

Healthcare Travel Costs Scheme

Instructions and guidance for the NHS

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Healthcare Travel Costs Scheme

Instructions and guidance for NHS organisations

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Executive summary

This document provides information and guidance to NHS organisations on the Healthcare Travel Costs Scheme (HTCS), which replaced the current Hospital Travel Costs Scheme in April 2008.

This document is split into two parts that provide NHS organisations with information on :

- The legal requirements in relation to the administration of the HTCS scheme;
- Good practice guidance on how the scheme may be delivered, including details on eligibility criteria and best practice resources.

Introduction

This document provides information and guidance on the Healthcare Travel Costs Scheme (HTCS). This replaced the Hospital Travel Costs scheme, following the commitment made in the White Paper, *Our Health, Our Care, Our Say*, 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).

This document provides a clear framework for local decision-making that takes into account variations in geography and circumstance which can affect individuals’ needs for help with travel costs.

This document replaces the April 2009 HTCS guidance and is addressed to both NHS bodies and independent sector providers contracted by the NHS to provide services.

What is the Healthcare Travel Costs Scheme?

“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’

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

HTCS is part of the NHS Low Income Scheme, and was set up to provide financial assistance to those patients who do not have a medical need for ambulance transport, but who require assistance with their travel costs.

Under the Scheme, patients on low incomes or receiving specific qualifying benefits or allowances are reimbursed in part or in full for costs incurred in travelling to receive certain NHS services, where their journey meets certain criteria.

Definitions of terms used in this document

HTCS is an NHS scheme, set out and governed by the provisions of the National Health Service (Travel Expenses and Remission of Charges) Regulations 2003, as amended. NHS organisations are responsible for its administration, but they will be supported in this by Jobcentre Plus offices and the Pension Service who will confirm patients' receipt of qualifying benefits.

In this guidance, the term "provider units" refers to units managed by an NHS Trust, NHS foundation trust or Primary Care Trust, or a private unit under contract with the NHS to provide services, e.g. diagnostic and treatment centres or Independent Sector Treatment Centres.

For the purpose of this guidance, the term "patient" refers to an NHS patient.

"NHS travel expenses" means the travel expenses which a person necessarily incurs:-

(a) in attending any place in the UK for the provision of any services under the National Health Service Act 2006 ("the 2006 Act") (except primary medical or primary dental services) which are provided pursuant to a referral by a doctor or dentist (and which are not provided at the same visit and on the same premises as the primary medical services which lead to a referral for such services), or

(b) in travelling to a port in Great Britain for the purpose of travelling abroad in order to receive services provided pursuant to arrangements made under section 12 of, or paragraph 18 of Schedule 4 to, the 2006 Act (i.e. arrangements for the provision of services made by a PCT or NHS trust).

"NHS organisation" means, for the purposes of this guidance, Primary Care Trusts, NHS trusts and NHS foundation trusts.

The Legislation

This section sets out the legal obligations on NHS organisations in respect of HTCS.

HTCS is a mandatory scheme. The National Health Service (Travel Expenses and Remission of Charges) Regulations 2003 (“the 2003 Regulations”), as amended, place a legal requirement on PCTs, NHS trusts and NHS Foundation Trusts to pay the NHS travel expenses of eligible patients through HTCS. The Regulations also set out the eligibility criteria which are to be applied.

The 2003 Regulations set out what NHS organisations must do. Further guidance on how the requirements may be put into practice can be found in the good practice section of this document.

Full details of the 2003 and subsequent amendment regulations may be found on the Department of Health website at:

<http://www.opsi.gov.uk/stat>

The role of NHS organisations and other provider units

Under the Regulations, when an eligible patient applies for the payment of his or her 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 actual amount payable by reference to the cost of travelling by the cheapest means of transport which is reasonable having regard to the person's age, medical condition or any other relevant circumstance. Where the NHS travel expenses incurred relate to travel by private car, the amount payable may include parking expenses, a mileage allowance, 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 previously incurred, claims are submitted to the Prescription Pricing Division (PPD) of the NHS Business Services Authority using form HC5(T). Where the PPD is satisfied a repayment should be made they will inform the relevant provider unit (or the relevant health service body which commissions services from the provider unit, where the provider unit is not an NHS trust, NHS foundation trust or PCT and is not contracted to

make payments of NHS travel expenses). In the case of NHS travel expenses incurred in travelling to a port in Great Britain in order to travel overseas to receive services arranged by a health service body, the PPD will inform the health service body which made the arrangements that a repayment should be made. It is then the responsibility of the provider unit or the health service body, as appropriate, to calculate the amount payable in accordance with the 2003 Regulations and make the relevant payment to the patient.

Eligibility Criteria

Under the Regulations, eligibility for the full or partial payment of NHS travel expenses depends upon three conditions being met:

1. The patient must be:
 - a) in receipt of one of the qualifying benefits or allowances specified in the 2003 Regulations (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 a NHS Low Income Scheme certificate HC2 or HC3 (or in certain cases be a member of the same family as a person named on a 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 the referral for non-primary care services, those services must be provided on a different visit or involve an additional journey to the premises where the primary medical or primary dental services which lead to that referral were provided.

Where a patient is travelling abroad for treatment under the NHS a claim may be made for travel costs incurred in travelling to a port (including an airport, ferry port or international train station) in Great Britain from which an international journey begins. The costs of the patient's travel from the port to the place of treatment fall within NHS foreign travel expenses and cannot be claimed through HTCS. NHS foreign travel expenses are travel expenses which a person necessarily incurs in travelling abroad from a port in Great Britain in order to receive services arranged by the NHS. A person will only be entitled to the payment of NHS foreign travel expenses where the health service body which has made the arrangements for services to be provided overseas agrees the mode and cost of travel and the necessity or otherwise for a companion before the costs are incurred.

Special arrangements are in place for residents of the Isles of Scilly. In addition to those entitled to full or partial reimbursement under HTCS, others who travel to the mainland from the Isles of Scilly for treatment are entitled to have their travel costs refunded beyond the first £5, or the actual amount shown on an HC3 if less.

A person who wishes to claim entitlement to payment or repayment of NHS foreign travel expenses must apply in writing to the health service body which arranged the services within 3 months of the expenses having been incurred or such further period as that body may for good cause allow.

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.

1. Benefit	2. Eligibility criteria	3. Entitlement covers
<p>Income Support (IS)</p>	<p>All patients in receipt of Income Support are entitled to payment of NHS travel expenses through HTCS.</p>	<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>
<p>Income Based Employment and Support Allowance (ESA (IB))</p>	<p>All patients in receipt of income based Employment and Support Allowance</p>	<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</p>

1. Benefit	2. Eligibility criteria	3. Entitlement covers
Income Based Jobseekers Allowance (JSA (IB))	All patients in receipt of Income Based Jobseekers Allowance	<p>with the child.</p> <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. If a child is no longer included, entitlement should be through Child Tax Credit (CTC).</p> <p>Escorts: as for IS above</p>
Working Tax Credit WTC Child Tax Credit CTC	<p>Patients who are receiving or are named on an award certificate for:-</p> <p>(a) WTC with CTC; (b) WTC with a disability element or a severe disability element; or (c) CTC but is not eligible for WTC,</p> <p>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: as for IS above</p>
Pension Credit – Guarantee Credit	<p>All patients in receipt of Pension Credit - Guarantee Credit</p> <p>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)</p>	<p>Recipient, partner and dependents</p> <p>Escorts: as for IS above</p>

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: 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 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>.</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</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 escort’s.</p>

Passport to support	Eligibility criteria	Entitlement covers
	refund of anything above this amount.	
<p>Persons living permanently in a care home or accommodation provided by a local authority</p>	<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. 	<p>Claimant only</p>
<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 dependants of asylum seekers who appear to the Secretary of State to be destitute or likely to become destitute.</p> <p>(Destitution 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"> • <i>a spouse;</i> • <i>a child of his, or of his spouse, who is under 18 and dependent on him</i>
<p>Children of 16 or 17 being supported by a</p>	<p>A child of 16 or 17 years of age who has been in local authority</p>	<p>Claimant only</p>

Passport to support	Eligibility criteria	Entitlement covers
local authority	care and is being supported by a local authority under section 23B(8) of the Children Act 1989	

Calculating Reimbursements

Where patients meet the three conditions set out above in Eligibility Criteria, the 2003 Regulations state that the amount of any NHS travel expenses to be reimbursed must be calculated by reference to the cost of the cheapest means of transport which is reasonable, having regard to the person's relevant circumstances.

The test of reasonableness should be 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. When assessing a patient's claim, provider units should take into account issues such as:

- the distance that the patient has to travel;
- how long the journey has taken to complete;
- whether the patient has to make this journey frequently;
- the availability, suitability and accessibility of public transport;
- the medical condition of the patient;
- the age of the patient.

NHS organisations should not prohibit the use of taxis, solely on the grounds of expense to the NHS, as there may be valid reasons why an individual patient cannot use public transport.

Good Practice Guidance

The previous section set out the legal obligations on NHS organisations to pay NHS travel expenses to eligible patients in their area through HTCS.

This section provides additional good practice guidance and resources to assist NHS organisations in implementing robust processes to ensure the scheme is run effectively. It contains information on:

- roles and responsibilities;
- entitlement and eligibility;
- assessing the eligibility of the journey made;
- calculation of travel costs and appropriate modes of transport;
- payment procedures;
- financial processes;
- governance and fraud arrangements;
- publicity and information provision.

Roles and Responsibilities

In addition to the statutory requirements set out earlier in this document and to assist them in administering HTCS, NHS organisations should consider the following activities when implementing their systems:

PCTs should:

- promote the availability of HTCS to their local population
- ensure processes are in place to reimburse the costs of HTCS to provider units;
- ensure processes are in place for making retrospective payments to patients where the provider unit does not have a cashier function;
- consult their local population on where additional payment points within the community should be located, and when they should be open to claimants;
- work with local authorities in the identification and development of local transport strategies.

Provider units should:

- promote the availability of HTCS to their local population
- appoint a senior manager or Board-level Director to take responsibility for reviewing and monitoring HTCS;
- develop and implement robust systems to deliver HTCS, including:
 - ensuring facilities are in place to pay NHS travel expenses immediately and in cash on the day of travel, at any time of the day;
 - ensuring that the cashier's office and any alternative payment locations are clearly signposted and accessible to all patients;
 - ensuring that a robust process for providing advance payments to patients exists;
 - holding adequate supplies of HC1 and HC5(T) forms, and making these readily available to patients;
 - providing any support that patients may require with completing the HC1 or HC5(T) claim forms. They should promote the form completion service provided by the NHS Business Services Authority, which is available by telephoning 0845 850 1166;
 - providing information on HTCS to patients and the public
 - ensuring front line staff are aware of the scheme and how it is administered within the provider unit.

The eligibility of the patient

Provider units are required to confirm that a patient is in receipt of a qualifying benefit or eligible for assistance through the NHS Low Income Scheme. Table 3 below provides information on acceptable proofs of entitlement:

Table 3 – Proofs of entitlement

Benefit / Scheme	Proof of entitlement
Income Support (IS)	<p>Patients claiming IS should be able to present either:</p> <p>An award letter from their Jobcentre Plus Office confirming their receipt of IS; <u>OR</u> Any official correspondence that indicates entitlement to the named benefit on the day of the appointment, and dated within a 12 month period of the appointment.</p>
Income Based Employment and Support Allowance (ESA(IB))	<p>Patients claiming ESA(IB) should be to present either:</p> <p>An award notice from their Jobcentre Plus Office confirming their receipt of ESA(B); <u>OR</u> Any official correspondence that indicates entitlement to the named benefit on the day of the appointment, and dated within a twelve month period of the appointment.</p>
Income Based Jobseekers Allowance (JSA (IB))	<p>Patients claiming JSA (IB) should be able to present either:</p> <p>An award letter from their Jobcentre Plus Office confirming their receipt of JSA (IB); <u>OR</u> Any official correspondence that indicates entitlement to the named benefit on the day of the appointment, and dated within a twelve month period of the appointment.</p>
Working Tax Credit WTC Child Tax Credit CTC	<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 an 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>
Pension Credit – Guarantee Credit	<p>The award letter should be provided as proof of entitlement. This letter will detail the type of pension credit in payment.</p>
NHS Low Income Scheme (NHS LIS)	<p>The patient should provide an HC2/HC3 certificate.</p> <p><u>Certificate HC2 provides:</u> 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 dependants) <p><u>Certificate HC3 provides:</u> eligibility to partial or limited refunds of NHS Travel Expenses and will show:</p>

Benefit / Scheme	Proof of entitlement
	<p>1. the period of validity of the patients entitlement (both start and end date);</p> <p>2. the names of the people covered by the certificate (including any partner or dependants).</p> <p>Both certificates will show the amount of NHS travel expenses that each patient is expected to meet in any one week (starting at midnight Saturday). All costs incurred within the week over this amount may be refunded.</p>
<p>Persons living permanently in a care home or accommodation provided by a local authority</p>	<p>An official letter from the local authority confirming their status as at the date the travel for healthcare was undertaken.</p>
<p>Asylum seekers for whom support is provided under Part VI of the Immigration and Asylum Act 1999</p>	<p>An official letter from the Home Office confirming their status as an asylum seeker being supported under the 1999 Act as at the date the travel for healthcare was undertaken; <u>OR</u> a valid HC2 or HC3 certificate</p>
<p>Children of 16 or 17 being supported by a local authority</p>	<p>An official letter from the local authority confirming their status as at the date the travel for healthcare was undertaken.</p>

Exclusions

HTCS does not apply to:

1. Patients who attend an establishment to receive primary medical or primary dental services.
2. Patients who attend 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 (e.g. self referral).
3. Patients who have a medical need for ambulance transport – this is provided through the Patient Transport System (PTS), commissioned by PCTs. Patients eligible for PTS are those:
 - whose medical condition is such that they require the skills or support of PTS staff on/after the journey and/or where it would be detrimental to the patient’s condition or recovery if they were to travel by other means.
 - whose medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient’s condition or recovery to travel by other means.
 - who are recognised as a parent or guardian, where children are being conveyed.

4. 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. 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.
5. Patients who discharge themselves from hospital at their own request – in these cases, assistance with travel costs is not provided.
6. Visitors to patients in hospital – visitors cannot claim their travel costs through HTCS. However, if the visitor receives one of the qualifying benefits they may be able to receive assistance in the form of a Social Fund payments. Further information on this assistance can be obtained from Jobcentre Plus offices. The links below provide information on social fund loans and contact details form local Jobcentre Plus office:

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>

7. Private patients – HTCS support cannot be provided to private patients.
8. Overnight stays – payments through HTCS cannot be made to cover the costs of overnight stays. Where an overnight stay away from home is unavoidable, either because of the time of the appointment or length of travel required, and the patient is unable to meet the cost of this stay, the expense should be treated as part of treatment costs or met through non-Exchequer funds. This should be discussed with the relevant PCT before the overnight stay occurs.
9. Parents needing to stay overnight in hospital with their children - the benefits of encouraging parents to stay overnight with their children in hospital are generally accepted and most Children's Departments will provide facilities for parents to sleep on the ward. No charge should be made for these facilities.
10. 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. In these cases the patient has not made an additional journey outside of the journey undertaken to attend their primary care appointment and therefore reimbursement through HTCS is not appropriate.

11. The payment of NHS foreign travel expenses – patients travelling abroad for treatment arranged and paid for by the NHS may claim their necessarily incurred travel costs to a port in Great Britain under HTCS. However the payment of their travel costs necessarily incurred from this port to their place of treatment may not be paid through HTCS. These costs should be claimed through an application in writing to the health service body which arranged the services within 3 months of the expenses having been incurred or such further period as that body may for good cause allow.
12. 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 or 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.

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.

A quick reference guide on patient eligibility to HTCS can be found at Annex A.

The eligibility of the journey

Having confirmed the patient's entitlement to assistance through HTCS, the provider unit is then responsible for confirming that the journey for which a payment is being claimed meets the necessary criteria.

Under HTCS, eligible patients can claim payment of travel expenses to appointments made to receive non-primary medical and non-primary dental services, where:

- they have been referred directly for that service by a doctor or dentist, and it involves an additional journey.

Places of treatment

Patients entitled to assistance through HTCS may claim NHS travel expenses in respect of travel to receive non-primary care or non-primary dental services, regardless of where the treatment is carried out.

GP surgeries and community health centres

Where GP surgeries or community-based health centres provide non-primary care services, patients are eligible to claim payment of NHS travel expenses to these places of treatment.

The exception to this is where patients receive their treatment on the same visit and at the same location as the primary medical or primary dental services are received which lead to their referral for those non-primary care services.

Case study 2 – Receiving non-primary care on the day of a primary care appointment

Lucy is in receipt of Income Support and therefore qualifies for HTCS. She attends an appointment with her GP to discuss pains in her foot. The GP decides to refer Lucy for x-rays. The health centre where the GP is located provides x-rays on the premises and Lucy is referred directly to the x-ray department.

Although Lucy is eligible to assistance through HTCS and has been referred by her GP for her x-ray she is not entitled to claim travel expenses in this instance. This is because the x-ray was provided on the same time visit and at the same location as her GP appointment.

Accident and Emergency Departments

Patients entitled to assistance through HTCS are only eligible to claim the cost of their travel to an Accident and Emergency ward if the reason for their attendance is in relation to a pre-existing condition for which they are under the care of a consultant. Where patients attend A&E for any other reason they would not be eligible for assistance through HTCS for help with their travel costs.

Calculating travel costs

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

The “reasonable” test

The test of reasonableness should be 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. When assessing a patient's claim, provider units should take into account issues such as:

- the distance that the patient has to travel;
- how long the journey has taken to complete;
- whether the patient has to make this journey frequently;
- the availability, suitability and accessibility of public transport;
- the medical condition of the patient;
- the age of the patient.

Claiming for others

Carers and Escorts

Where deemed medically necessary by the patient's referring consultant, GP or another health care professional involved in the patient's care, the travelling expenses of an escort (or escorts) may also be claimed as part of the patient's travel expenses.

Additionally, in cases where a child under 16 attends an appointment the travel costs of a parent or guardian escorting the child to its appointment may be paid.

Such payments are made on the basis of the patient's eligibility for the scheme irrespective of the escort's eligibility. The actual travel costs should be assessed on the same basis as those of the patient.

Children and other dependents

People receiving a benefit providing entitlement to HTCS can also claim for travel costs where the healthcare appointment has been made for a child or other dependent, rather than for himself or herself. Such claims should be assessed in the same way as all other HTCS claims.

Modes of transport

Public transport and concessionary fares

Provider units should encourage the use of concessionary fares, for example for elderly people and for people with disabilities, off-peak fares and other promotions, where these are available and where they provide convenient links to hospitals and other places of care.

The Department of Transport has introduced free off-peak local bus travel for older and disabled people in England. From April 2008, a national concessionary fare scheme was introduced to offer older and disabled people free off-peak travel on buses anywhere in the country.

Details on the Department for Transport's aims to reduce social exclusion can be found at:

<http://www.dft.gov.uk/pgr/inclusion/se/social'exclusion>

Case study 3 – Travel Cards

Sue receives Income-based jobseeker's allowance, qualifying for HTCS. She recently saw an orthopaedic consultant about the pain in her knees, who prescribed an intensive period of physiotherapy to improve her mobility. This means a trip to the hospital every day for at least two weeks by train. Each return journey will cost £7.50, but the local transport company does offer a 5-day travel card at £25.50. She can't afford either of these as her benefit covers her food and bills without leaving any surplus.

The hospital should give Sue an advance payment to purchase the 5-day travel card, as the cheapest means of travel. This has the dual purpose of being cost effective, and guarantees that Sue can attend every appointment without detriment to her financial situation.

Alternatives to public transport

Sometimes the use of public transport may pose difficulties in itself, for example where public transport is infrequent or where the patient may have to change buses or trains several times to reach the place of treatment. In addition, people may have health problems that make travelling on public transport difficult. The National Travel Survey (2005) identified that 8% of adults surveyed had a mobility issue that caused difficulty in travelling to their doctor or a hospital. Some patients may have health problems that are not so easy to see, such as a weakened immune system or fatigue. Provider units should consider these issues when assessing whether the travel costs being claimed are reasonable and make refunds for other forms of transport such as private motor vehicles and taxis.

Community transport and voluntary car 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. Schemes do vary, in terms of both the population groups they serve, the area they cover and the rates that they charge. For example, some schemes set a fixed price per journey, whilst others charge a set rate per mile or rely on donations or voluntary contributions.

Provider units should reimburse people for the use of community transport/car schemes (excluding any annual “membership” fees charged by the scheme’s operator). Patients should ensure that they obtain a receipt from the driver for each journey made using this type of scheme.

Case study 4 – use of community transport schemes

Barney is a retired printer living in Shropshire. He receives Pension Credit Guarantee Credit, making him eligible for help via HTCS. His arthritis is getting worse so his doctor has arranged for him to see a rheumatologist. The local bus service runs to a neighbouring town, where Barney has to change buses again to get to the hospital. His arthritis means walking is painful and he finds it hard to stand at the bus stop for the 20 minutes until the connecting bus arrives. A local charity runs a voluntary car scheme, which will take Barney directly to the hospital and back home again after his appointment. They charge 20p per mile.

In this instance, public transport is not feasible because Barney will not arrive in reasonable time, or in reasonable comfort. The journey will aggravate his arthritis and cause him considerable pain. The hospital should reimburse the cost of the voluntary car scheme. This is the best option for the patient, and it is likely to be cheaper to reimburse 20p per mile for a relatively local journey than two separate return bus fares.

Private motor vehicles

Where a provider unit considers the use of a private motor vehicle is reasonable, they should pay the full estimated cost of fuel actually used in making the journey. Mileage rates for payments to patients using private motor vehicles are a matter of local determination and should be set by the provider unit or PCT. However, we expect mileage rates to be set at a level no lower than the advisory fuel rates specified by Her Majesty's Revenue and Customs (HMRC) for company cars as a proxy for the cost of fuel.

Information on the current HMRC rates can be found by following the link below:
http://www.hmrc.gov.uk/cars/fuel_company_cars.htm

With the introduction of Free Choice, patients may be referred to a wider range of healthcare providers. However, they will expect that HTCS be operated consistently between providers and across different areas. Strategic Health Authorities should work with PCTs and provider units to agree a consistent rate at which mileage claims will be paid, taking into account the HMRC advisory fuel rates.

If the provider unit feels that the use of a private vehicle was not reasonable and that the patient could have reasonably been expected to travel by public transport, they should reimburse the lesser of:

- The estimated cost of fuel actually used;
- The equivalent public transport cost.

Case study 5 – use of a private motor vehicle

Stephen is a young man with a history of recurrent respiratory infections. His consultant has referred him to the regional specialist centre for respiratory medicine.

Stephen drives the 75 miles to the specialist centre, taking on average 90 minutes. He is reimbursed 15p per mile and parking costs of £4. If he could not use his car, Stephen would have to catch a bus, then a train, then another bus. This would take around 3 hours and cost £24.

At £15.25, using his own car is the cheapest way for Stephen to travel and the hospital are right to reimburse his mileage and parking costs. Not only would public transport be more expensive, but the hospital would be more limited in the appointment times that they could offer Stephen.

Car parking and toll charges

Where the patient is being reimbursed for the cost of travelling in a private motor vehicle, the 2003 Regulations stipulate that they may also be reimbursed for car parking and road and toll charges. Under no circumstances should penalties incurred through illegal parking be reimbursed.

Congestion Charges

By agreement between Transport for London and NHS London, patients may be reimbursed the cost of the London Congestion Charge through HTCS and this cost should then be reclaimed from TfL.

Further information on the London Congestion Charge scheme, other exemptions and discounts is available at:

<http://www.tfl.gov.uk/roadusers/congestioncharging/6742.aspx>

An information leaflet on reimbursement of congestion charges in London can be downloaded from:

<http://www.tfl.gov.uk/assets/downloads/CC-NHS-discount.pdf>

Taxis

There will be occasions when a taxi is the only feasible form of transport for patients. Provider units should not exclude the use of taxis solely on the grounds of expense, but should assess whether the use of a taxi is reasonable given that patient's circumstances. The provider unit should base their decisions solely on the needs of the patient, not the needs of any accompanying escort, child or dependent.

It is good practice for decisions on the use of taxis to be discussed with patients prior to travel whenever possible, to ensure that they fully understand what will and will not be reimbursed.

Case study 6 - use of taxis

Jeff is a single 40-year-old man claiming income based Jobseekers Allowance; he has been referred by his consultant to a local hospital for some tests. Jeff lives in a rural area where transport links to the nearest hospital are poor – buses run intermittently during the day and Jeff would have to change buses and wait up to an hour at his connection point to reach the hospital. The journey in total would take up to 2½ hours.

Under the rules of HTCS the use of taxis should be considered where public transport is not appropriate. Due to the length of the journey and the constraints placed on the time Jeff would be able to attend appointments the use of a taxi would be appropriate.

Health Service Transport

In cases where health service transport is made available at a charge to patients, this charge must be reimbursed to those patients entitled to support through HTCS.

Paying the patient

Patients need to have a clear and easy-to-use process through which they can obtain any payment of NHS travel expenses to which they are entitled, in a way that suits their needs. This process needs to reflect the fact that illness and treatment can leave people feeling vulnerable and in need of greater support.

HTCS provides three acceptable payment methods for patients:

- at the provider unit on the day of travel (where a cashier's service exists);
- retrospectively through a postal claim on form HC5(T);
- in advance of travel.

In general, provider units are responsible for paying patients their NHS travel expenses under HTCS where a payment is made on the day of travel or a payment is requested in advance (although where the provider unit is a private provider, it can be either the provider unit or the health service body which commissions services from the private provider which is responsible for making the payments) . In the case of NHS travel expenses to a port to receive treatment overseas arranged by a health service body, the health service body which made the arrangements will be responsible for paying patients their NHS travel expenses.

Where payments are to be made retrospectively through the post it is the responsibility of the Prescription Pricing Division of the NHS Business Services Authority to confirm the patient's eligibility and inform the provider unit (or, where the provider unit is not a PCT, NHS trust or NHS foundation trust, possibly the health service body which arranged for services to be carried out by the provider unit) that a refund of NHS travel expenses is due to the patient.

It is then the responsibility of the provider unit (or in the case of travel to a port to receive treatment arranged by a health service body overseas and in certain cases where the provider unit is not a PCT, NHS trust or NHS foundation trust, the health service body which made the arrangements) to calculate the amount payable and to make payment.

In the case of provider units which are not PCTs, NHS trusts or NHS foundation trusts, the responsibility for refunding NHS travel expenses to patients will depend upon the terms of the contract between the provider and the commissioning health service body. If the contract does not provide that refunds of NHS travel expenses will be made by the provider unit, then it will be the commissioning health service body (usually a PCT) which will be responsible for refunding a patient's NHS travel expenses.

Verifying claims

NHS organisations should ensure that robust systems are in place to verify claims for entitlement to the payment of NHS travel expenses under the scheme. Where considering a claim, provider units should ask to see the following information:

1. Evidence of the patient's entitlement to have their NHS travel expenses paid under HTCS (see Table 1).
2. Evidence that they have attended, or plan to attend an appointment at the hospital (e.g. an appointment letter or card)
3. Proof of travel (e.g. bus or train ticket, taxi receipt), or details of proposed travel methods.

Payment on day of travel at the provider unit

To claim a payment on the day of their appointment, patients will need to provide evidence of their entitlement (see eligibility section) and appropriate travel receipts. Where these requirements are met patients should be paid the appropriate cost of travel immediately and in cash.

Provider units should ensure that they have facilities to make these payments to patients as and when required, including ensuring that:

- the Cashier's Office and alternative payment locations are clearly signposted;
- payment locations are accessible to all patients.
- patients have access to payments at any time during the day - either through the Cashier's Office or through other arrangements outside of this office's opening hours;

This last point applies in particular to those discharged from hospital and sent home when the Cashier's Office is closed. Provider units should consider giving an identified post holder responsibility for ensuring that patients have access to payments and reimbursements whenever they are 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.

A quick reference guides for cashiers on payment procedures is available at Annex B.

Retrospective payments through the post

Patients who are unable to obtain payment of their travel costs when they attend for treatment, can make a claim up to 3 months after the date of their treatment using the HC5(T) refund claim form. The process to determine entitlement and make payment has two stages.

Stage 1 – Determining the patient's entitlement to assistance through HTCS on the date of travel

HC5(T) forms are processed by PPD. Depending on the entitlement route claimed the form may initially be sent to either the patients' local Jobcentre Plus office or the Pension Centre who dealt with their Pension Credit claim for proof of entitlement to be confirmed.

The claim is examined to determine if the claimant was entitled to help with their travel costs on the date they travelled and that the claim was received within the 3 month time limit.

Valid claims are approved and forwarded to the provider unit (or to the relevant health services body – generally a PCT - where the provider unit is not authorised to make payments, or where the patient is travelling to a port to receive arranged services overseas) to make a refund of any necessary NHS travel expenses paid, generally within 5 working days of receiving the claim form. The patient is also notified that their claim has been passed to the provider unit for them to consider the refund. Where the claim is invalid the patient is notified.

Stage 2 – Determining journey eligibility, calculating the cost of travel and reimbursing the patient

Upon receipt of an approved claim the provider unit or PCT (where the provider unit is not an NHS trust, NHS foundation trust or PCT and does not make payments or repayments of NHS travel expenses, or where the PCT has arranged services overseas in the case of NHS travel expenses to a port) :

- determines if the journey claimed is eligible for reimbursement under the HTCS;
- calculates the appropriate cost of travel for reimbursement;
- reimburses the appropriate cost to the patient.

Patients using this option should be made aware that this process may take several weeks.

A quick reference guides for postal claims is available at Annex C.

Advance payments

Patients on low incomes or benefits may not have ready access to the money required to travel to their healthcare appointment, which can be a significant barrier to accessing healthcare. In such cases, an advance payment may be more suited to their needs than a retrospective payment. This issue was highlighted as a major concern for patients in the HTCS consultation.

Where required and appropriate, advance payments should be made to patients to assist them in attending their health care appointments.

Case study 7 – use of advance payments

Mike has non-Hodgkin's Lymphoma. He receives both Income Support and Incapacity Benefit. Although he lives in Surrey, he undergoes chemotherapy every three weeks at a central-London hospital. On at least two occasions, Mike has missed his chemotherapy appointments because he couldn't afford the £28 return rail fare into London.

The hospital should arrange an advance payment for Mike, as his appointments are regular and scheduled well in advance. A further benefit to the hospital is reduced DNA rates, as Mike will always be able to get to his appointments.

On some occasions, patients may attend places of treatment that do not have cashier or cash handling functions. In these cases, PCTs should establish arrangements to make advance payments available to patients.

Where providers issue advance payments to patients, they should ensure they have a robust process in place to verify that the patient attends the appointment for which the payment has been made. This process should include checking the elements included within the verifying claims section above.

It is important that providers protect against reimbursing patients more than once for a single journey. Provider units should ensure that their systems are robust enough to mitigate against this risk.

Appeals and complaints

If a patient is unhappy with a decision to refuse reimbursement of travel costs or with the manner in which HTCS has been applied to their individual circumstances, they should be able to appeal the decision with the local provider unit or the PCT which commissions services from the provider unit.

Provider units should put in place an appropriate appeals process, and ensure that people know what that process is. Patients should be signposted to organisations that can support them in making an appeal, such as Patient Advice and Liaison Services (PALS), Citizens Advice Bureaux or local advocacy organisations.

If the patient is unhappy with the outcome of the appeal, they should be told that they can complain formally using the NHS Complaints procedures. PCTs and provider units should ensure that local arrangements and procedures for investigating complaints are

in place, and conform to NHS complaints procedures. Guidance on the NHS Complaints procedure is available through the DH website:

www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Complaintspolicy/NHScomplaintsprocedure/index.htm

The Independent Complaints Advocacy Service (ICAS) provides support to people in England wishing to complain about the treatment or care they received under the NHS. ICAS delivers a free and professional support service to clients wishing to pursue a complaint about the NHS.

Financial processes

Payment responsibilities

Provider units (or PCTs in cases where providers are not NHS trusts, NHS foundation trusts or PCTs and are not making payments of travel expenses) are responsible for the administration of HTCS and the provision of payments to patients.

PCTs should reimburse provider units for the payments made under the scheme for all patients resident within their districts. PCTs should ensure that local arrangements are in place for provider units to claim reimbursement at periodic intervals.

Other NHS locations without payment facilities

PCTs should review the availability of cashier/payment facilities within its community locations. This availability of payment facilities should also be taken into account in any plans for the building of new community settings.

Where the provider unit does not have the facilities to make these payments, the PCT will need to act on their behalf in making payments to patients.

GP and dental surgeries

Neither GPs nor dentists must reimburse patients' travel costs in relation to non-primary care services provided. In these cases, the relevant PCT will need to act on behalf of the provider unit in making payments to patients.

Independent Sector Treatment Centres and private provider units

Where patients are referred to a provider unit under contract to the NHS, the private unit should make HTCS payments directly to patients where this is included within their contract – for example Independent Sector Treatment Centres under the Elective Services Agreement. Where payment of HTCS is not included within the NHS contract with the private unit, the referring NHS provider unit should pay any HTCS costs claimed by the patient. They should then seek reimbursement of these costs from the relevant PCT. Alternatively; the PCT may choose to make these payments to the patient directly.

HTCS payments made under Choice

Patients are now being offered a choice, through the extended care network, over where they receive treatment when they are referred for elective care. The patient's home PCT is expected to bear the cost of HTCS where a patient receives treatment outside of their resident PCT. Further information on establishing payment responsibilities can be

found in the document “Who Pays? Establishing the Responsible Commissioner”, a link to which is provided below:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069634

Fraud management

Fraud in the NHS is unacceptable as it diverts resources away from patient care. It is therefore important that robust verification procedures are implemented by provider units. Only claims submitted using the HC5(T) form should be accepted. Provider units should on no account develop their own claims forms.

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 are dealt with in the strictest of confidence by fully trained staff.

Case study 8 – fraud

NHS Counter Fraud Services investigated a patient who submitted claims for travel between his home in Leeds to a hospital in London. The patient legitimately qualified for free travel under HTCS, but had been using his taxi driver friend to drive him to London in his own car and not with the taxi firm he worked for. Over a 5-year period, the patient claimed more than £20,000 inappropriately, including instances where he had travelled to and from London twice in one day. The taxi driver provided the patient with receipts for these journeys using his taxi firm’s details and the couple were dividing the money for themselves.

Initial assessment pinpointed weak procedures within the NHS organisation for verifying that the mode of transport was legitimate.

Publicity and information provision

PCTs should use NHS Choices and their own publications to provide practical support and information for patients, carers and clinicians to support choice.

NHS Operating Framework: 2008/09

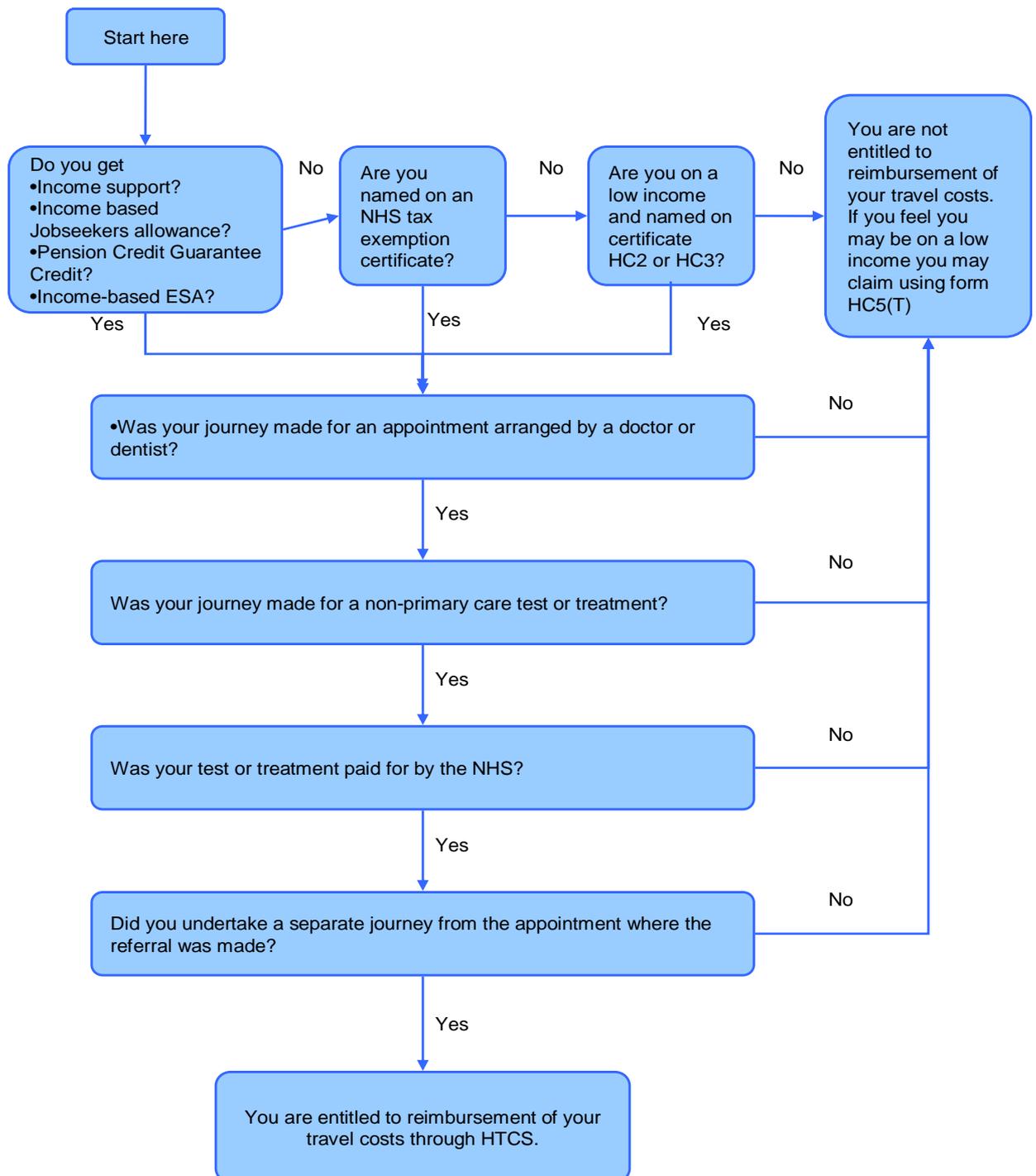
Patients need to know what financial support is available to them, and how they can access it. Both PCTs and provider units should provide information to patients on the help available under HTCS, and ensure that patients receive any additional support or advice that they may need in order to make a claim, for example by signposting patients to patient organisations, support or advocacy groups.

Posters and a range of leaflets are available that can be displayed in GP surgeries, health centres and other patient areas. Annex D provides information on how to obtain copies of these.

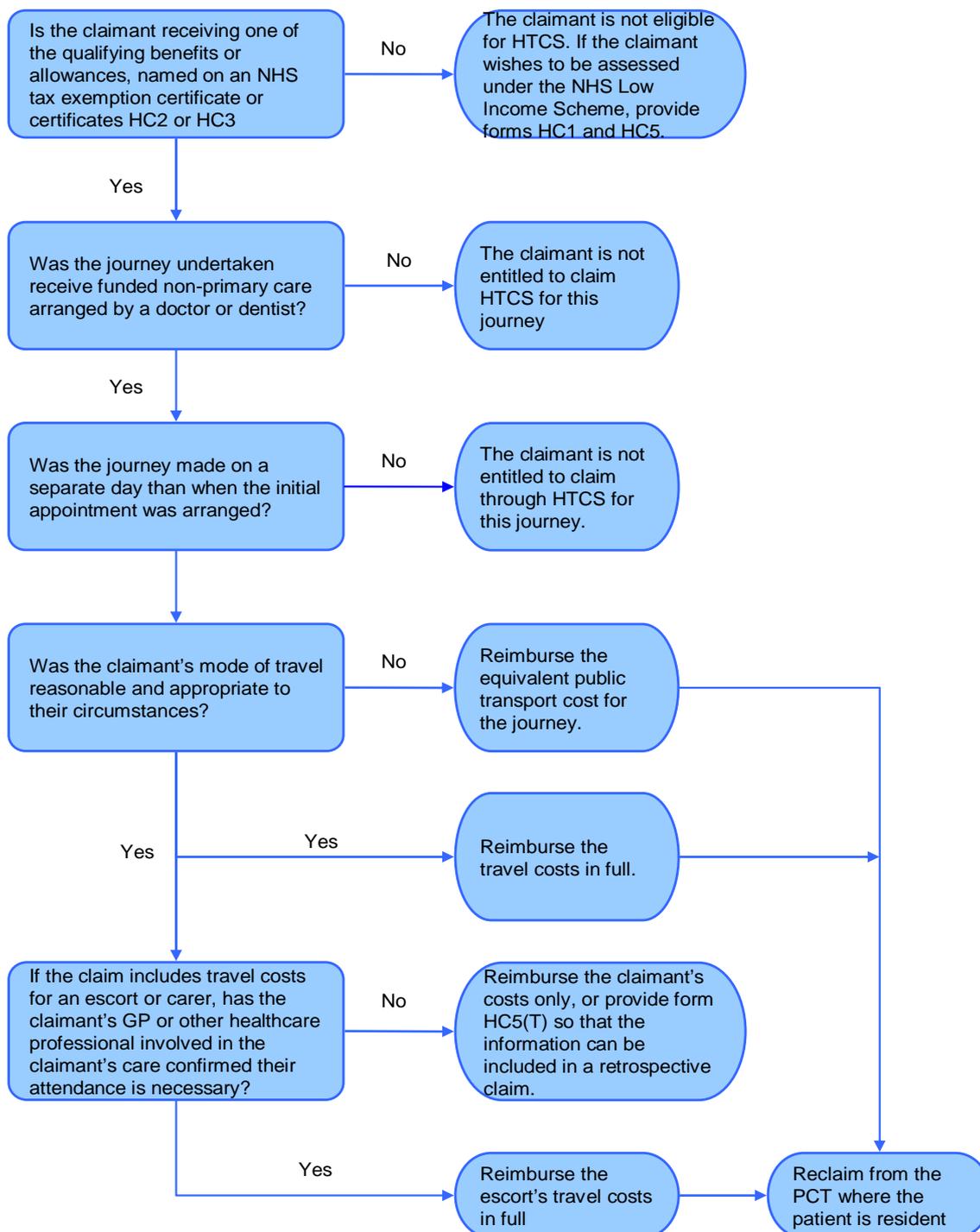
Provider units may wish to use a range of communication methods to ensure that patients are aware of HTCS, including:

- Providing information on HTCS with appointment and admission letters;
- Using their “provider profile” on NHS Choices to highlight local arrangements relating to HTCS, including the location of the cashier’s office and its opening hours, arrangements to reimburse patients outside of these hours and local policies on mileage rates and the use of private cars and taxis;
- Providing information on HTCS on their own websites, including any local arrangements particular to that provider;
- Ensuring that the cashier’s office is clearly signposted within the unit, and that opening hours are clearly displayed alongside information on alternative arrangements for out of hours reimbursements;
- Providing information on the procedures for accessing advance payments;
- Providing information on HTCS through PALS offices and other information networks;
- Ensuring that front line staff are aware of HTCS and the procedures for reimbursement within their location;
- Holding supplies of the HC1 and HC5(T) forms;
- Publicising the availability of the form completion service provided by the NHS Business Services Authority via their customer enquiry line (0845 850 1166);
- Working with local authorities and transport providers to publicise concessionary fare arrangements and timetables.

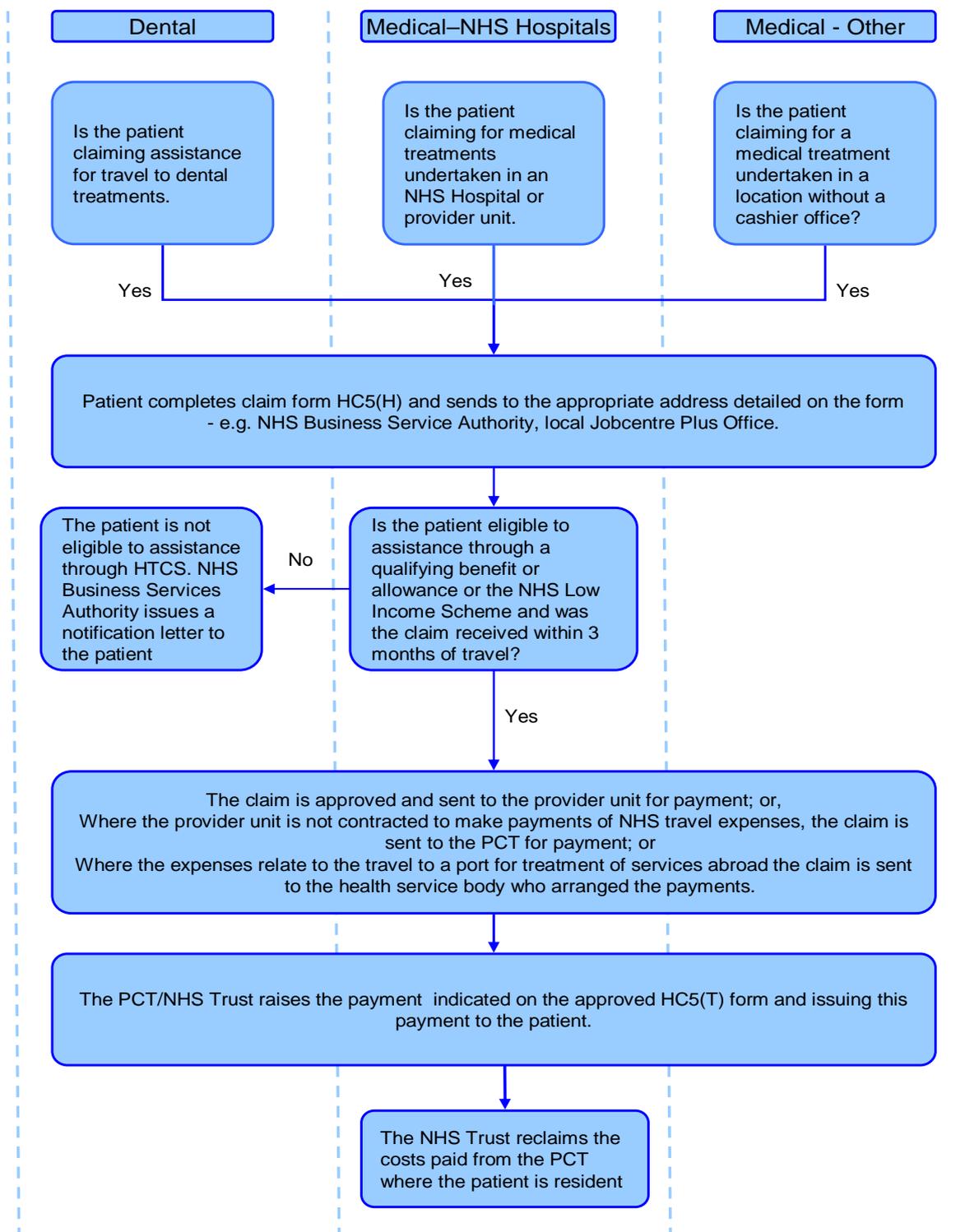
Annex A - Quick reference guides – patient flow chart



Annex B - Quick reference guides – cashier flow chart



Annex C - Quick reference guides – postal claims flow chart



Annex D – Forms and Publicity

Provider units should ensure that they hold sufficient stocks of the following forms and leaflets.

Item Code	Description
Public Information Leaflets and Publicity Items	
HC10	Help with health costs poster (A3 poster) Display poster for doctor and dental surgeries, pharmacies and optical premises. Also hospital pharmacies and other locations where NHS charges may be required from patients.
HC11	Help with health costs (1/3 A4 leaflet) Public information leaflet about help with health costs. It is usually revised annually to reflect current patient exemption arrangements. To check you have up to date copies go to www.dh.gov.uk and use the search facility to access the leaflet. (Also available in large print and as an audio CD or cassette).
HC11QG	Quick guide to help with health costs (1/3 A4 leaflet) Summarises the information in the HC11 leaflet. (Also available in large print and as an audio CD or cassette).
NHS Low Income Scheme forms	
HC1	Low Income Scheme claim form (A4 form) Claim form for help with health costs for people on a low income. (also available in large print).
HC1(SC)	Low Income Scheme claim form – special circumstances (A4 form) Claim form for help with health costs for people permanently in a care home and the local authority helps with the cost, and people supported by the local authority because they are aged 16 or 17 and recently left local authority care.
HC5(T)	Refund claim form (A4 form) Application for a refund of health costs except prescription charges.

Further supplies of the above forms and leaflets can be obtained from the publications orderline telephone – 0845 610 1112 (email nhsforms@spsl.uk.com or from www.nhsforms.co.uk). Form HC1 and HC5(T) are also available from hospitals and Jobcentre Plus offices.

http://www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Financeandplanning/DH_075759

A handy-sized “Help with Health Costs” card is available from the Department of Health Publication Order line on 0300 123 1002 (email dh@prolog.uk.com) quoting reference 286767.

Annex E – Frequently Asked Questions

Q - Why aren't people with long-term or chronic conditions such as cancer covered by HTCS?

A - HTCS is part of the NHS Low Income Scheme, set up to reduce inequitable access to health services caused by income constraints. Eligibility is based upon financial circumstances, not the patient's condition. HTCS is only available to those people receiving certain benefits and allowances, or those who meet the criteria for the Low Income Scheme.

Patients who meet the financial eligibility criteria can claim, whether or not they have a long-term or chronic condition.

Q – What is the cut-off age for children where a parent or guardian is automatically entitled to reimbursement of travel costs as an escort?

A – It would normally be accepted that the cut-off point for a parent being required as an escort for a child attending an appointment is sixteen. However, where the referring practitioner deems that a child over sixteen requires an escort for medical reasons, the costs of the escort may be reimbursed.

Q – Are parents visiting babies in neo-natal units eligible to reimbursement through HTCS?

A – Visitors to patients are not eligible to claim under HTCS. This includes parents visiting children in neo-natal units.

Q – If a child attends an appointment alone and wishes to claim HTCS, but cannot prove their entitlement, are they eligible for HTCS?

A- To be eligible for HTCS patients should be able to prove their entitlement to the scheme, either through the receipt of a qualifying benefit or allowance, via the NHS Low Income Scheme, or as a dependent named in a benefit claim. However, in some cases due to the sensitive nature of the treatment, patients under sixteen may be unwilling or unable to involve their parents and therefore may be unable to provide proof of entitlement. In these cases, it would be up to the discretion of the referring practitioner or provider unit to decide on whether payment is appropriate. Where it is decided that a payment can be made, the provider unit may wish assume entitlement to the scheme and issue a payment.

Q – Where a patient crosses a national border for treatment are they eligible for payments through HTCS?

A – The rules for HTCS included within this guidance apply to the scheme run in England. Similar schemes are provided in Wales, Scotland and Northern Ireland. However some criteria may not be uniform. Where a patient receiving care crosses a border for their treatment the rules for the scheme of the country in which they are resident apply.

Q – Where a patient attends a provider unit with payment facilities but is unable to claim reimbursement on the day of travel are they eligible to return to their place of treatment for reimbursement and claim the costs for both their journeys?

A – Where possible provider units should provide patients with access to reimbursements on the day and time of their appointment. If the provider unit is unable to provide reimbursements on site patients should claim on postal form HC5(T). However, where a provider unit has the facility to provide reimbursements on site but are unable to pay patients attending their appointments on the day of travel they should provide the option for patients to return and receive their reimbursement. Where the patient incurs unavoidable travel costs in returning to provider unit these should also be reimbursed.

It would be expected that these circumstances would occur very rarely and provider units should ensure robust processes are in place to mitigate the risk of fraud in these cases. This type of reimbursement should only be made where the provider unit was responsible for the patient being **unable** to receive payment on their initial visit.

Q - Can people claim if they have been treated at an NHS Foundation Trust or Independent Sector Treatment Centre?

A - Yes, they should claim in the normal way. The legislation that governs the Scheme includes the same provisions for NHS Foundation Trusts as it does for NHS Trusts. Independent Sector providers are required to operate the Scheme as part of their contract. However, they may not have the facilities to repay patients in cash on the day. If this happens, patients can claim a refund using either the postal claims option, or directly from their PCT. Patients are advised to check which method applies in their area when they attend their appointment.