

**POLICY AND PROCEDURE FOR REIMBURSEMENT OF PATIENT TRAVEL COSTS
UNDER THE HEALTHCARE TRAVEL COST SCHEME (HTCS)**

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The failure to comply/adhere to this [policy/safe system of work/Protocol/patient group direction] may be investigated in line with the 'Investigating (Employment) complaints and allegations policy and procedure' and may result in disciplinary action, up to and including dismissal.

1 INTRODUCTION

For some patients, travel to receive healthcare can present difficulties as the journey may be lengthy or complex, costly or access to public transport may be poor. In particular, patients on a low income or on benefits can find the cost of travelling to hospital or other healthcare premises for treatment or diagnostic tests difficult. This can widen health inequalities and potentially have serious consequences for the health of the patient.

Following the commitment made in the White Paper, 'Our Health, Our Care, Our Say', the Hospital Travel Costs scheme was replaced with the Healthcare Travel Costs Scheme and has also been extended 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' (section 6.68, Our Health, Our Care, Our Say).

2 SCOPE (including stakeholders)

This policy is for the use of both CCG staff and stakeholders to determine:

- Eligibility for reimbursement under the Healthcare Travel Cost Scheme (HCTS), and,
- To understand the procedure for applying for reimbursement.

Wherever the acronym "CCG" appears throughout this document, it shall be understood to be NHS South Gloucestershire Clinical Commissioning Group.

3 PRINCIPLES AND PURPOSE

The purpose of the Healthcare Travel Costs Scheme Policy is to enable patients on low incomes or in receipt of qualifying benefits or allowances, to receive 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.

4 DEFINITIONS

HTCS – Healthcare Travel Costs Scheme

Health Services Body – means which organisation has made the arrangements for services to be provided overseas (This term is only referred to under section 7.3)

Non Primary Care Services – This refers to services that are not undertaken by your GP or dentist, such as scans and x-rays.

Provider Units – refers to the units managed by Providers of NHS funded Healthcare services.

NHS Travel Expenses – means the travel expenses necessarily incurred in attending an appointment for the provision of NHS services which meet the criteria detailed in section 7 – Eligibility Criteria.

NHS Organisation – means Clinical Commissioning Group, NHS Trust or NHS Foundation Trust.

Stakeholders – means primary care providers such as GP's or Dentists.

5 CONSULTATION

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

6 EQUALITIES IMPACT ASSESSMENT

There was no Equality Impact identified.

7 ELIGIBILITY CRITERIA

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

1. 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).
2. 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.
3. 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. (See 9.1 for explanation).

Where all of the above three conditions are met, in accordance with the 2003 Regulations, 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.

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

*To claim entitlement to payment or repayment of NHS foreign travel expenses, the person 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. (*

8 EXCLUSIONS

The Healthcare Travel Costs Reimbursement Scheme does **NOT** apply to:

- a. Patients attending an establishment to receive primary medical or primary dental services ie for repeat medication, initial appointments etc.
- b. Patients attending an establishment to receive non-primary medical services or non-primary dental services but who have not been referred for those services by a Doctor or Dentist i.e. Self Referral.
- c. Patients who have a medical need for ambulance transport - which is provided through the Patient Transport System (PTS), commissioned by the CCG.

- d. Patients being transferred between treatment centres – the cost of transferring patients from one hospital to another, or to a clinic or nursing home, whilst their treatment remains the responsibility of an NHS Hospital Consultant should be regarded as part of their treatment costs. Likewise, the travel costs of patients sent home as either part of their treatment or to meet hospitals convenience should be regarded as part of their treatment costs.
- e. Patients who discharge themselves from hospital at their own request.
- f. Visitors to patients in hospital. However, if the visitor receives one of the qualifying benefits listed in appendix A or B, they may be able to receive assistance in the form of a Social Fund Payment and further assistance on this can be obtained from Jobcentre Plus offices.
- g. Private Patients.
- h. Overnight stays. Where an overnight stay away from home is unavoidable, either because of the appointment time or length of travel involved, and the patient is unable to meet the cost of this stay, the expense should be treated as part of the treatment costs or be met through Non-Exchequer funds. This needs to be discussed with the relevant CCG prior to the overnight stay occurring.
- i. Parents needing to stay overnight in hospital with their children – the benefits of parents staying are generally accepted and most children's departments provide facilities for parents to sleep on the ward. No charge should be made for these.
- j. Patients receiving non-primary care services on the same visit and in the same premises as those occupied by the doctor or dentist who during that visit has referred them for that care in the course of providing primary medical or primary dental services. For example, if an appointment is made with the GP and during this it is established that the patient requires a blood test, which can be taken at the time of the initial visit, as the patient has not made an additional journey to receive the test, reimbursement through the Health Care Travel costs Reimbursement Scheme is not appropriate. See 9.1 for explanation.
- k. The payment of NHS foreign travel expenses – See section 7, Eligibility Criteria.
- l. War pensioners and approved escorts attending a hospital, limb fitting centre or Disability Service Centre for anything other than the supply or maintenance of a wheelchair, artificial limb, or attending a hospital, clinic or other place of treatment for approved NHS outpatient treatment for their accepted disablements. In such cases the patient should contact the Service Personnel & Veterans Agency on 0800 169 2277.

9 PLACES OF TREATMENT

Patients entitled to assistance with travel costs under the Healthcare Travel Costs Scheme may claim travel expenses to receive non-primary care and non dental services, regardless of where the treatment is carried out. The forms required to be completed in order to pursue a claim can be obtained from the relevant GP surgery or community-based health centre or alternatively from the Corporate Support Officer at the CCG.

9.1 GP Practices

Patients who attend a GP surgery or a community-based health centre for non-primary care services are entitled to claim reimbursement of their NHS travel expenses to these places of treatment. Please see Section 7.3 and section 8j for the exceptions to this.

9.2 A&E

If the reason for attending A&E is in relation to a pre-existing condition for which the patient is under the care of a Consultant, they would be entitled to claim reimbursement of their travel costs under the Health Care Travel Costs Reimbursement Scheme. If however they attended A&E for any other reason they would not be eligible for reimbursement.

10 CALCULATING TRAVEL COSTS

In accordance with the 2003 Regulations, travel costs will be calculated on the cheapest form of transport appropriate to the patient. Upon request for payment, the costs of the travel

incurred should be checked to ensure they are reasonable and the patient's personal circumstances should also be taken into account when determining this. The assessment of reasonableness is based on the assumption that the patient should be able to reach their healthcare establishment in a reasonable time and without detriment to their condition. Therefore the following criteria should be taken into account:

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

If deemed medically necessary by the patients referring consultant, GP or another healthcare professional involved in the patients care, the travelling expenses of an escort may also be claimed as part of the patients travelling expenses. In cases where a child under 16 attends an appointment, the travelling costs of a parent or guardian can also be claimed.

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

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

11 MODES OF TRANSPORT

11.1 Public Transport and Concessionary Fares

The use of public transport and concessionary fares ie the elderly, off peak fares etc should be encouraged where they provide convenient links to hospitals and other places of care.

11.2 Community Transport and Voluntary Care Schemes

These provide transport for people who are unable to use, or have difficulty with access to public transport and are therefore unable to make use of concessionary fares. Reimbursement of costs under this mode of transport can be made (excluding reimbursement for annual membership fees) and a receipt for each journey should be produced at the time of reimbursement.

11.3 Private Motor Vehicles

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

Engine size	Petrol	Diesel	LPG
1400cc or less	11p	9p	7p
1401cc to 2000cc	14p	11p	9p
Over 2000cc	21p	13p	13p

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

Mileage calculations will be made using either the AA or RAC journey planners. (www.theaa.com or www.rac.co.uk)

If the use of a private motor vehicle is not deemed to be reasonable, the reimbursement of the lesser of the following will be made:

- a) The estimated cost of fuel actually used;
- b) The equivalent public transport cost

11.4 Car Parking & Toll Charges

Patients using their own private motor vehicle will be reimbursed for car park and toll charges. Under no circumstances will penalties incurred through illegal parking be reimbursed. Receipts for car parking and toll charges must be provided in order for reimbursement to be given.

11.5 Congestion Charges

The cost of congestion charges in London should be claimed back via the Congestion Charging NHS Reimbursement Scheme, operated by Transport for London.

11.6 Taxis

If the use of a taxi is considered to be reasonable, taking into account the patient's circumstances, reimbursement for the costs incurred will be made. A receipt must be provided as proof as reimbursement will not be given without this.

12 PAYMENT OF TRAVEL COSTS INCURRED ON THE DAY OF TRAVEL OR IN ADVANCE

There are no cashier facilities available at the CCG and therefore all payments for travel will need to be paid retrospectively, unless the patient's appointment takes place at an NHS Hospital where cashier facilities exist. Please see Appendix C for details on how to claim.

13 RETROSPECTIVE PAYMENTS

Retrospective payments will be made through the post and the Prescription Pricing Division (PPD) of the NHS Business Services Authority will advise of the patient's eligibility and will confirm that a refund is due. Upon receipt of the authorised HC(5)T form, the CCG will calculate the amount and process the claim as per appendix C.

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.

14 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.

15 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 'reasonableness' as described in section 10 – Calculating Travel Costs. If considered to be unreasonable, reimbursement will not be made.

Should the costs not be reimbursed, the patient is able to appeal against the decision and should complete appendix D and send it to the Corporate Support Officer at the CCG

Headquarters. The Corporate Support Officer will present the appeal to a senior member of the Finance 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 twelve months of the appeal outcome.

16 IMPLEMENTATION PLAN (including training, resources)

This policy will be made available on the CCG website: www.southgloucestershireccg.nhs.uk and will be brought to the attention of staff via the CCG newsletter.

17 AUDIT

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

Qualifying Benefits and Allowances

Benefit	Eligibility Criteria	Entitlement Covers	Proof of Entitlement
Income Support (IS)	All patients in receipt of IS are entitled to payment of NHS travel expenses through the Healthcare Travel Costs Scheme	<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.</p> <p>Some children and young people will not be included in the IS award but will be covered by Child Tax Credit (CTC)</p> <p>Escorts:</p> <p>Where deemed medically necessary by a doctor or other healthcare professional involved in the provision of services to a patient, the travelling expenses of escort(s) may also be claimed as part of the patients cost.</p> <p>Where children under 16 are travelling for treatment, escort costs may be paid for a parent / guardian attending the appointment with the child.</p>	<p>Patients claiming IS should be able to present either:</p> <ul style="list-style-type: none"> • An award letter from their Jobcentre Plus Office confirming their receipt; OR • Any official correspondence that indicates entitlement to the named benefit on the day of the appointment, and dated within a three month period of the appointment
Income Based Job Seekers Allowance (JCA (IB))	All patient in receipt of JCA IB	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	<p>Patients claiming JSA (IB) should be able to present either:</p> <ul style="list-style-type: none"> • An award letter from their Jobcentre Plus Office confirming their receipt; OR • Any official correspondence that

Benefit	Eligibility Criteria	Entitlement Covers	Proof of Entitlement
		<p>Tax Credit</p> <p>Escorts: See Income Support</p>	<p>indicates entitlement to the named benefit on the day of the appointment, and dated within a three month period of the appointment</p>
<p>Working Tax Credit (WTC) Child Tax Credit (CTC)</p>	<p>Patients who are receiving or are named on an award certificate for:</p> <p>a) WTC with CTC;</p> <p>b) WTC with a disability element or a severe disability element; or</p> <p>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.</p>	<p>Recipient, partner and any dependents including children and young people under 20 named in the award.</p> <p>Escorts – See Income Support</p>	<p>Patients should provide an NHS Tax Credit Exemption Certificate (this is a wallet sized plastic card). Where an NHS Tax Credit Exemption certificate has yet to be issued, and award letter should be provided.</p> <p>In the case of dependents, an exemption certificate is not issued. However, the tax credit award letter will list the children included within the award and this should be provided as proof of entitlement.</p>
<p>Pension Credit – This is NOT state pension. It is a payment over and above this which only some pensioners are entitled to.</p>	<p>All patients in receipt of Pension Credit – Guarantee Credit</p> <p>Pension Credit – Savings Credit on its own does not automatically provide</p>	<p>Recipient, partner and dependents</p> <p>Escorts – See Income Support</p>	<p>The award letter should be provided as proof of entitlement. This letter will detail the type of pension credit in payment.</p>

Benefit	Eligibility Criteria	Entitlement Covers	Proof of Entitlement
	entitlement to assistance through HTCS. However, patients in receipt of this benefit may qualify for full or partial payment of their NHS travel expenses via the NHS Low Income Scheme (See below)		

Patients not in receipt of any of the benefits listed in Appendix A, but on a low income may be eligible for assistance through the NHS Low Income Scheme. A person may be eligible for full or partial payment of their NHS travel expenses in the circumstances set out in Appendix B. The person will need to apply to the Prescription Pricing Division (PPD) on an approved for to claim entitlement; evidence may be requested in support of the claim. There the claim is successful; the PPD will issue a notice of entitlement to that person, which may include the claimant's family members.

Other Routes Providing Eligibility to HTCS

Passport to Support	Eligibility Criteria	Entitlement Covers	Proof of Entitlement
<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 £21,500 if in a care home) may be eligible. The calculation of a patient's entitlement is carried out by the PPD.</p> <p>Where patients have not yet made an NHS Low Income Scheme claim they should be provided with the following for completion and forwarding to PPD:</p> <p>HC1 – assessment form</p> <p>HC1(SC) – assessment form if the patient is in a care home or supported by the Local Authority because they are 16 or 17</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:</p> <p>Where deemed medically necessary by a doctor or other health care professional involved in the provision of services to a patient, the travelling expenses of escort(s) may also be claimed. Their costs should be added to the patient's costs and it is the patient's income that will count, not the escorts.</p>	<p>The patient should provide an HC2/HC3 certificate.</p> <p>Certificate HC2 provides: eligibility to a full refund of NHS travel expenses, and will show:</p> <ol style="list-style-type: none"> 1. the period of validity of the certificate (both start and end date) 2. the names of the people covered by the certificate (including any partner or dependents)

Passport to Support	Eligibility Criteria	Entitlement Covers	Proof of Entitlement
	<p>and have recently left Local Authority care</p> <p>HC5/HC5(T) – refund claim form. If the patient has made a claim but has yet to receive their certificate, they need only complete and forward the HC5.</p> <p>Patients who might not consider themselves to be on a low income should be encouraged to make a claim if their savings are below the current limits. Where successful, they will be sent a certificate showing how much they would be expected to pay for their travel per week and would be entitled to a refund of anything over and above this.</p>		
<p>Persons living permanently in a care home or accommodation provided by a local authority</p>	<p>The claimant must reside in one of the following and have satisfied the authority that they are unable to pay for that accommodation at the standard rate, or as the case may be, the full</p>	<p>Claimant only</p>	

Passport to Support	Eligibility Criteria	Entitlement Covers	Proof of Entitlement
	<p>rate:</p> <ul style="list-style-type: none"> • A care home • Residential accommodation provided by the local authority for persons aged 18 or over who by reason of age, illness, disability or any other circumstances are in need of care and attention which is not otherwise available to them • Residential accommodation for expectant and nursing mothers who are in need of care and attention which is not otherwise available to them 		

Passport to Support	Eligibility Criteria	Entitlement Covers	Proof of Entitlement
<p>Asylum seekers for whom support is provided under Part VI of the Immigration and Asylum Act 1999</p>	<p>A person who is an asylum seeker for whom support is provided under part VI of the Immigration and Asylum Act 1999.</p> <p>This part of the Act makes provision for support being provided for asylum seekers or dependents of asylum seekers who appear to the Secretary of State to be destitute or likely to become destitute.</p> <p>(Destitute is measured by reference to a lack of, or lack of access to, adequate accommodation and food and other essential items)</p>	<p>Recipient and any dependents where a dependent is classified as someone in the UK who is:</p> <ul style="list-style-type: none"> • A Spouse • A child of his, or of his spouse, who is under 18 and dependent on him 	
<p>Children of 16 or 17 being supported by a local authority</p>	<p>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</p>	<p>Claimant only</p>	

Process for Requesting Reimbursement on the Day of Travel

1. The patient arrives at the base and completes forms HC5(T) and HC1
2. The HC5 (T) and HC1 form is then passed to the person issuing the reimbursement, along with the patient's referral letter, evidence of their entitlement to claim (see appendix A) and also receipts for their journey.
3. The Cashier copies all the above and reimburses the patient.
4. The Cashier then needs to send the original forms to the Corporate Support Officer at the CCG Headquarters and retain the copies.
5. Upon receipt of the original documentation, the Corporate Support Officer will number and log the form on the database before copying it and sending the original to the PPD for verification.
6. Once verified, PPD will return the form back to the Corporate Services Manager who will update the database accordingly.

If evidence requested in point 2 is not provided, then no reimbursement will be issued and the patient will need to claim retrospectively. See the process below for details.

Process for Requesting Retrospective Payments for Travel

1. Patient to complete form HC5(T) refund form and post this to the PPD department in the prepaid envelope provided with the form.
2. Upon receipt, the PPD department will verify eligibility and send the form to the CCG's Corporate Support Officer who will number the form and log the details on the database accordingly.
3. Upon receipt of this, the costs of reimbursement will be either refunded in cash, and the patient advised when they are able to collect this or, a cheque request will be submitted and posted directly to the patient.
4. Claims can only be made up to three months after the date of treatment. Any claim received after this time period will not be reimbursed, unless otherwise agreed.

Appeal against Decision not to Reimburse Travel Costs

Name:

Date of Birth:

Address:

Contact number:

Date of Travel:

Place of Treatment:

How did you get to the place of treatment?

Benefits you are in receipt of (evidence to be attached to this form):

Reason for Reimbursement initially being refused:



**South Gloucestershire
Clinical Commissioning Group**

APPENDIX D, Page 2

Please explain the reasons why you feel the costs incurred should have been refunded?

Signed: _____ **Print:** _____ **Date:** _____

Once completed, please send this form to:
Patient Advice & Liaison Services (PALS) Manager
NHS South Gloucestershire CCG
Suite 15
Suite 11-14 Corum Park
Corum Office Park
Crown way
Warmley, BS30 8FJ

**PLEASE REMEMBER TO ATTACH PROOF OF THE BENEFITS YOU CURRENTLY RECEIVE
ALONG WITH PROOF OF THE TRAVEL COSTS INCURRED.**