



Better health and sustainable healthcare for Bristol

Policy for the Reimbursement of Patient Travel Costs under the Healthcare Travel Costs Scheme (HCTS)

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Table of Contents

1	Introduction.....	1
2	Purpose and Scope	1
3	Explanation of Terms Used	1
4	Consultation.....	2
5	Equality Impact Assessment.....	2
6	Roles and Responsibilities.....	2
7	Eligibility Criteria	3
8	Exclusions.....	3
9	Places of Treatment	5
	9.1 GP Surgery	5
	9.2 Accident & Emergency.....	6
10	Travel Costs	6
	10.1 The “Reasonable” Test	6
	10.2 Carers and Escorts (Including Parents and Guardians).....	6
11	Modes of Transport.....	7
	11.1 Community Transport and Voluntary Care Schemes.....	7
	11.2 Public Transport	7
	11.3 Alternatives to Public Transport	7
	11.4 Taxis.....	7
	11.5 Private Motor Vehicles	8
	11.6 Car Parking and Toll Charges.....	8
	11.7 Congestion Charges.....	9
12	Advance Travel Payments	9
13	Payments for Travel Costs incurred on the day of travel	9
14	Payments.....	10
15	Fraud Prevention	10
16	Appeals and Complaints.....	10

17	Implementation plan (including training, resources)	11
	Appendix A: Qualifying Benefits and Allowances	12
	Appendix B: Other Routes Providing Eligibility to HTCS	14
	Appendix C: patient transport service.....	16
	Eligibility for Hospital Transport under the Patient Transport Service .	16
18	Appendix D: Process for payment requests	17
	Process for Payment Requests in Arrears	17
	Process for Payment Requests in Advance.....	17

1 INTRODUCTION

The White Paper, 'Our Health, Our Care, Our Say' highlights that for some individuals, travel to receive healthcare can present difficulties as the journey may be lengthy, complex, and costly or access to public transport may be poor.

"Transport can be a barrier to accessing care. The Social Exclusion Unit estimates that 1.4 million people miss, turn down or simply choose not to seek health care because of transport problems." (White Paper, 'Our Health, Our Care, Our Say')

These difficulties may be heightened, particularly for individuals on a low income or benefits (For qualifying benefits, See **Appendix A**), who may not be able to meet the costs of travelling to hospital or other healthcare sites for either treatment or diagnostic tests. This has the potential to seriously impact upon the health of a patient and to widen health inequalities.

In 'Our Health, Our Care, Our Say', a commitment was made to address these potential health inequalities by replacing the 'Hospital Travel Costs Scheme' with the 'Healthcare Travel Costs Scheme' (HTCS) to extend the scheme to;
"Include people who are referred by a health care professional for treatment in a primary care setting, providing that they meet the existing low-income criteria." (Our Health Our Care, Our Say – section 6.68).

2 PURPOSE AND SCOPE

This policy is for the use of CCG Staff, NHS patients, Carers and others wishing to claim for reimbursement of their travel costs to use to determine:

- Eligibility for reimbursement under the HTCS, and,
- To understand the procedure for applying the reimbursement

The purpose of the HTCS Policy is to enable patients on low incomes, in receipt of qualifying benefits or allowances, reimbursement in part or in full for the costs incurred in travelling to receive certain NHS services. To be reimbursed, the patient must meet the Eligibility Criteria detailed in section 7.

3 EXPLANATION OF TERMS USED

HCTS – Healthcare Travel Costs Scheme: Allows eligible individuals to claim reimbursement for their travel costs to non-primary healthcare services.

HCT (5) – Healthcare Travel Costs Scheme Form

HMRC – Her Majesty's Revenue and Customs

PPD – Prescription Pricing Division

CCG – Clinical Commissioning Group

Primary Healthcare Services – The first point of contact for individuals accessing the healthcare system. The aim of which is to enable the individual to access the appropriate route to care. (I.e. GP Appointments)

PTS – Patient Transport Service

The PTS provides free non-emergency patient transport for hospital appointments for eligible individuals.

Eligibility for hospital transport will be assessed and booked by the GP for a patient's first appointment and then by the hospital clinical team for follow up appointments.

4 CONSULTATION

There was no consultation required in devising this policy as it is based on Department of Health Guidance.

5 EQUALITY IMPACT ASSESSMENT

There was no equality impact identified. This policy has been devised to ensure that barriers to NHS health care services are diminished to individuals on a low income and / or benefits who may have difficulty with finances for transport to appointments.

6 ROLES AND RESPONSIBILITIES

Clinical Commissioning Groups have a legal responsibility to pay the NHS Travel Expenses of eligible patients under the HTCS which is a mandatory scheme. The regulations (Travel Expenses and Remission of Charges, “the 2003 Regulations”) instruct NHS Organisations on what they must do and set out the eligibility criteria which are to be applied.

These details and subsequent amendment regulations may be found on the Department of Health Website at: <http://opsi.gov.uk/stat>

The role of NHS Organisations under the regulations states that when an eligible patient applies for the payment of their NHS Travel Expenses, the provider unit or health service body is responsible for:

- Verifying the patient’s eligibility to receive payment of his or her NHS travel expenses;
- Calculating the amount payable by reference to the cost of travelling by the cheapest means of transport which is based on “the reasonableness test”. Where the NHS travel expenses incurred relate to travel by private car, the amount payable may include parking expenses, mileage, road tolls and charges (including the London Congestion Charge which should then be reclaimed from Transport for London);
- And making the payment.

Where a postal claim is made for the reimbursement of NHS travel expenses (in arrears), claims are submitted to the Prescription Pricing Division (PPD) of the NHS Business Services Authority using form HC5 (T).

Where the PPD is satisfied that;

- A) An individual is eligible;
- B) And a repayment should be made;

They will inform the CCG by sending through the HC5 (T) form. The role of the CCG is then to distribute the HC5 (T) form to the appropriate team who will follow the process identified in **Appendix D**.

7 ELIGIBILITY CRITERIA

In order to be eligible for full or partial reimbursement of travel costs, the patient must meet the following three conditions (which will be verified by the PPD):

They must be:

- A) In receipt of one of the qualifying benefits or allowances specified in Appendix A (or in certain cases be a member of the same family as a person receiving a qualifying benefit or allowance), or,
- B) Be named on an NHS Low Income Scheme certificate HC2 or HC3 (or in certain cases be a member of the same family as a person named on an NHS Low Income Scheme certificate). The journey undertaken must be made to receive services under the National Health Service Act 2006, which are not primary medical or primary dental care services, for which the patient has been referred by a doctor or dentist.
- C) Where a doctor or dentist has provided the primary medical or primary dental services which lead to a referral for non-primary care services. The services for which the referral is made must not be provided on the same visit and in the same premises as the primary medical or primary dental services which lead to that referral.

In accordance with the 2003 Regulations, where all of the above three conditions are met, the amount of any NHS travel expenses to be reimbursed will be calculated by reference to the cost of the cheapest means of transport which is reasonable, taking into account the persons relevant circumstances.

8 EXCLUSIONS

The Healthcare Travel Cost Scheme will not apply for the following circumstances:

- A)** Patients who attend an NHS establishment to receive primary medical or primary dental services.

- B)** Patients who attend at a non-primary medical or non-primary dental services who were not referred by to those services by a doctor or dentist (I.e. Self-Referral).
- C)** Patients being transferred between treatment centres. The cost of transferring patients from one hospital to another, to a clinic or nursing home, whilst their treatment remains the responsibility of an NHS hospital consultant should be regarded as part of their treatment costs and funded by the acute trust. Similarly, the travel costs of patients sent home as either part of their treatment or to meet a hospital's convenience should be regarded as part of their treatment costs. This would include patients being discharged from hospital who arrange their own transport home. However patients who choose self-discharge from hospital would be unable to claim this travel expense.
- D)** Patients who receive non- primary care services on the same visit and same premises as those occupied by the doctor/dentist who during that visit has referred them for non-primary care in the course of providing primary medical or primary dental services are not eligible for HCTS. In these cases, the patient has not made an additional journey to their non-primary care service from their primary care appointment.
- E)** Patients accessing treatment from Private Healthcare Services are not eligible for HCTS.
- F)** Patients that have a need for ambulance transport. The costs for this service are met by the Patient Transport System (PTS) and the eligibility criteria for this can be found in Appendix C.
- G)** Patients who discharge themselves from a non-primary care setting as per their own request will not be eligible for reimbursement of travel costs.
- H)** Visitors to patients in hospital. Visitors are not able to claim their travel costs through HCTS. For visitors in receipt of the qualifying benefits, assistance may be provided in meeting their travel costs by a Social Funds Payment.

The following links will provide information on Social Fund loans and contact details for the local Jobcentre Plus (who can also provide assistance and information regarding Social Funds payment).

Social fund information:

http://www.jobcentreplus.gov.uk/JCP/Customers/WorkingAgeBenefits/Dev_013949.xml.html

Contact details for Jobcentre Plus offices:

<http://www.jobcentreplus.gov.uk/JCP/Aboutus/Ouroffices/Search/LocalOfficeSearch.aspx?type=1&name=Local%20Office>

- I)** Parents staying with children in hospital are not eligible to claim under the HCTS. The benefits of encouraging parents to stay overnight with their children in hospital are generally accepted. However, most Children's

departments will provide facilities for parents to sleep on the ward and no charge should be made for these facilities.

- J) Payment through HTCS cannot be made to cover the costs of overnight stays. If an overnight stay away from home is unavoidable because of the time of the appointment, length of travel required and/or the patient is unable to meet the cost of this stay, then expenses should be considered as part of treatment costs or met through non-Exchequer funds. Prior to an overnight stay occurring, this should be discussed with the relevant NHS Organisation.
- K) Where a patient is travelling abroad for treatment under the NHS, a claim may be made for travel costs incurred to a port (including an airport, ferry port or international train station) in Great Britain from which an international journey begins. Reimbursement of patient travel costs from the port to the place of treatment fall within NHS foreign travel expenses and cannot be claimed via the Healthcare Travel Costs Scheme.
- L) War pensioners and approved escorts will not be eligible for HTCS, if attending a hospital or non-primary care setting for treatment/appointments not relating to their accepted disablement:

In these cases the patient should contact the Service Personnel & Veterans Agency on 0800 169 2277.

War pensioners attending a Disability Service Centre or Artificial Limb and Appliance Centre for the provision of artificial limbs/wheelchairs **are eligible** to claim their travel costs under HTCS.

9 PLACES OF TREATMENT

Patients that are found to be eligible for assistance from the HTCS may claim their NHS Travel expenses for travel to receive non-primary care or non-primary dental services regardless of where the treatment is carried out.

The HCT (5) form to claim travel reimbursement can be found at the relevant GP surgery, community-based health centre or your local CCG. Alternatively, you can download the form from:

<http://www.nhs.uk/nhsengland/healthcosts/pages/travelcosts.aspx>

9.1 GP Surgery

Where non-primary care services are provided by GP Surgeries or Community-Based health centres, patients may be eligible to claim reimbursement of travel expenses through HCTS.

The exception to this would be where a Doctor or Dentist has provided the primary medical or dental services which lead to the referral for non-primary care services. The services for which the referral is made must not be provided on the same visit or the same premises as the primary medical or dental services which lead to the referral.

For example, if an appointment is made with the GP and during the visit it is established that the patient requires blood tests which can be taken at the time of the initial appointment. The patient will not have made an additional journey to receive the test and as such, reimbursement through the Healthcare Travel Costs Reimbursement Scheme would not be appropriate.

9.2 Accident & Emergency

Reimbursement for travel to A & E can be claimed if the individual presents at A & E in relation to a pre-existing condition for which they are under the care of a consultant.

Individuals that attend A & E for any other reason, they would not be eligible for reimbursement under the Health Care Travel Costs Reimbursement Scheme.

10 TRAVEL COSTS

The 2003 Regulations stipulate that travel costs should be calculated based on the cheapest form of transport appropriate to the patient. The CCG should check that the costs of the patient's travel are reasonable, taking into account the patient's personal circumstances.

10.1 The "Reasonable" Test

The "Reasonable" Test is based on the assumption that the patient should be able to reach their healthcare establishment within a reasonable time and without detriment to their condition. Provider units, when assessing a patient's claim, should take into account issues such as:

- How long the journey has taken to complete;
- The distance travelled;
- How frequently the patient has to make the journey;
- Availability, suitability and accessibility of public transport;
- The patient's medical condition;
- The patient's age

10.2 Carers and Escorts (Including Parents and Guardians)

If the patient's referring consultant and/or other healthcare professional involved in the patient's care deem it medically necessary for the patient to travel with an escort, the travelling expenses of an escort may also be claimed as part of the patient's travelling expenses. In cases where a child under 16 attends an appointment, the travelling costs of a parent or guardian can also be claimed.

Payments for escorts are made on the basis of the patient's eligibility and not the eligibility of the escort. However, the travel costs for the escort should be assessed on the same basis as those for patients.

People receiving a benefit that provides entitlement to the reimbursement of their travel costs under HCTS are also eligible to claim travel costs where the non-primary care appointment has been made for a child or dependent. These claims should be assessed in the same way as all other claims under this scheme.

11 MODES OF TRANSPORT

11.1 Community Transport and Voluntary Care Schemes

'Community transport or community car schemes provide transport for people who are unable to use, or have difficulty with access to, public transport and who are thus unable to make use of concessionary fares. Local authorities and community transport groups will be able to provide details of schemes available locally.'

These schemes do vary as they may serve specific population groups and areas and the rates charged may differ. Some schemes set a fixed price per journey, whilst others charge a set rate per mile or rely on donations or voluntary contributions.

The CCG should reimburse people for the use of community transport/car schemes (excluding the cost of an annual "membership" fee, if charged by the scheme's operator). Patients must ensure that they obtain a receipt from the driver for each journey made using this type of scheme.

11.2 Public Transport

The CCG should encourage the use of public transport and concessionary fares. For example, concessionary fares may be available for the elderly, people with disabilities, during off-peak times, other promotions may also apply. These should be encouraged where they are available and where they provide convenient links to hospitals and other places of care.

11.3 Alternatives to Public Transport

The CCG should consider any difficulties that may arise on an individual's journey (i.e. multiple bus/train changes or the patient's health problems) when assessing whether the travel costs being claimed are reasonable. Refunds for other forms of transport such as private motor vehicles and taxis should be considered, if it is deemed that an alternative method of transport is 'reasonable'. **(See 9.1.)**

11.4 Taxis

If the use of a taxi is deemed 'reasonable' (See 9.1.), reimbursements for the costs may be made, on condition that a receipt is provided.

The CCG should ensure that the journey is of a reasonable cost by obtaining a quote for the journey made from two taxi agencies.

11.5 Private Motor Vehicles

If the CCG considers the use of a private motor vehicle 'reasonable' (See 9.1.), they should pay the full estimated cost of fuel actually used in making the journey.

Mileage claimed should be confirmed using the below route planner from the patient's location to their destination (and return journey).

<http://www.theaa.com/route-planner/index.jsp>

If the mileage claimed is above the distance on the route planner, the CCG should pay travel costs using the route planner mileage amounts. The patient should be informed of these alternations and the reasons for them.

Mileage rates for payments to patients using private motor vehicles are set out in the table below which is based on the advisory fuel rates specified by Her Majesty's Revenue and Customs (HMRC) for company cars.

Information on the current HMRC rates:

http://www.hmrc.gov.uk/cars/fuel_company_cars.htm

If the use of a private vehicle was not deemed 'reasonable' and the patient could have reasonably been expected to travel by public transport, the individual should receive reimbursement of either the estimated cost of fuel actually used or the equivalent public transport cost, dependent on which is the lesser amount.

If the use of a private motor vehicle is deemed reasonable, the mileage rates below will be paid.

Engine Size	Petrol	Diesel	LPG
1400cc or less	0.14p	0.12p	0.9p
1401cc to 2000cc	0.16p	0.14p	0.11p
Over 2000cc	0.24p	0.17p	0.17p

Taken from: http://www.hmrc.gov.uk/cars/advisory_fuel_current.htm

11.6 Car Parking and Toll Charges

Patients using their own private motor vehicle will be reimbursed for car park and toll charges (if receipts are provided). In no situation should a penalty incurred through illegal parking be reimbursed.

11.7 Congestion Charges

Congestion charges in London should not be reimbursed by the HCTS. These can be claimed back via the Congestion Charging NHS Reimbursement Scheme, operated by the Transport for London.

12 ADVANCE TRAVEL PAYMENTS

It is important to note that retrospective payment is the expected route and payment in advance will only be made in exceptional circumstances. Payments in advance can be made if the individual cannot afford the initial outlay for travel costs. The CCG will exercise discretion on whether a payment in advance is appropriate, it will not be based on the value and frequency of the journey.

The individual must still be in receipt of the eligible benefits and must complete a HC5 (T) form.

For payments in advance the following procedure must apply.

The individual must send a brief covering letter to the CCG detailing where the appointment is, date of the appointment, how they are planning to travel there and the estimated costs of travel. A HC5T form must be included with this letter. Advance payments will only be made for one journey per claim. The process for payment requests in arrears can be found in Appendix D.

Address:

**NHS Bristol Clinical Commissioning Group (CCG)
FAO: Finance Department
South Plaza,
Marlborough Street,
Bristol, BS1 3NX**

- The individual will need to include their full name and address on the letter for a cheque to be issued to them to cover the costs of travel.
- Copies of the appointment letter and proof of eligibility to claim (See Appendix B) must be included with the letter.
- On receipt of these items, the CCG will check the appointment date and time with the Non-Primary Healthcare service, check that the travel costs requested are 'reasonable' (See 9.1.). If these criteria are met, a cheque for reimbursement of travel will be issued.

13 PAYMENTS FOR TRAVEL COSTS INCURRED ON THE DAY OF TRAVEL

Bristol CCG has no cashier facilities available and as such, all reimbursements of travel costs will need to be paid for retrospectively unless prior agreements have been made (See Section 12: Advance Travel Payments).

The exception to this is where a patient's appointment takes place at an NHS Hospital where cashier facilities exist. To claim a payment on the day of the

appointment, patients will need to provide evidence of their entitlement (see eligibility section: Appendix A) and appropriate travel receipts.

Where these requirements are met patients should be paid the appropriate cost of travel immediately by the Hospital cashier facilities and in cash.

Provider units should ensure that they have facilities to make these payments to patients as and when required. Payments on the day of travel cannot be made at GP or dental practices. Patients attending these premises should use the postal claims option.

14 PAYMENTS

Retrospective payments will be made either by BACS payment, if the patient has included their bank details on the HC5 (T) form or via a cheque through the post.

The Prescription Pricing Division (PPD) of the NHS Business Services Authority will advise the CCG of the patient's eligibility and will confirm that the individual is in receipt of the appropriate benefits and that a refund is due.

The CCG will confirm attendance at the appointment(s), determine that 'reasonable' travel arrangements were undertaken and will then calculate the amount and process the claim.

If travel costs are deemed to be unreasonable, total reimbursement may not be made.

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

15 FRAUD PREVENTION

Only claims submitted using the HC5 (T) form are acceptable.

Should fraud be suspected, it should be reported to the Local Counter Fraud Specialist or to the NHS Fraud and Corruption Reporting Line on 0800 028 40 60. All calls will be dealt with in the strictest of confidence by trained staff.

16 APPEALS AND COMPLAINTS

Once the PPD have confirmed eligibility, it is the decision of the CCG whether or not the costs incurred for travel are reimbursed. This decision will be made on the basis of the 'reasonableness' test (See 9.1.).

Should the costs not be reimbursed, the patient is able to appeal against the decision by writing to the Finance Department.

The following should be included in the letter:

- Name
- Date of Birth
- Address
- Contact number
- Date of Travel
- Place of Treatment
- Mode of transports
- Benefits the individual is in receipt of (evidence to be attached to this form)
- The reasons stated for reimbursement being refused
- The reasons why the individual feels that they should be reimbursed for the costs incurred.

The Finance Team will present the appeal to a senior member of the team, who in consultation with the guidance and this policy, will decide whether or not the appeal is to be upheld. The appeal should be made within three months of the decision not to reimburse the costs being made.

If the patient is not satisfied with the outcome of the appeal, a formal complaint can be made to the CCG and this will be handled according to the NHS Complaints Procedure. The complaint should be made within three months of the appeal outcome.

17 IMPLEMENTATION PLAN (INCLUDING TRAINING, RESOURCES)

This policy will be made available on the CCG website and will be brought to the attention of staff via the CCG newsletter.

Appendix A: Qualifying Benefits and Allowances

Table 1 - Benefits providing automatic entitlement

This means that no claim is required to be made to the Prescription Pricing Division (“PPD”) of the NHS Business Services Authority (“BSA”) which makes decisions on claims of entitlement to the full or partial payment of NHS travel expenses and issues notices of entitlement on behalf of the Secretary of State.

Benefit	Eligibility Covers	Entitlement Covers
Income Support (IS)	All patients in receipt of Income Support are entitled to payment of NHS travel expenses through HTCS.	<p>Recipient, partner and any dependents for whom the recipient or partner is responsible including children and young people under 20 named in the award. Some children and young people will not be included in the IS award. These will be covered by Child Tax Credit (CTC).</p> <p>Escorts: Where deemed medically necessary by a doctor or other health care professional involved in the provision of services to a patient, the travelling expenses of escort(s) may also be claimed as part of the patient’s cost. Where children under 16 are travelling for treatment escort costs may be paid for a parent or guardian attending the appointment with the child.</p>
Income Based Employment and Support Allowance (ESA (IB))	All patients in receipt of income based Employment and Support Allowance	<p>Recipient, partner and any dependents for whom the recipient or partner is responsible including children and young people under 20 named in the award. Some children and young people will not be included in the award. These will be covered by Child Tax Credit (CTC).</p> <p>Escorts: Where deemed medically necessary by a doctor or other health care professional involved in the provision of services to a patient, the travelling expenses of escort(s) may also be claimed as part of the patient’s cost. Where children under 16 are travelling for treatment escort costs may be paid for a parent or guardian attending the appointment with the child.</p>

Income Based Jobseekers Allowance (JSA (IB))	All patients in receipt of Income Based Jobseekers Allowance	Recipient, partner and any dependents for whom the recipient or partner is responsible including children and young people under 20 named in the award. If a child is no longer included, entitlement should be through Child Tax Credit (CTC). Escorts: as for IS above
Working Tax Credit WTC Child Tax Credit CTC	Patients who are receiving or are named on an award certificate for:- (a) WTC with CTC; (b) WTC with a disability element or a severe disability element; or (c) CTC but is not eligible for WTC, provided that the relevant income of the member to whom the tax credit is made is not more than £15.050 on their award notice.	Recipient, partner and any dependents including children and young people under 20 named in the award Escorts: as for IS above
Pension Credit – Guarantee Credit	All patients in receipt of Pension Credit - Guarantee Credit Pension Credit - Savings Credit on its own does not automatically provide entitlement to assistance through HTCS. However, patients in receipt of this benefit may qualify for full or partial payment of their NHS travel expenses via the NHS Low Income Scheme (detailed below)	Recipient, partner and dependents Escorts: as for IS above

Appendix B: Other Routes Providing Eligibility to HTCS

Where patients are not in receipt of any of the benefits listed in table 1 but are on a low income, they may be eligible for assistance through the NHS Low Income Scheme. A person may be eligible for full or partial payment of their NHS travel expenses in the circumstances set out in the table below. The person will need to apply to the PPD on an approved form to claim entitlement and provide such evidence as may be requested in support of the claim. Where the claim to entitlement is successful, the PPD will issue a notice of entitlement to that person (which may include the claimant's family members).

Table 2 – Other routes providing eligibility to HTCS

Passport to Support	Eligibility Criteria	Entitlement Covers
<p>People claiming on the grounds of low income</p>	<p>Patients who are not in receipt of a qualifying benefit but are on a low income and whose savings are less than £16,000 (or £23,500 if in a care home) may be eligible for assistance with their NHS travel expenses.</p> <p>The calculation of a patient's entitlement is carried out by the PPD.</p> <p>Where patients have not yet made an NHS Low Income Scheme claim they should be provided with the following for completion and forwarding to PPD:</p> <p>HC1 – assessment form HC1(SC) – assessment form if patient is in a care home or supported by Local Authority because they are 16 or 17 and have recently left Local Authority care HC5/HC5(T) – refund claim form</p> <p>If the patient has already made a claim but has yet to receive their certificate, they need only complete and forward the HC5.</p> <p>Patients who might not consider themselves to be on a low income should be encouraged to make a claim if their savings are below the current limits. Where successful, they will be sent a certificate showing how much they would be expected to pay for their travel per week and</p>	<p>Recipient, partner and dependent children or young people under 19 whose names are shown on the notice of entitlement (known as a HC2 or HC3 certificate).</p> <p>Escorts: Where deemed medically necessary by a doctor or other health care professional involved in the provision of services to a patient, the travelling expenses of escort(s) may also be claimed. Their costs should be added to the patient's costs and it is the patient's income that will count, not the escorts.</p>

	would be entitled to a refund of anything above this amount.	
Persons living permanently in a care home or accommodation provided by a local authority	<p>To qualify the claimant must reside in one of the following and have satisfied the authority that he is unable to pay for that accommodation at the standard rate or, as the case may be, the full rate:</p> <ul style="list-style-type: none"> • a care home • residential • accommodation provided by a local authority for persons aged eighteen or over who by reason of age, illness, disability or any other circumstances are in need of care and attention which is not otherwise available to • them; • residential accommodation for expectant and nursing mothers who are in need of care and attention which is not otherwise available to them. 	Claimant only
Asylum seekers for whom support is provided under Part VI of the Immigration and Asylum Act 1999	A person who is an asylum seeker for whom support is provided under Part VI of the Immigration and Asylum Act 1999. This Part of the Act makes provision for support being provided for asylum seekers or dependants of asylum seekers who appear to the Secretary of State to be destitute or likely to become destitute. (Destitution is measured by reference to a lack of, or lack of access to, adequate accommodation and food and other essential items)	<p>Recipient and any dependents where a dependent is classified as someone in the UK who is:</p> <ul style="list-style-type: none"> • a spouse; • a child of his, or of his spouse, who is under 18 and dependent on him
Children of 16 or 17 being supported by a local authority	A child of 16 or 17 years of age who has been in local authority care and is being supported by a local authority under section 23B(8) of the Children Act 1989	Claimant Only

Appendix C: patient transport service

Eligibility for Hospital Transport under the Patient Transport Service

Some individuals are eligible for PTS which provides free non-emergency transport for hospital appointments. Eligibility for Hospital Transport under the Patient Transport Service will be assessed by the patient's GP, who will (if found eligible) book the transport for the first appointment. The hospital clinical team will book the transport for follow-up appointments.

This transport is only for the following patients:

- Patients who require continual support and skill of patient transport staff to enable them to travel, including:
- Patients that require oxygen to be administered during the journey
- Patients with a dementia or a mental health condition that requires the skills of patient transport staff to ensure a safe journey.
- Patient who require the skill of patient transport staff to ensure a safe journey home following the treatment they have received. (This excludes patients who are able to travel via taxi to ensure a safe journey home)
- Patients who need to travel by stretcher
- All inter-hospital transfers.
- Patients attending renal dialysis, who are able to travel by car.

Process for Payment Requests in Arrears

1. The individual completes form HC5 (T) reimbursement form and posts this to the PPD Department in the prepaid envelope that is provided with the form.
2. Upon receipt of the HC5 (T) form, the PPD will verify eligibility and forward the form to the Finance Department at Bristol CCG.
3. The details on the HC5 (T) will be logged onto the database by an administrator. The administrator will perform the required checks and assess whether the individual's journey was 'reasonable' (See 9.1.)

Required checks:

- Verify attendance at appointment
 - Check relevant attached documents (i.e. travel tickets)
 - If an individual is requesting reimbursement for petrol; the administrator will check the journey on the appropriate route planner and calculate the amount to be refunded.
 - If an individual has travelled by taxi, a quote of the journey will be sought from a local taxi provider.
4. Payment Request form to be signed by authorising officer and on completion, passed to Finance Team.
 5. The Finance Team, upon receipt of the Payment Request and HC5 (T) form, will reimburse the costs that were deemed reasonable either by BACS payment or by a cheque which would be posted to the individual's address on the HC5 (T) form.
 6. Claims can only be made up to three months after the date of treatment. Any claims received after this time period will not be reimbursed, unless agreed otherwise.

Process for Payment Requests in Advance

1. Individual sends covering letter to BCCG which includes;
 - Full name
 - Address
 - Where the appointment is,
 - Date of appointment
 - Proposed mode of transport
 - Cost of travel
 - Copies of eligibility to claim (as per the guidance in the HC5 (T) form).
2. Letter to be reviewed by administrative support as per Payments in Arrears Process and required checks undertaken.
3. Signed by appropriate authorising officers

4. Payment request form completed and passed to Finance Department with appropriate documentation.
5. Payment transferred to individual either by BACS or Cheque.