

# Consultation on the Hospital Travel Costs Scheme





# Consultation on the Hospital Travel Costs Scheme

**DH INFORMATION READER BOX**

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# Foreword by the Minister of State for Delivery and Reform

The government's recent White Paper, 'Our health, our care, our say', set a new strategic direction to move NHS care closer to home. Because of this shift, more services will be available locally and provided by a wider range of health care professionals. However, even with services closer to home, people will still have to travel to receive some of their NHS care.

NHS care will always be provided free at the point of delivery. Many of us take for granted our ability to travel. Improving access to health care is a key priority, and there are a number of ways by which this is being achieved. The White Paper is one example, with proposals to increase the range and scope of community services, so care is delivered closer to home.

For some people, the cost of travelling to NHS care could be a significant proportion of their income if help wasn't available. Without that support, people may forego care because of financial concerns. This should never be the case. People's health should not suffer because of their financial circumstances. It is right that those who have low incomes should be able to receive the same NHS care as other better off patients living in the same area. Taking further action to improve health outcomes for those most in need is one of the ways the Department of Health and NHS are tackling health inequalities.

This consultation is about looking at ways the Hospital Travel Costs Scheme should remain accessible as more services are delivered closer to home. It will find out how much those patients who are eligible to use the Hospital Travel Costs Scheme know about it and what can be done to keep it simple for them to use. We are keen to hear your ideas on how to make the system work for both patients and the NHS, so we can ensure people get the care that they need. We would be grateful for your views to help us achieve this.



**Andy Burnham**

Minister of State for Delivery and Reform

# 1. Introduction

- 1.1 This document, aimed at public and staff, sets out how and why the Department of Health will consult on operational issues relating to the reform of the Hospital Travel Costs Scheme (the Scheme). Changes are needed in order to support the wider health reforms outlined in the Government's White Paper 'Our health, our care, our say', which will lead to more services being delivered in local communities rather than in general hospitals. Delivery of services nearer to communities also helps to address the problem of health inequalities in disadvantaged groups and areas by improving service use and providing better access.
- 1.2 The Scheme operates within a national framework, and it is important to identify common operational issues and solutions as changes to delivery of care develop. In line with the direction set by the White Paper, we need to ensure that the Scheme better fits in with the way people lead their lives, taking into account the views of those that use services, as well as organisations that operate the Scheme.
- 1.3 This consultation will look at operational issues only, specifically how the Scheme could operate and ways to reimburse people for their travel expenses. It will not address issues of eligibility based upon financial need – this will stay the same (see The Current Scheme) and the fundamental purpose of the Scheme remains – to target financial help to those who need it most.
  - We begin with an overview of the consultation's principles and the Hospital Travel Costs Scheme.
  - Next, we provide information on the current Scheme, and specific issues that the consultation would like you to focus on
  - Finally, we provide details about how you can send us your views.
- 1.4 At the end of the document are a number of Annexes. These provide additional information that may help you understand more about the Scheme.
- 1.5 Your views about the proposals in this consultation document are important and so it would be helpful if you would complete the patient survey as well as sending us your comments. You may wish to complete it online, send it to us by post, or pass to a local NHS organisation who will send it on to us. We also have a survey for NHS staff, which can be accessed via the NHS network. (We will use the responses to both surveys to help us understand the communication needs of specific groups and which

approaches to raising awareness work well). The NHS can then use this feedback to target information about the Scheme to those groups. Both will be available in February online at the Department's website ([www.dh.gov.uk](http://www.dh.gov.uk)) under Policy and Guidance > Policy A-Z > H > Hospital Travel Costs Scheme (<http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/HospitalTravelCostsScheme/fs/en>)

- 1.6** Annex E provides detail about the government criteria for consultations.

## 2 Why are changes to the Scheme necessary?

- 2.1 The NHS now delivers more care in community settings than ever before, including services traditionally provided in hospital. This includes services such as physiotherapy and talking therapies. The recent White Paper, 'Our health, our care, our say', signalled the intention to accelerate the trend of providing NHS care closer to home.
- 2.2 Accessing care is not always easy, especially when patients have to travel. Access to, and use of, the NHS can also affect health inequalities. There is evidence that those in greatest need of services often have the lowest levels of use – and the poorest access to them. This is greatly compounded both by poor access to public transport, and lack of alternative transport options.
- 2.3 The Department of Health is committed to ensuring that those patients with a financial need for assistance to travel to their treatment get the help and support to which they are entitled. This will become even more important with the introduction of patient choice through Choose and Book, which may mean patients choosing to travel longer distances to the hospital of their choice.
- 2.4 Financial support for patients on low incomes is only delivered through the Hospital Travel Costs Scheme.
- 2.5 Patients need to know what financial support is available to them and how they can access it. Care providers need to ensure that this information is available to everyone who may need it.
- 2.6 Patients also need to have a clear and easy-to-use process through which they can access any payment of travel costs to which they are entitled in a way that suits their needs. This process also needs to reflect the fact that illness and subsequent treatment can leave some people feeling vulnerable and unable to find their way around the system; and
- 2.7 Whilst we will look at views outside of this scope, the Scheme will remain targeted to patients with a specific financial need, as set out in the regulations that govern the Scheme. This consultation will not therefore consider the financial eligibility criterion for assistance with hospital travel costs; we are looking at operational issues related to the Scheme only.

## 3 The current Scheme

- 3.1 The Hospital Travel Costs Scheme was established in 1988 as part of the NHS Low Income Scheme. The Scheme provides financial assistance to those patients who do not have a medical need for patient transport services, but who require assistance in meeting the cost of travel to and from their care.
- 3.2 It currently operates on a number of criteria:
- The care is arranged with or by a consultant (such as a surgeon or rheumatologist, but not a GP).
  - The care is not part of the essential care that GPs or Dentists provide as part of their normal contract (i.e. all other NHS services).
  - The care is paid for by the NHS, regardless of whether it is carried out by an NHS professional or an independent one; and
  - The patient has a low income, but does not have a medical need for transport as determined by doctor, midwife or dentist.
- 3.3 Patients must satisfy all of the above criteria to be entitled to claim.
- 3.4 Ultimately, the NHS primary care trust is responsible for the payment. However, for the patient's convenience, providers (mainly hospitals currently) generally make the payment to the patient and claim this money back from the primary care trust responsible for the patient.
- 3.5 Eligible patients can claim back their travel costs in two ways:
- At the finance / cashier's office of the NHS hospital where they are treated presenting their travel receipts and proof of eligibility, or
  - At a later date by sending completed claims (no more than three months after the date of travel) on a claim form together with their travel receipts. Forms are available from local Jobcentre Plus offices or NHS bodies, and completed forms should be sent to the address of the organisation listed on the claim form. The patient should receive payment, or told that they are not entitled to payment, in due course.
- 3.6 In addition, patients may receive payments in advance where necessary.

- 3.7 Hospitals help to raise patients' awareness of the Scheme by providing information with appointment or admission letters, and through posters and leaflets being available in patient areas.

## 4 Why are we seeking your views?

- 4.1 The changing delivery of care in the NHS means that the Scheme needs to reflect this. ‘Our health, our care, our say’ (DH, 2006), the Department’s White Paper on community services, made a commitment to widening the Hospital Travel Costs Scheme (HTCS) so that it also covers NHS care referred by a health care professional, and not just care under a consultant. Patients must still satisfy the other eligibility criteria to claim under the Scheme.
- 4.2 As the NHS changes, more services will be provided locally and fewer people will have to attend appointments in hospitals. We therefore need to ensure that the Scheme still applies to people who are receiving care that they would previously have received in hospitals, but now have in other settings, even if they are provided by GPs or other primary or community health professionals. Routine services provided by your local GP or dentists will remain excluded from the Scheme as are urgent primary care services during the *out of hours* period (i.e. between 1830 and 0800 weekdays and at weekends or on bank holidays).
- 4.3 We will ensure that extended services provided in general practices or other community settings are within the Scheme – i.e. those services where the patient’s registered GP has referred the patient to another provider (or would have done so if the patient’s own practice did not itself provide the service, either as an *enhanced service*, or outside its general primary care contract).

### Case Study – Anomalies with the current scheme

Jane is in receipt of Income Support and her doctor made an appointment for her to see a rheumatologist at her local hospital. At the appointment, the rheumatologist referred Jane for treatment with a physiotherapist at a nearby health centre. Under the current system, Jane is eligible for reimbursement of her travel expenses to the physiotherapist.

John is also in receipt of Income Support and was referred to the same physiotherapist directly by his family GP for treatment of the same condition as Jane. However, under the current system John is not entitled to have his travel expenses to the physiotherapist reimbursed because he hasn't been referred to the physiotherapist by a consultant.

The change to the scheme that we are proposing will resolve this issue so that Jane and John will be eligible under both circumstances.

- 4.4 From October 2007, the regulations that govern the Scheme will be amended so that they cover the care that patients would previously have received whilst under the care of a consultant. Delivering more care in the community and out of acute hospitals poses a challenge to the operation of the Scheme, in particular how patients are paid for their travel costs in community settings, such as local health centres and clinics. The patient choice reforms around Choose and Book will also increase the need for robust systems for payment in advance.
- 4.5 Additionally, a number of patient organisations tell us that take up of the Scheme could be improved. This was corroborated by the Health Select Committee report on NHS Charges that was published in July 2006. There are a number of reasons for this low awareness, including;
- the bureaucracy around the Scheme
  - lack of clarity about who pays the reimbursement
  - poor awareness of the Scheme amongst health professionals and those who are entitled.
- 4.6 We intend to improve guidance to make clear where responsibilities lie for both patients and NHS staff to help resolve this.
- 4.7 In meeting the new Disability Equality Duty, which came into force in December 2006, NHS trusts will have to involve disabled people in the design, delivery and evaluation of services to ensure they meet the needs of disabled persons to whom they provide services. NHS trusts may well have to make reasonable adjustments that treat

disabled people more favourably so that they have access to services. Trusts will have to consider carefully the implications of the Duty based upon their local circumstances.

- 4.8** This consultation should help us to make sure we balance the Scheme so that it is accessible to patients whilst not being too bureaucratic to administer. Using ideas and suggestions from people who use the Scheme and from those who run the Scheme we hope to improve it to find the best solution for everyone.

# 5 Payment to patients

5.1 This consultation will look at the practicalities of paying patients through the Hospital Travel Costs Scheme. One of the main issues is that health centres, and GP and dental surgeries that provide specialist (outreach) services may not have the facilities to pay patients directly.

5.2 What we need to decide are the **principles** on which reimbursement systems should work. The following are some suggested options:

## 1 Accessibility

- A range of reimbursement options for patients should include face-to-face and postal, as one size does not fit all
- Cash and cheque based systems
- Payment in advance where necessary
- Account taken of the needs of different groups, particularly disadvantaged and “hard to reach” groups, within communities so that the patient can choose the option that is right for them at the time
- Face-to-face reimbursement as close to home as possible, or as close to the service the patient attends as possible
- Commissioners and service providers consult patients that use particular services to see which reimbursement methods are most suitable. This should be seen as part of meeting equality duties and the duty on NHS organisations to consult service users

## 2 Communications

- Responsibilities of providers and commissioners should be clear to both staff and patients, regardless of where they receive information about the Scheme
- Clear communication strategies by health service commissioners, including openness about conditions under which patients can claim pre-payment for their travel expenses
- A central point of contact for information about how the Scheme operates locally

- Communication aids and materials are available in different formats and languages

### **3 Cost**

- Factor in the cost of administering the Scheme into local planning and contract arrangements
- Reimbursing patients should not result in any unnecessary costs to patients. For example, a patient may choose to apply for reimbursement through the post, but if they wanted to be reimbursed face-to-face, the cost of travel to be reimbursed should not be at the patient's expense.
- Methods of delivering the Scheme should be in favour of patients rather than at their expense, even if more costly

**5.4** Do you agree that these are the right principles? Is anything missing or are there too many? How could specific ones be strengthened?

### **Some Possible Payment Options**

- By post – by making the claim to their local primary care trust which would pay once travel had been completed. This would take time but would mean there is a local contact point for the area. It would also place additional pressure on the primary care trust, although they are ultimately responsible for the Scheme.
- By post – by making the claim to the Prescription Processing Division (PPD) at the NHS Business Services Authority, who will then contact the patient's local primary care trust and ask them to pay the patient retrospectively. This would take more time than applying by post direct to the local primary care trust, but would mean there is one contact point for all patients to claim. This would place a pressure on the NHS Business Services Authority.
- In person – making the claim at the organisation that provides treatment, including private hospitals, which will then claim the reimbursement back from the patient's local primary care trust. This would be fast for the patient and enable a cash repayment option, but may involve a lot of administration.
- In person, making the claim at a different organisation to the treatment provider, but one that the NHS works with, who will then reclaim the money from the patient's local primary care trust. This could be fast for the patient and enable a cash repayment option, but may involve a lot of administration, may cost the primary care trust money to buy in the service, and would also place additional pressures on the organisation involved in repayment.

- 5.5** In all cases, patients would need to produce proof that they were eligible. A healthcare professional would confirm an escort was needed where applicable. A local organisation involved in the patient’s care would need to decide if the costs claimed were reasonable.
- 5.6** The advantages and disadvantages of these options are explored in more detail at Annex D towards the end of this document.
- 5.7** The option of being paid in advance will also remain as a decision to be made locally and on a case-by-case basis. Commissioners of health services will need to make it clear to patients and staff the conditions under which pre-payments can occur, ensuring pre-payments are secure and available to genuine claimants. This is particularly important as patients may travel further distances under the Choice reforms and therefore may not be able to afford the travel payment up front. Where trusts are making payments in advance, we would particularly like to hear about this experience and the circumstances under which these payments are made.
- 5.8** We would also welcome views on other ways that patients could be reimbursed, as well as examples of practice happening locally that are already working to address the issues raised.

## Questions to test your ideas

When suggesting your own ideas for payment and providing feedback on the ideas above, you should consider:

1. Would this make it quick and easy for patients to claim?
2. Would this make it easy for providers to verify or pay out the claim (including if an escort was needed and the amount was reasonable even if receipts had been produced)?
3. How much extra work could be involved for staff?
4. Would this provide a secure method for patients to be paid?
5. Would the idea work for someone who attends many appointments at different places?
6. Have you considered how this may impact on disabled people?
7. What combination of payment options would provide the best combination of ease of access for patients, and efficient administration?

## 6 Awareness of the Scheme

- 6.1 The Department's good practice guidance on the Department's website (<http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/HospitalTravelCostsScheme/fs/en>) suggests ways to communicate the Scheme to patients. Feedback from patients is clear that these approaches aren't always used or that they are told too late in their care to take advantage of their full entitlement. Additionally, it's not clear who patients should ask for further help. We need to find new ways for patients to receive the right information. We also need to support health care providers in delivering that information at the right time in a way that is best for patients.
- 6.2 We would like you to consider the following ways to promote the Scheme, as well as others that you can think of, explaining why you think any particular idea is better than another both in terms of cost to do and how well it will work. Ways in which people could receive information could include:
- Leaflets or posters in Jobcentre Plus offices and Post Offices
  - Information with every appointment letter
  - Displays in hospital car parks detailing help available
  - Leaflets, posters and message boards in the waiting area or consultation room, especially in GP surgeries, specialist dental practices or NHS Walk-In Centres
  - Doctor, nurse, health visitor or other staff that give out health information
  - Information in local NHS publications such as 'Your Guide to Local Health Services' or practice leaflets
  - Information as part of the information strategy of NHS trusts
  - Information provided by social services, NHS, and voluntary organisations
  - Staff newsletters and internal communications
  - Magazines, journals and media targeted at those working in care settings and at patient groups
- 6.3 A systematic approach to informing patients about entitlements is likely to be most effective in improving the Hospital Travel Costs Scheme awareness and take-up. We are investigating whether new government plans to improve patient care, such as the

‘Choose and Book’ system, information prescriptions, and Personal Health and Social Care Plans could also be routinely used to inform patients about the Scheme. We would welcome any comments you might have about raising awareness, or how you are working together locally with other stakeholders and the community to ensure patients have access to the information that they need to use the Scheme.

- 6.4 As with our suggestions around payments to patients, these are just some of the options and we would like your comments on these ideas, as well as ideas of your own.

### Case Study – Joining up information about transport

Peterborough City Council has been working closely with local NHS trusts to inform patients how they can make better choices about how they can travel to health care in Peterborough. The leaflet, ‘Transport to healthcare’, brings together information on walking and cycling, buses, trains and community car schemes, as well as information about the Hospital Travel Costs Scheme and Patient Transport Services.

Working in partnership with local providers is one approach that the local NHS can use to ensure that patients who may have difficulty accessing services know about what options are available to them.

## Testing your ideas

When suggesting ideas and proposals for communications and providing feedback on the suggestions above you might find it useful to consider some of the following questions:

1. What would be your first choice for how you would like to be told about the Scheme?
2. When is the most useful and relevant time to tell patients about the Scheme?
3. Will all patients be able to access the information, including groups that face particular cultural or language barriers?
4. Is it in a format they can easily understand and which is sensitive to their needs?
5. Where should information be displayed so that patients notice it?
6. Is it clear where patients can find out more information?
7. Would it be costly to do?
8. How often would it be updated?

9. Would patients want to keep the information?
10. How may care providers assess whether patients are aware of the Scheme?
11. How would people in disadvantaged groups and areas, with low levels of use and access to services, be targeted?
12. How would people with low literacy be targeted?
13. How should potentially frequent users of the Scheme, such as those requiring specialist, ongoing treatment, be targeted?
14. How would this impact on disabled people?
15. Should one senior member of staff have responsibility for administering the scheme? If so, who would be the most appropriate person?
16. Should awareness and take-up levels be monitored to ensure equity across patients?

# 7 Issues that we will not look at

- 7.1 Eligibility will continue to be based on a patient's ability to pay and will not look at the eligibility criteria based on need. We are **not** looking to extend eligibility to cover specific conditions, without accounting for a patient's income. This may have the adverse effect of widening health inequalities, as better off patients would find it easier to receive healthcare, leading to better health for them.

## Case Study – The argument for not widening the Scheme to specific conditions

It is difficult to estimate how much extending the scheme to cover all cancer patients would cost the NHS. The calculation below gives us a rough estimate.

The Office of National Statistics' figures show that on average in recent years there are around 227,500 cancer diagnoses per year. Macmillan Cancer Support's research found that cancer patients who incur travel costs pay £325 on average during the course of their treatment to reach their cancer treatment. If we extend the current scheme so that all cancer patients are eligible and assuming that they all incur costs, this would mean that the NHS could spend up to £74m on transport for cancer patients and this is money that would be diverted away from patient care.

This is the estimated cost for just cancer alone. Estimates for other conditions where regular attendance occurs, such as physiotherapy, renal services and talking therapies, could result in similar costs. It is for this reason that the Scheme will remain targeted at those patients with a specific financial need.

- 7.2 This consultation will not look at non-emergency Patient Transport Services as this operates under different rules to the Hospital Travel Costs Scheme. Patient transport services are free at the point of use, and are provided for patients who have a **medical** need for transport to hospital (although this is being expanded to treatment provided in the community, like the Hospital Travel Costs Scheme). Information on Patient Transport Services is set out in Annex B. We are consulting separately on the guidance governing Patient Transport Services. Copies of this consultation can be accessed at [www.dh.gov.uk](http://www.dh.gov.uk) (go to the live consultations part of the consultations section). That consultation closes on 16 February 2007.
- 7.3 We are also aware that patients have experienced problems seeking reimbursement where there have been referrals between hospitals and uncertainty exists about who is

responsible for payment. We will clarify this relationship by improving the guidance on the Scheme, outlining responsibilities for a patient-centred NHS, through communications in during 2007.

- 7.4** Whilst we welcome additional views that you have, we ask that you focus on the operational issues that the consultation identifies and is aimed at.

# 8 Making your contribution

## When should you submit your contributions by?

Ideas and proposals should reach the Information for Choice programme at the latest by **13 April 2007**. We will be looking at responses as they come in throughout the process, and will weigh up any options or proposals in time to inform the final Consultation Working Group in **May 2007**.

## Where should you submit your contribution?

- By email to: htcs@dh.gsi.gov.uk marking your contribution clearly for the Hospital Travel Costs Scheme consultation
- By post to: 'Hospital Travel Costs Scheme consultation'  
Information for Choice Programme  
Department of Health  
Room 5E62, Quarry House  
Quarry Hill, LEEDS LS2 7UE
- Online: From February we have a survey with questions that you can complete online. The website address is <http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/HospitalTravelCostsScheme/fs/en> or you can reach it from [www.dh.gov.uk](http://www.dh.gov.uk) and clicking Policy and Guidance > Policy A-Z > H > Hospital Travel Costs Scheme

## What should you submit?

- Please send us views and ideas on any of the issues mentioned, but most importantly workable solutions to those issues;
- Let us know of any additional ideas that may support patients and providers administer the Scheme as well as any good practice that happens locally;
- Please send all contributions to the Information for Choice programme at any time during the consultation through the above routes;
- Please note your responses may be published or attributed in the document that will report the findings of the consultation.

Final date for contributions: **13 April 2007**

# Annex A: Glossary

Acute hospital	An NHS hospital that provides treatment such as surgery and diagnostics. Your GP will send you to one if you need treatment that they normally wouldn't be able to prescribe.
Choose and Book	A computer system that patients use to book follow-on hospital appointments once they have seen their GP
Commissioners	NHS staff or organisations that arrange and pay for health services on patients' behalf. This is usually a primary care trust
Disability Equality Duty	A new legal duty placed on public bodies to promote equality of access to services to disabled persons,
Hospital Travel Costs Scheme (HTCS)	Scheme to reimburse some patients with a certified low income for their travel expenses
Income Support	A benefit for people who can't work full time and who don't have enough money to live on depending on their circumstances
Income-based Jobseeker's Allowance	A benefit for people who are unemployed and available for work depending on their circumstances
Information Prescriptions	A new initiative being tested where doctors and nurses direct patients to additional information about their condition and support available
Macmillan Cancer Support	A charitable organisation that supports people affected by cancer, and campaigns on their behalf
National Health Service (NHS)	The health service established in 1948 by the government to provide free health care to everyone
NHS Low Income Scheme	A scheme for patients on low incomes that don't automatically qualify for other financial support

NHS trusts	A variety of NHS organisations, responsible for ambulances, hospitals and other services.
Patient Transport Services (PTS)	Non-emergency transport commissioned by PCTs for patients that have a medical need for transport to access care provided in hospital settings or those which are now available in a community setting
Personal Health and Social Care Plans	A joined up plan for people with a long-term condition that have social care and health care needs.
Prescription and Pricing Division (PPD)	This is part of the NHS Business Services Authority and they are responsible for administering the NHS Low Income Scheme. They were previously the NHS Prescription and Pricing Authority.
Primary care trusts (PCTs)	NHS organisations that arrange and pay for services covering patients in a certain area. They can buy services from other NHS trusts, and private hospitals. They are responsible for managing most NHS money.
Providers	Organisations where patients are treated, such as hospitals and health centres. They include private and NHS organisations
Regulations	These are rules set out in law, controlling how a particular system operates.
Service Providers	See providers
Social Services	This is care designed to look after the welfare of the population, in particular vulnerable groups like children and older people. Some local councils arrange these services
Specialist Outreach Services	Services where a health professional delivers care in a community setting rather than in a hospital. This helps people in that community receive that care as they don't have to travel far to reach it.
White Paper	A policy document published by the government to explain or discuss matters.
Your Guide to Local Health Services	A booklet produced annually by PCTs to inform people about what services are available in their area and how the organisation is responding to feedback from the public.

# Annex B: Background to the consultation

## Additional background to the Hospital Travel Costs Scheme

- Patients on low incomes are entitled to full or partial reimbursement for their actual travel expenses, provided that they travel by the cheapest means of transport available to them. If patients choose a more expensive mode of transport when a cheaper means is available, they will be refunded the smaller amount.
  - Benefits and allowances that entitle patients (and their dependents) to full or partial reimbursement of travel expenses under Hospital Travel Costs Scheme include:
    - Income Support
    - Income-based Jobseeker's Allowance,
    - Pension Credit Guarantee Credit,
    - Child Tax Credit\*,
    - Working Tax Credit\* with Child Tax Credit\*,
    - Working Tax Credit\* with a disability element, or
    - Certificate from the NHS Low Income Scheme
- \* Tax Credit entitlement subject to an income ceiling

## Patient Transport Service (PTS)

Non-emergency patient transport services, known as PTS, are typified by the non-urgent, planned, transportation of patients with a medical need for transport to and from a premises providing NHS healthcare and between NHS healthcare providers. This can and should encompass a wide range of vehicle types and levels of care consistent with the patients' medical needs.

Eligible patients are **not** charged for Patient Transport Service provided by the NHS, although if they are eligible for Patient Transport Service then they are not eligible for Hospital Travel Costs Scheme.

A non-emergency patient is one who, whilst requiring treatment, which may or may not be of a specialist nature, does not require an immediate or urgent response.

Eligible patients should reach healthcare (treatment, outpatient appointment or diagnostic services i.e. procedures that were traditionally provided in hospital, but are now available in a hospital or community setting) in secondary and primary care settings in a reasonable time and in reasonable comfort, without detriment to their medical condition. Similarly, patients should be able to travel home in reasonable comfort without detriment to their medical condition. The distance to be travelled and frequency of travel should also be taken into account, as the medical need for PTS may be affected by these factors. Similarly, what is a “reasonable” journey time will need to be defined locally, as circumstances will vary.

The White Paper (‘Our health, our care, our say: A new direction for community services’) extended PTS eligibility to cover patients with a medical need for transport referred by a health care professional for treatment in a community setting. The extension to PTS is expected to come into force from 1 April 2007. Consultation on updated guidance to reflect these changes is currently underway and is due to finish on 16 February 2007. Consultation documents are available in the consultations section of [www.dh.gov.uk](http://www.dh.gov.uk).

### **‘Our health, our care, our say’ White Paper**

- The White Paper, published by the Department of Health in January 2006, set out a new vision for community services. It followed on from a major national consultation looking at how people wanted community services delivered.
- One of the themes was rapid and convenient access to high-quality, cost-effective care, so that when people access community services, they should do so in places and at times that fit in with the way they lead their lives. Furthermore, services that would serve people better if they were placed in local communities should be located there and not in general hospitals.
- The longer-term aim of the White Paper is to bring about a sustained realignment of the whole health and social care system. Far more services will be delivered in settings closer to home; people will have real choices in both primary care and social care; and services will be built around the needs of individuals and providers.
- Consequently, with more traditional hospital treatments being carried out in community settings, with referrals coming directly from family doctors rather than hospital consultants, some care would therefore fall outside of the eligibility criteria for reimbursement of travel expenses under the current Hospital Travel Costs Scheme.

## The future of Hospital Travel Costs Scheme

- Extending eligibility for the Hospital Travel Costs Scheme to include patients referred by a health care professional for treatment in a primary care setting, and who meet the other existing criteria, means that patients will still be able to claim travel expenses without having to see a hospital consultant first.
- With more treatments carried out closer to home, there may not be the facilities to reimburse patients. We need to ensure that there is means for patients with a financial need to claim their entitlement securely, conveniently and efficiently, which is the focus of the consultation.
- Additionally, Macmillan Cancer Support's research, 'Cancer Costs' (2006), and the Health Select Committee's report on NHS Charges found that uptake of the Scheme is low due to poor awareness. Informing patients of their entitlements beforehand will ensure that most patients with a financial need can attend appointments without having to worry how they will finance their travel.

# Annex C: Consultation process and Scheme amendments

As part of the consultation, there will be ongoing stakeholder engagement, as well as some focused stakeholder workshops where we can discuss during and after the consultation which ideas people think will work best. We will invite a broad mix of organisations to the stakeholder workshops, including patient, NHS, local and other government departments and organisations. We will also ensure that there is good representation from disadvantaged groups who potentially have the most to benefit from the Scheme.

At Annex E, we have included details of the patient survey that we are asking people to complete. You may wish to consider these to help develop your ideas.

Following consultation, we will revise the guidance and communicate the changes to the NHS, voluntary organisations, independent providers and patients / the public. We will also need to amend the regulations that govern the Scheme to meet the White Paper commitment.

The timetable for this consultation and to make subsequent changes is:

Oct 2006	Consultation Working Group to look at ideas for the consultation
Jan 2007	Start of consultation
Mar 2007	Consultation Working Group to consider ideas so far
Apr 2007	End of consultation
May 2007	Consultation Working Group to consider all proposals
May 2007	Ministers agree proposals
Jun 2007	Communications to providers about the new arrangements
Jun 2007	Communications to patients about the new arrangements
Jul 2007	Amendment regulations laid before Parliament
Oct 2007	Revised Hospital Travel Costs Scheme begins operation

# Annex D: Some options for payments to patients

Option	Advantages		Disadvantages	
	Patients	Administrators	Patients	Administrators
By post, making the claim to their local primary care trust (PCT), which would pay once travel had been completed.	<ul style="list-style-type: none"> <li>• One regional contact point</li> <li>• Can claim at any time when it's convenient</li> </ul>	<ul style="list-style-type: none"> <li>• Regional accountability for Scheme</li> <li>• Reduced workload for health care providers</li> </ul>	<ul style="list-style-type: none"> <li>• Payments could take up to four weeks</li> <li>• Payment may be cheque or bank transfer only</li> <li>• Claims may get lost in post</li> <li>• Pay for postage</li> <li>• No on-the-spot help to fill in the claim form</li> </ul>	<ul style="list-style-type: none"> <li>• Increased workload for PCTs</li> <li>• Increased difficulty to check eligibility</li> <li>• Patients may not complete whole of claim form</li> </ul>
By post, making the claim to the Prescription Processing Division (PPD) at the NHS Business Services Authority with payment made by PCT.	<ul style="list-style-type: none"> <li>• One contact point for everyone</li> <li>• Can claim at any time when it's convenient</li> </ul>	<ul style="list-style-type: none"> <li>• National accountability for Scheme</li> <li>• Reduced workload for health care providers</li> </ul>	<ul style="list-style-type: none"> <li>• Payments could take up to eight weeks</li> <li>• Payment may be cheque or bank transfer only</li> <li>• Claims may get lost in post</li> <li>• Pay for postage</li> <li>• No on-the-spot help to fill in the claim form</li> </ul>	<ul style="list-style-type: none"> <li>• Increased workload for PCTs and PPD</li> <li>• Increased difficulty to check eligibility</li> <li>• Patients may not complete whole of claim form</li> </ul>
In person, making the claim at the place that provides treatment, including private hospitals.	<ul style="list-style-type: none"> <li>• Patients may claim straight away</li> <li>• Patients can get on-the-spot advice on how to complete claim form</li> </ul>	<ul style="list-style-type: none"> <li>• Local accountability for Scheme</li> <li>• Eligibility can be checked with patient at time of claim</li> </ul>	<ul style="list-style-type: none"> <li>• Can only claim at certain times of day</li> <li>• Must have evidence of entitlement with them</li> </ul>	<ul style="list-style-type: none"> <li>• Increased workload for health care providers (e.g. NHS hospitals)</li> <li>• Private hospitals may not be contracted to do this</li> <li>• May not have facilities to pay</li> </ul>

Option	Advantages		Disadvantages	
	Patients	Administrators	Patients	Administrators
In person, making the claim at a different organisation to the treatment provider that the NHS works with, who will then reclaim the money from the patient's local primary care trust.	<ul style="list-style-type: none"> <li>• Patients may claim straight away</li> <li>• Patients can get on-the-spot advice on how to complete claim form</li> </ul>	<ul style="list-style-type: none"> <li>• Local accountability for Scheme</li> <li>• Makes use of existing systems in accessible places</li> <li>• Eligibility can be checked with patient at time of claim</li> </ul>	<ul style="list-style-type: none"> <li>• Can only claim at certain times of day</li> <li>• Must have evidence of entitlement with them</li> </ul>	<ul style="list-style-type: none"> <li>• Increased workload for the local organisations</li> <li>• PCT will have to contract a service which will cost money</li> </ul>

# Annex E: Consultation criteria

This consultation follows the revised Cabinet Office code of practice which is available from the Cabinet Office website. This requires government departments to:

Consult widely throughout the process, allowing a minimum of 12 weeks for written consultation at least once during the development of policy

Be clear about what proposals are, who may be affected, what questions are being asked and the timescale for responses.

Ensure that consultations are clear, concise and widely accessible.

Give feedback regarding the responses received and how the consultation process influenced the policy.

Monitor their effectiveness at consultation, including through the use of a designated consultation co-ordinator.

Ensure consultations follow better regulation best practice, including carrying out a regulatory Impact Assessment if appropriate.

The Code also invites respondents to “comment on the extent to which the criteria have been adhered to and to suggest ways of further improving the consultation process”. For DH consultation, comments or complaints (but not your response to this consultation) should be sent to:

Consultations Coordinator  
Department of Health  
Skipton House  
80 London Road  
London SE1 6LD

Email: (mb-dh-consultations-coordinator@dh.gsi.gov.uk)

**Please do not send consultation responses to this address**

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data in accordance with the DPA and in the majority of circumstances; this will mean that your personal data will not be disclosed to third parties.







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