there are no other alternative means of transport available.
- Where they are recognised as a vulnerable adult/child and require a suitable escort or support

## **6.2 Locally agreed protocols and guidelines**

This policy sets out the baseline criterion from which individual services and directorates are to develop their own locally agreed protocols and guidelines. These local protocols and guidelines must set up a clear assessment process that will;

- Take into account needs of the service client group.
- Take into account the services they provide.
- Establish eligibility.
- Not prohibit the provision of services to those who are vulnerable and at risk.
- Be approved at directorate level.
- Include financial arrangements regarding any cost incurred for transport services provided.

## **6.3 Appropriate Transport Assessment**

Once it has been established that a service user is eligible for NHS funded Patient Transport the ward/unit/services shall then assess the most appropriate type of transport to meet the needs of the services user. The following criteria are provided as guidance for use as part of this basic assessment.

Mobility	Wheelchair user or requires support when walking.
Suitability	Type of Vehicle - Specialist transport or non-specific.
Accessibility	How easy is the access to and from the vehicle and access to and from Home/ buildings etc. is specialist equipment needed (stair climber)
Dignity/respect	Accessing the Transport, type of vehicle used, the time of day, any social considerations.
Escort	Is an escort required and who provides this.
Safety/security	Of the service user, staff and of the public.
Cost	Cost efficient options to meet the needs of the service users.

## **6.4 Service users who do not qualify**

Service users who do not qualify under the eligibility criteria for funded transport may be able to claim a refund under the NHS Healthcare Travel Costs Scheme (HTCS) for the cost of travelling to hospital or other NHS premises for NHS-funded treatment or diagnostic test arranged by a doctor.

The Government web site shown below includes links to a main guidance document - HC11, 'Help with Health Care Costs'.

<https://www.nhs.uk/NHSEngland/Healthcosts/Pages/help-with-health-costs.aspx>

The document gives information regarding the process for reclaiming transport costs (as well as other healthcare related costs) and all services users who do not meet the eligibility criteria for Funded NHS Transport, should be made aware of this information and how to access it (see link below)

In particular service users need to note a link to a form: HC5(T) Refund claim form: Travel costs to receive NHS treatment

[https://www.nhs.uk/NHSEngland/Healthcosts/Documents/HC5\(T\).pdf](https://www.nhs.uk/NHSEngland/Healthcosts/Documents/HC5(T).pdf)

All service users wishing to claim reimbursement for travel costs will need to complete one of these forms as the majority of SHSC sites are not able to provide Petty Cash reimbursement for any such claims.

All the details of where to send the complete form are printed in section 4 of the form

The form can be printed from <http://www.nhs.uk/healthcosts> or Call **0300 123 0849** to order a paper copy of the, HC5 (T) form

Not all people will be eligible for refunds and eligibility is based on being in receipt of a defined range of social benefits or proof of Low Income. Again details are given in HC11.

**Link to HC11, 'Help with Health Care Costs' and HC5 (T)**

<https://www.nhs.uk/NHSEngland/Healthcosts/Pages/help-with-health-costs.aspx>

## **7. Dissemination, storage and archiving (Control)**

Notifications regarding this policy will be disseminated to all staff via the Trust email and will be available to all Trust employed staff on the SHSC Trust intranet.

Clinical and Service Directors are responsible for ensuring that all staff in their directorates are aware of this policy and know where to locate it.



Service manager are responsible to ensure staff are aware of policy and that it is reviewed at local level to ensure any local protocols required are in place and being applied.

Archiving and version control will remain with Transport Services

## **8. Training and other resource implications**

Departmental managers are responsible for ensuring that their staff are aware of and comply with this policy.

Resource Implications

- Staff who review –
  - Must be clinically supervised and work within the locally agreed guidelines and protocols. They must ensure that these are revisited every time Patient Transport is requested.
  - Must be employed by the NHS or working under a contract for the NHS.
- Finance -
  - All SHSC services that assess Service Users as eligible for NHS Funded Patient Transport irrespective of who provides the transport will need to have agreement with Finance regarding funding and have arrangements in place for this to be monitored.

Anticipated savings will be created by ensuring that resources available for the provision of Patient Transport, are directed to where they are most needed and are not wasted.

It will establish clarity relating to who is eligible for Funded Transport, the cost of Transport and who funds it.

Any SHSC service that currently uses external providers such as Taxis to provide Transport for service users, will be also be able to access services provided by SHSC Transport. This can be either on a scheduled or on an Ad Hoc basis and will be subject to availability, eligibility and cost.

## 9. Audit, monitoring and review

<b>Monitoring Compliance Template</b>						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Staff Implementation of Eligibility assessment	Appraisal / supervision	Service manager	Annual Line managers appraisal	Annual Line managers appraisal	Annual Line managers appraisal	Annual Line managers appraisal
Service implementation of Policy	Service Review	Ward/Team managers / Directorate Governance Groups	Annual	Ward/Team managers / Directorate Governance Groups	Ward/Team managers / Directorate Governance Groups	Ward/Team managers / Directorate Governance Groups

Policies should be reviewed every three years or earlier where guidance or practices change.

## 10. Implementation plan

Action / Task	Responsible Person	Deadline	Progress update
<i>New policy onto intranet</i>	Head of Communications	January 18	January 18
<i>Notify All services where transport (including Taxis) are used</i>	Transport Services	February 18	March 18
<i>Service directorates to ensure local protocols are in place and the policy is implemented at the point of assessing needs and booking transport</i>	Service managers /Service Directors	February 18	March 18

## 11. Links to other policies, standards and legislation

The original department of health Document that sets out eligibility can be accessed via the following link;

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

## 12. Contact details

*The document should give names, job titles and contact details for any staff who may need to be contacted in the course of using the policy (sample table layout below). This should also be a list of staff who could advice regarding policy implementation.*

<b>Title</b>	<b>Name</b>	<b>Phone</b>	<b>Email</b>
<b>Transport Services (Generic Service contact)</b>	<b>Patient Transport</b>	<b>01142 261961</b>	<b>Transportservices@shsc.nhs.uk</b>
<b>Patient Transport Services Manager</b>	<b>Tracy Unwin</b>	<b>01142 261701</b>	<b>Tracy.Unwin@shsc.nhs.uk</b>

## 13. References

The original department of health Document that sets out eligibility can be accessed via the following link –

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

The Healthcare Travel Costs Scheme, Link –

<http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx>

## Appendix A – Version Control and Amendment Log

<b>Version No.</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of change(s)</b>
0.1	New draft policy created	November 2013	New policy commissioned by EDG to ensure compliance with DofH Guidance
1.0	Ratification and issue	April 2014	Amendments made during consultation, prior to ratification.
2.0	Review	April 2017	Review held until impact of changes to the benefit system and the roll out of Universal Benefit were known
2.0	Review on expiry of policy	January 2018	Minor changes required to information Links in line with the introduction of the Universal Benefit
3.0	Additional charges were made following a local issue raised by finance/contracting colleagues	July 2019	Additional review completed and changes made to the wording of the policy. Section 2. Scope, Paragraph 5

## Appendix B – Dissemination Record

<b>Version</b>	<b>Date on website (intranet and internet)</b>	<b>Date of “all SHSC staff” email</b>	<b>Any other promotion/ dissemination (include dates)</b>
1.0	April 2014	April 2014	FAQ sheet posted on the Intranet June 2014
3.0			

## Appendix C – Stage One Equality Impact Assessment Form

### Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

**Stage 1** – Complete draft policy

**Stage 2 – Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

**Stage 3 – Policy Screening** - Public authorities are legally required to have 'due regard' to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link [https://www.xct.nhs.uk/widget.php?wdg=wdg\\_general\\_info&page=464](https://www.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464)

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
<b>AGE</b>	<b>Yes</b>	<b>Yes</b>	<b>No</b> - Age and Mobility have not necessarily been the main factors when previously assessing if to offer Transport. Applying the criteria will impact on some people who were originally offered transport but who do not meet the qualifying criteria therefore services will be withdrawn. Alternatively checking services users against the criteria will also identify those who are eligible and who may not have previously been offered Transport.
<b>DISABILITY</b>	<b>No</b>	<b>No</b>	<b>No</b>
<b>GENDER REASSIGNMENT</b>	<b>No</b>	<b>No</b>	<b>No</b>
<b>PREGNANCY AND MATERNITY</b>	<b>No</b>	<b>No</b>	<b>No</b>
<b>RACE</b>	<b>No</b>	<b>No</b>	<b>No</b>
<b>RELIGION OR BELIEF</b>	<b>No</b>	<b>No</b>	<b>No</b>
<b>SEX</b>	<b>No</b>	<b>No</b>	<b>No</b>
<b>SEXUAL ORIENTATION</b>	<b>No</b>	<b>No</b>	<b>No</b>

**Stage 4 – Policy Revision** - No changes made.

Impact Assessment Completed by David Emblen - January 2018

## Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site

<http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf>

(relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

### 1. Is your policy based on and in line with the current law (including case law) or policy?



**Yes. No further action needed.**



**No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

### 2. On completion of flow diagram – is further action needed?



**No, no further action needed.**



**Yes, go to question 3**

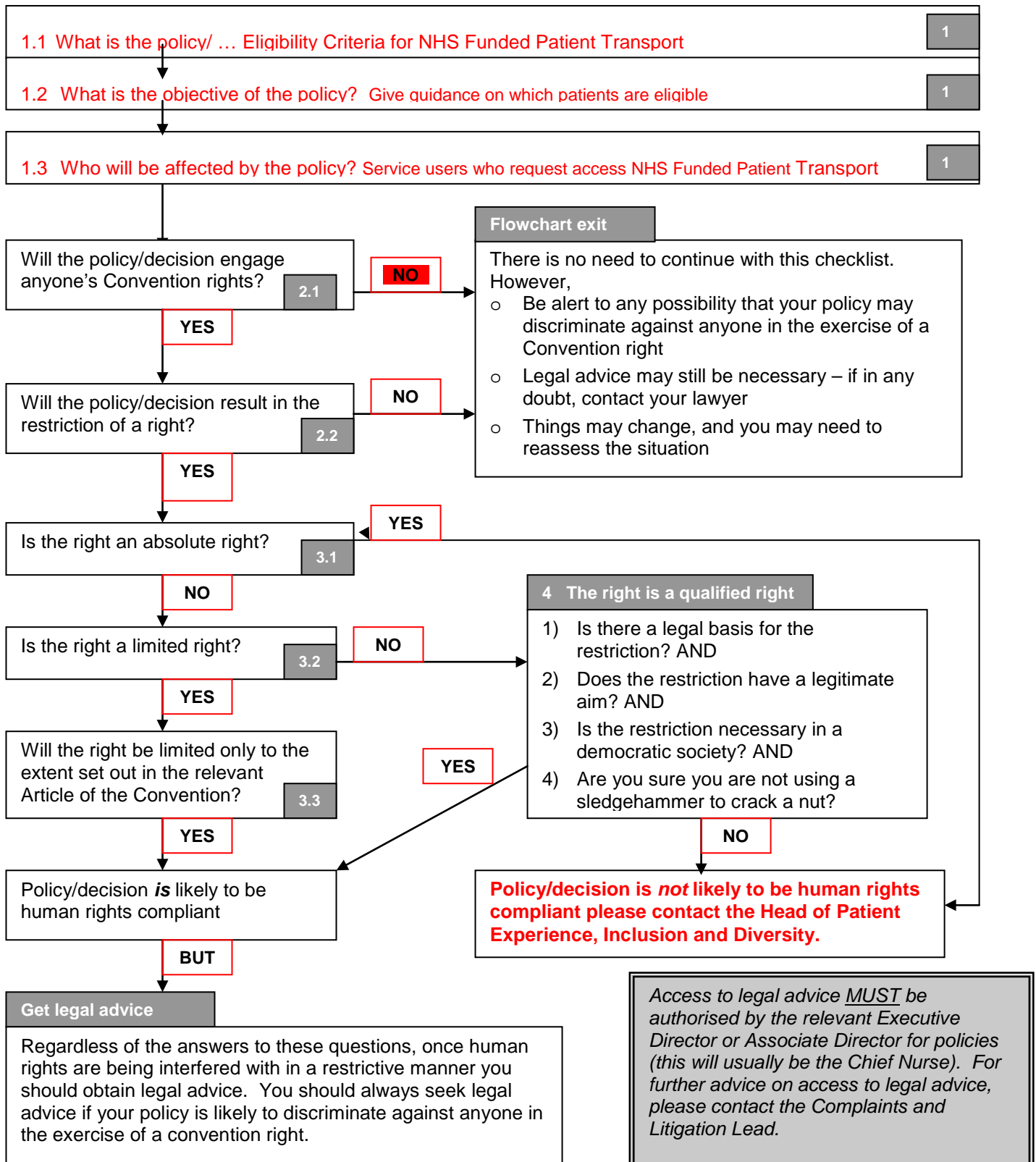
### 3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

## Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.



## Appendix E – Development, Consultation and Verification

- **Who was involved in developing the policy and any guidance followed**
  - *The original 2014 Policy was developed through a Trust Wide Task and finish group.*
  - *This review was completed by the Policy Author in consultation with the main users of SHSC Patient Transport Services*
- **Groups and individuals consulted**
  - *Memory Services*
  - *Patient Transport Services*
  - *Acute Inpatient Services*
  - *Finance*
- **Any changes made as a result of the consultation process.**
  - *Minor changes required to information within policy regarding the online links in line with the introduction of the Universal Benefit*
  - *Web sites, web addresses and Links to online information and to refund claim forms checked following the introduction of the Universal Benefit.*
- **Which governance group verified the document**
  - *Original document verified by EDG*
- **Dates for consultation on the review**
  - *1st November 2017 to 7th December 2017*
- **Request for further clarification from PGG on issues raised by Finance and contracting**
  - *January 2018 - Discussion on issues raised relating to finance and commissioning of services.*
- **Dates for Consultation on amendments**
  - *6<sup>th</sup> June 2018 - 24<sup>th</sup> June 2019*
  - *Appropriate wording put into policy and policy sent to those who raised the issue for agreement.*
  - *24<sup>th</sup> June 2019 - Changes to the wording finally agreed so policy can be resubmitted.*



## Appendix F –Policies Checklist

*Please use this as a checklist for policy completion. The style and format of policies should follow the Policy template which can be downloaded on the intranet (also shown at Appendix G within the Policy).*

### 1. Cover sheet

✓

All policies must have a cover sheet which includes:

- The Trust name and logo ✓
- The title of the policy (in large font size as detailed in the template) ✓
- Executive or Associate Director lead for the policy ✓
- The policy author and lead ✓
- The implementation lead (to receive feedback on the implementation) ✓
- Date of initial draft policy ✓
- Date of consultation ✓
- Date of verification
- Date of ratification
- Date of issue
- Ratifying body ✓
- Date for review ✓
- Target audience ✓
- Document type ✓
- Document status ✓
- Keywords ✓
- Policy version and advice on availability and storage ✓

### 2. Contents page

### 3. Flowchart

✓

### 4. Introduction

✓

### 5. Scope

✓

### 6. Definitions

✓

### 7. Purpose

✓

### 8. Duties

✓

### 9. Process

✓

### 10. Dissemination, storage and archiving (control)

✓

### 11. Training and other resource implications

✓

### 12. Audit, monitoring and review

✓

This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

<b>Monitoring Compliance Template</b>						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

**13. Implementation plan**

✓

**14. Links to other policies (associated documents)**

✓

**15. Contact details**

✓

**16. References**

✓

**17. Version control and amendment log (Appendix A)**

✓

**18. Dissemination Record (Appendix B)**

✓

**19. Equality Impact Assessment Form (Appendix C)**

✓

**20. Human Rights Act Assessment Checklist (Appendix D)**

✓

**21. Policy development and consultation process (Appendix E)**

✓

**22. Policy Checklist (Appendix F)**

✓