

Patient Transport Policy and Procedures

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1.0 Policy Statement

Chelsea and Westminster Hospital NHS Foundation Trust (the Trust) is committed to ensuring that the Patient Transport Service provided to the Trusts patients is a high quality, punctual and professional Service that will support and complement the provision of health care at the Trust and meets the need of the patients we serve. We will do this with our partners who provide hospital patient transport to the Trust.

Whatever the role we play, the Trust will ensure that's its staff are always respectful of people's individuality, privacy and dignity, that we take the time to listen and hear what people say, we take ownership of delivering the help that is required, we look and behave professionally. We involve patients/carers as partners, helping them to be clear about their condition, choices, care plans and how they might feel.

2.0 Introduction

2.1 This document provides information for all members of staff: information needed to provide a quality, punctual and professional Patient Transport Service that will support and complement the provision of health care at Chelsea and Westminster NHS Foundation Trust.

2.2 Non-Emergency Patient Transport will only be approved and arranged where it has been identified by the patients GP (for a first referral visit) or Consultant that the patient's health would suffer through the use of public or private transport and there is a clear medical need as per the national policy for eligibility for non-emergency patient transport. The Department of Health's Guidance on Eligibility Criteria for Patient Transport Services (PTS) can be found at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_078372.pdf

2.3 Each patient should be able to get to and from the hospital in a reasonable time and in reasonable comfort without detriment to their medical condition.

2.4 Non-emergency patient transport should be the exception not the rule and therefore there must be strict adherence to the procedure. All patients should be assessed on a regular basis – once every 4 appointments or once every 3 months – whichever is the longest.

2.5 This service is only provided to patients receiving treatment from the Trust and its satellite clinics / locations.

3.0 Responsibilities

The Trust Board is responsible for ensuring a professional transport service which means the needs of the patients.

3.1 **Chief Executive** – is ultimately accountable for ensuring the patients experience when visiting the hospital is a positive one.

3.1.1 The Chief Executive delegates to the Chief Operating Officer the responsibility of ensuring that the service provided does not impact negatively on patient experience or the quality of service delivery.

- 3.2 General Manager, Facilities** – shall have management responsibility for selecting, appointing and managing the provider operating Patient Transport Services (PTS), overseen by the Head of Estates & Facilities.
- 3.3 Outpatient Services** – shall be responsible for accurate booking of transport, helping to minimize abortive journeys and ensuring appropriate application of the eligibility criteria. Access to book on line will only be granted once training has been passed. Training will be facilitated by the EPR Department arranged by the local manager.
- 3.4 Individual Trust Managers and delegated Staff** – shall be accountable for ensuring they abide by the Patient Transport Procedures. This is applicable to all forms of Transport used for moving patients in to or from the Trust. Staff should ensure that all requests are assessed against the eligibility criteria and abortive journeys minimised.
- 3.4.1 Booking Access** - access to book on line will only be granted once training has been passed. The staff manager will be accountable for ensuring all appropriate Trust staff receive relevant EPR transport request training prior to enabling access to the database.
- 3.5 Transport Providers** – all staff engaged with transporting patients in to and out from the Trust shall ensure that they minimize abortive journeys and ensuring that the eligibility criteria has been appropriately applied. The Transport Providers will be monitored against key performance indicators established by the Facilities Directorate to ensure that the service commissioned is provided.
- 3.6 Contract Review Group** – The Contract Review Group meets monthly to review and audit transport services. Quarterly reports are provided to the Trust's Facilities Committee which meets to review performance and provides assurance to the Trust's Assurance Board.
- 3.7 Healthcare and Transport Services** – are the sole provider of Patient Transport Services (PTS) and responsible for ensuring that services are available at all times, this includes procuring additional 3rd party transport providers when required, following the receipt of authorisation from the Head of Facilities.

The Transport Provider will be responsible for the management of their vehicles and will comply with the Chelsea and Westminster NHS Foundation Trust Health and Safety Policy.

4.0 Eligibility Criteria

- 4.1** Patients attending hospital appointments do not have an automatic right to non-emergency patient transport.
- 4.2** It is the patients' responsibility to make their way to and from hospital unless they have been clinically assessed against the Trust Eligibility Criteria tool see [Appendix 1](#)
- 4.4** For non-emergency patient transport, the patient's identified medical needs should be identified as one of the following criteria:
- 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 response by a PTS crew.
 - A clinical need for treatment does not imply a medical need for Patient Transport”.

The following criteria guide should be used when deciding if a patient is eligible for free hospital transport.

There must be no available private (family, friend) transport and the patient is unable, due to their physical/mental condition to utilise public transport (this includes a private taxi). Approved reasons for requesting patient transport are:-

- Bed bound
- Wheelchair bound.
- Severely restricted mobility, due to physical / mental condition, including patients:-
 - Clinically deaf or blind
 - Fractures causing restricted mobility
 - Angina
 - Dementia and other detrimental cognitive conditions
- The patient requires skilled assistance when transferring to and from a vehicle, (for example, being on a stretcher, due to dementia, physical disabilities or mental capacity issues).
- The patient has a disability or condition that makes it difficult, impossible or undesirable for them to be conveyed by alternative transport, (for example dementia, physical disabilities or mental capacity issues).
- The patient has a condition whereby skilled assistance during the journey may be required, (for example severe epilepsy, dementia).
- Stretcher patients.
- The patient has a disability or condition that may result in risk or embarrassment to the patient or others during transport, (for example severe epilepsy, dementia and mental capacity issues).

4.5 For those who do not meet the eligibility criteria, other transport options must be explained, for example the public transport options. These can be found on the Trust's internet site <http://www.chelwest.nhs.uk/your-visit/getting-to-the-hospital>

5.0 Patients in receipt of Mobility Allowance

Patients in receipt of Mobility Allowance should make their own way to hospital and are not automatically entitled to non-emergency patient transport unless a clear medical need has been identified.

5.2 Phone number and web site details of Disability Living Allowance Unit

Disability Living Allowance unit
Warbreck House
Warbreck Hill
Blackpool
Lancashire
FY2 0YE

Phone number (helpline) 08457 123 456
Text phone 08457 224 433
<mailto:dcpu.customer-services@dwp.gsi.gov.uk>

Opening Hours: Monday to Friday 7.30 am to 6.30 pm

<https://www.gov.uk/browse/disabilities/benefits>

6.0 Financial Assistance

6.1 Patients who do not fit the eligibility criteria for non-emergency patient transport may obtain a cash refund for travel to the hospital when travelling by public transport or private car, if they are in receipt of one of the following:

- Income Support
- Working Families tax credit
- Income-based job-seekers allowance
- Disability Living Allowance (DLA)

All forms **MUST** be signed and authorised by a clinician who is responsible for the patient's care. More information can be found in the leaflet HC11 – “Help with health costs”.

6.2 Patients arriving by public transport must bring the receipt/ticket and their proof of benefit with them. They must go to hospital Cashiers Office to make their claim.

6.3 Patients arriving by private car may be able to apply for petrol costs current rate per mile up to the cost of public transport fare. Proof of benefits must also be provided at the time of the claim.

6.4 Blue Badge Holders - Those patients eligible for a disabled badge will be entitled to free parking. The disabled badge will need to be presented to the Security Reception Desk prior to exiting the car park.

6.5 Further details of the hospital travel costs scheme as provided by the Finance departments can be found in [Appendix 7](#).

7.0 Escorts/Attendants/Volunteer Service

7.1 Escorts/attendants are allowed to accompany patients in non – emergency patient transport as long as the escort/attendant fits into one of the following criteria and the patient has a clear identified medical need as outlined in point 4.4.

- Professional from a nursing home or school
- Accompanying a minor (under 16 years of age). The escort/attendant for a minor must be a responsible adult.
- Accompanying a patient with special needs e.g. the patient is aphasic, blind, confused, has learning disabilities or needs skilled assistance for the journey.
- Receiving bad news.

7.2 “Here to Help Volunteers”: The Trust operates a scheme via its Volunteer’s Service whereby a volunteer can meet the patient at the hospital and stay with the patient whilst visiting the hospital - this can be arranged by contacting the Volunteers Office on x56864.

8.0 Booking Procedure (Monday to Friday 08.00 – 18.00)

This procedure applies to all Outpatients, Admissions and Day Case patient transport requests.

8.1 A minimum of 24 hours and maximum of 12 weeks notice is required to register a request for non – emergency patient transport.

8.2 Any cancellation not notified within 24 hours may result in additional charges being raised to the requesting department. This can have a far reaching effect on the level of patient care such as:

- Increased costs
- Delay in treatment
- Missed appointments
- Increased waiting times
- The overall patient experience

8.4 It is vital that the ward or department states if the patient will require and escort/attendant to be with them and on which part of the journey (ie travelling to / from the hospital or both).

8.5 If specialist equipment is required for use by the patient during the journey, the ward or department must state this when making the booking for non-emergency patient transport.

8.6 Patients may travel in specially adapted wheelchairs if they have them.

8.8 Wards and Departments are responsible for ensuring appropriate transport is requested based on patient needs.

8.9 If the patient's mobility will differ on the homeward journey please make this clear when making the booking.

9.0 **Special Circumstances**

9.1 **Bariatric Patients**

Bariatric Patients are those greater than 18 stone in weight. Weight must not be the only consideration; the patients' build must also be assessed. Wards and Departments are responsible for undertaking a risk assessment prior to making a transportation request. Any relevant and additional information should be included on the EPR booking form using the free text field.

The Transport Provider may request the need to undertake a risk assessment prior to transportation and this would require 48 hours' notice.

9.2 **Mental Health**

Those patients that have been assessed by the Psychiatric Liaison Team in the Hospital and require hospital transport to a psychiatric unit will normally fall within one of the following categories;

- Compulsory admission (Detained under the Mental Health Act and legally compelled to be admitted)
- voluntary admission (Not Detained under the Mental Health Act and consenting to an admission)

Please note that the non-emergency department staff are not registered Mental Health staff and therefore any additional support for the patient must be requested / supplied by the referring clinician / department.

9.2.1 Compulsory Admissions

Patients under this category will have undergone a Mental Health assessment and they must be always accompanied by a registered Mental Health Nurse, or Approved Mental Health Professional, in accordance with the Mental Health Trust's protocols – the number of escorts, designation and vehicle type will normally be documented as part of a risk assessment by the Psychiatric Liaison Nurse on duty. If the Mental Health Nurse requires to return to the Trust (Chelsea and Westminster Hospital) a return journey must be booked in advance (during booking process). Advance notice must be provided for all journeys relating to this category.

9.2.2 Voluntary Admissions

Patients under this category will have undergone a Mental Health assessment and have been identified as requiring hospital transport for their admission to a psychiatric unit. The number of escorts, if applicable, and vehicle type will normally be documented as part of a risk assessment by the Psychiatric Liaison Nurse on duty. These patients must be clearly identified when booking transport and if an escort is required this must be identified at the time of booking. If the escort requires to return to the Trust a return journey must be booked in advance (during booking process).

9.2.3 Booking process

All bookings must be made in advance wherever possible by using name of form *Appendix 6*. Types of vehicles available will be provided on request but limited to car or seated / stretcher ambulance. If a secure vehicle is required for patient transportation please contact the Transport Manager or Clinical Site manager for further advice / assistance.

10.0 Discharge (Includes inter hospital & care facility transfers and home visits)

- 10.1** A patient with a date for elective surgery and where it is known they will be in hospital for less than 48 hours should have their discharge transport arranged prior to their admission. The eligibility for transport must be established at pre-op assessment, and duly cancelled if appropriate, by the member of staff receiving the information.
- 10.2** Where medical need has been identified, transport should be booked in advance of the discharge date where possible.
- 10.3** An inpatient's journey home should be discussed with the patient prior to discharge. It is expected that all patients will make their own arrangements unless there is a medical need for non-emergency patient transport.
- 10.4** Discharge transport after an emergency admission must be ordered as soon as possible after discharge date is known.
- 10.5** Requests for transport - a booking form and eligibility form are required to make a transport request for all patients who are being discharged. Below is a summary of times and the appropriate means of booking.

Monday to Friday	08.00 to 17.00	Bookings made via LastWord If LastWord not available Bookings can be made using Transport request form and faxed to 020 3315 8099 <i>(See Appendix 2)</i>	Eligibility Form to be faxed to 020 3315 8099 <i>(See Appendix 4)</i>
Monday to Friday Weekends and Bank Holidays	17.00 to 08.00	Bookings made Transport Request Form and Faxed to 020 3315 8099 <i>(See Appendix 3)</i>	Eligibility Form to be faxed to 020 3315 8099 <i>(See Appendix 4)</i>

10.5 'Ready to Travel'

The following items [if applicable] should be in place prior to notifying the transport provider that the patient is ready to travel.

- Medication / TTO's
- Doctors Letter
- Home care package
- Therapy aids
- DNAR ("Do not attempt resuscitation") paperwork.
- Eligibility and Patient information form
- PTS Assessment Form

10.6 It is the responsibility of ward staff to notify the transport provider or the discharge lounge staff that the patient is ready to leave the ward. The contact details are as follows;

- Monday – Friday 08.00 – 17.00 – Discharge Lounge - 020 3315 2388
Transport - 020 3315 8021
- Monday to Friday 17.00 – 08.00 – Transport Control Office - 020 8542 0111
- Weekends and Bank Holidays – Transport Control Office - 020 8542 0111

10.7 The ward or discharge lounge staff should ensure that the patient is ready to leave at the time they notify the transport provider that the patient is ready to travel.

10.8 If the patient is not ready to leave the ward or discharge lounge when the ambulance crew arrives, the crew is authorised to wait 10 minutes only. After 10 minutes the crew will be advised to 'pull off' and the request will need to be rebooked.

10.9 Any delays to the patients 'ready to travel time' should be notified to the transport provider at the earliest opportunity.

10.10. The only accepted method of booking patient transport is online using Lastword or if the system is down faxed paper form - *see Appendix 2*. Any faults with the system must be

reported to EPR immediately by calling the 'ICT Helpdesk' on x 58899. Please note that phone call bookings cannot be accepted

- 10.11** Do not attempt resuscitation (DNAR) paperwork must be completed at ward level and must travel with the patient at all times. The transport provider will also need to know who is aware of the order i.e. the patient/relatives etc. This information must also be made clear and included on the 'free text' field on the Lastword booking form.

12.0 Infection Control

The transport provider must be notified of any communicable illness such as MRSA and Clostridium Difficile by notification on the request form. This information must be made clear and included on the 'free text' field on the Lastword booking form.

13.0 Special Discharge Situations (On the day requests, including weekends)

- 13.1** It will be necessary to contact the PTS control office. It must be stressed that the patient must be ready for discharge, as described above, before this request is made.
- 13.2** Inter hospital transfers/home visits are dealt with in the same way as a discharge. If the receiving hospital is a long distance away, extra time must be given to the ambulance service.
- 13.3** Long Distance discharges/transfers must be discussed with the transport liaison staff **prior to making** a booking. Snack Boxes must be provided for long journeys arranged by the ward. All patients should be appropriately dressed.
- 13.4** Weekend discharge/transfers can be booked on the day by calling the Transport Out Of Hours Central Control Room on 020 8524 0111 – an Out of Hours faxed booking form and eligibility form must also be sent, which are available on the intranet (Departments/Estates and Facilities Directorate/ Transport) and under [Appendix 3 & 4](#)

14.0 Inter Hospitals Transfers - Cardiac and Neonatal Special Care

- 14.1** Patients who require cardiac monitoring whilst on route to another hospital must be transported by a Level 2 Patient Transport Crew – this must be indicated on the transport booking form on Lastword using free text field or on the paper booking form and faxed to the department.
- 14.2** Babies requiring transport for repatriation to local hospital must be booked using the Neonatal Booking form – [see Appendix 5](#). Neonatal staff must provide a minimum of 6 hours notice and call to advise the transport provider of the pending request.

15.0 How to Book Discharge Transport

- 15.1** Only the staff designated by the Site Manager or Ward Manager or their deputy may make transport bookings.
- 15.2** Refer to [Appendix 1](#) to establish patient's eligibility needs (never use the OWN wheelchair option UNLESS the patient has his/her personal wheelchair with them on the ward).
- 15.3** A discharge eligibility assessment form ([see Appendix 4](#)) must be completed prior to making a booking request (either by using Lastword in hours or a faxed booking form out of hours). The information on the discharge assessment form should be used to complete

the Lastword or Faxed Booking Form. Once the above is completed the discharge assessment form should be faxed to the control room – [see page 9](#).

15.4 Any special instructions must be highlighted, for example any infectious disease, DNAR, MRSA (identify site, is it covered?), C Diff. Oxygen (How much). This information must be included on the discharge assessment form and notification should also be included on the booking form.

15.5 It is important that the any access difficulties (for example steps/ 1st floor etc) at the home address are identified. Does the patient need to be carried upstairs? This must be included on the discharge assessment form.

15.6 Book any equipment to travel with the patient e.g. walking frame. This information must be included on the discharge assessment form.

15.7 Note that only one small bag can be carried in the transport vehicle with the patient. Relatives must remove all other luggage. In special circumstances and after negotiation with the patient transport provider extra luggage may travel with the patient.

16.0 Equality and Diversity Statement

16.1 All patients, employees and members of the public should be treated fairly and with respect, regardless of age, disability, gender, marital status, membership or non-membership of a trade union, race, religion, domestic circumstances, sexual orientation, ethnic or national origin, social & employment status, HIV status, or gender re-assignment.

16.2 All trust policies and trust wide procedures must comply with the relevant legislation (non-exhaustive list) where applicable:

- Equal Pay Act (1970 and amended 1983)
- Sex Discrimination Act (1975 amended 1986)
- Race Relations (Amendment) Act 2000
- Disability Discrimination Act (1995)
- Employment Relations Act (1999)
- Rehabilitation of Offenders Act (1974)
- Human Rights Act (1998)
- Trade Union and Labour Relations (Consolidation) Act 1999
- Code of Practice on Age Diversity in Employment (1999)
- Part Time Workers – Prevention of less Favourable Treatment Regulations (2000)
- Civil Partnership Act 2004
- Fixed Term Employees – Prevention of Less Favourable Treatment Regulations (2001)
- Employment Equality (Sex Orientation) Regulation 2003
- Employment Equality (Religion or Belief) Regulations 2003
- Employment Equality (Age) Regulations 2006
- Equality Act (Sexual Orientation) Regulations 2007

17.0 Equality Impact Assessment Statement

- 17.1** The Trust is committed to ensuring that none of its policies, procedures, services, projects or functions discriminate unlawfully. In order to ensure this commitment all policies, procedures, services, projects or functions will undergo an Equality Impact Assessment.
- 17.2** Reviews of Equality Impact Assessments will be conducted in line with the review of the policy, procedure, service, project or function.

18.0 Incident Reporting and Complaints

In the following circumstances, a Trust Incident form must be completed and submitted to the risk management team:

These will be shared with the General Manager, Facilities who will monitor and investigate the incident

A monthly summary of incident reports will be collated by the Clinical Governance Team. Staff errors will be discussed with those involved as a means of enhancing understanding of correct booking procedures. Continued failures could trigger a performance notice to the respective service provider and could lead to a contract being terminated.

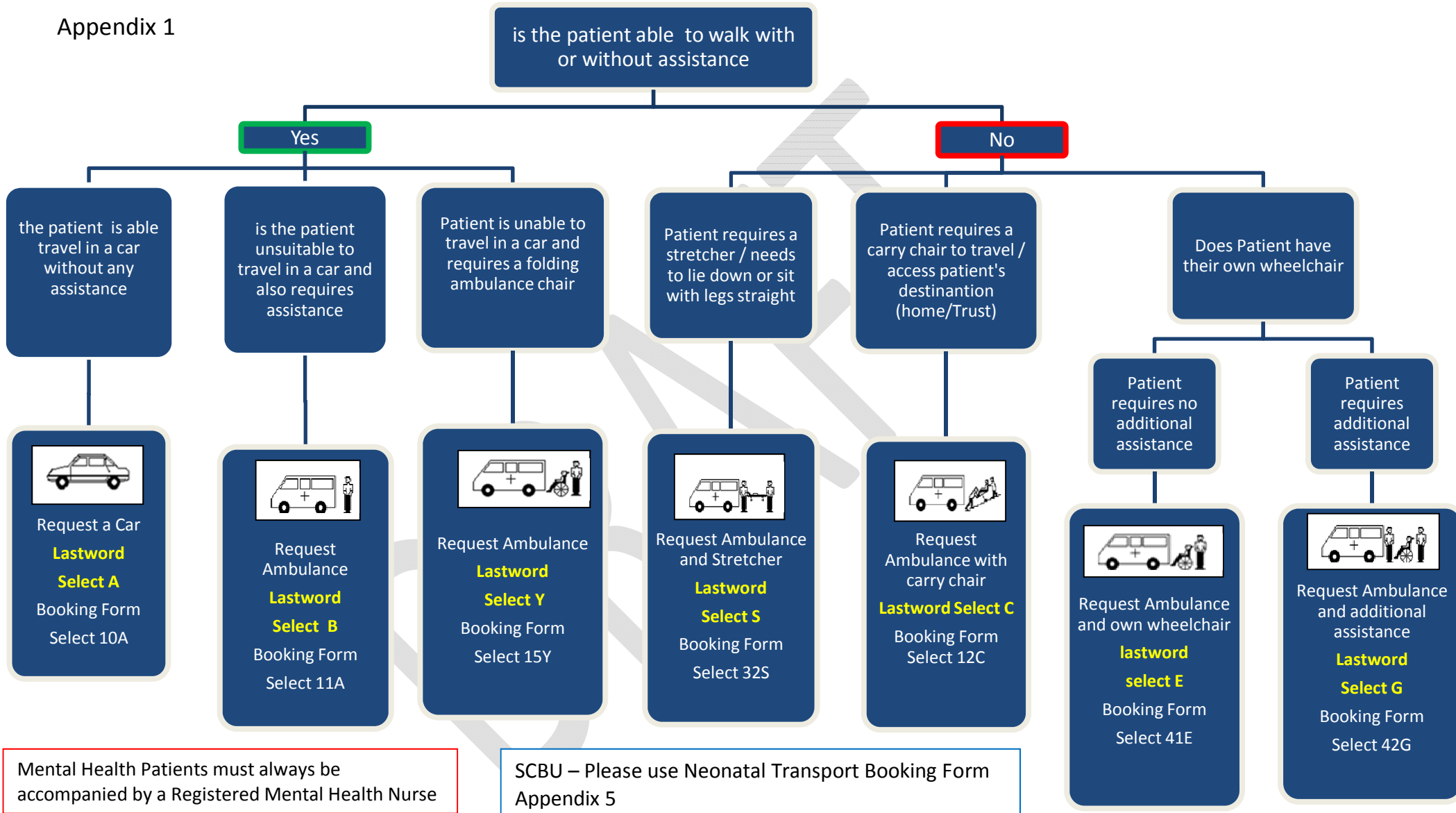
19.0 Monitoring this policy

The General Manager, Facilities has the responsibility for Patient Transport Services provided to the Trust. Any concerns, comments or queries should be raised with the General Manager of Facilities via extension 52698. Formal complaints related to interpreting services will be investigated by the General Manager of Facilities in accordance with the Trust's Complaints Policy.

The use of the Patient Transport Services will be monitored on a regular basis, with reports submitted to the Trust's Facilities Committee.

The Estates & Facilities Directorate manage the Trust's Patient Transport budget and will vet all invoices submitted and will spot-check directorate usage on a regular basis. Directorates will be liable for costs associated with inappropriate transport use (ie not using the correct company) or not cancelling/booking appointments appropriately.

Appendix 1



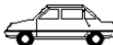

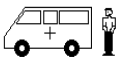



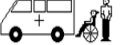



CHELWEST HOSPITAL TRANSPORT FAX (IN HOURS): 020 3315 (8099)

FULL NAME	_____	HOSPITAL NUMBER	_____
TEL NO.	_____	DOB	_____
COLLECTION POINT	_____	DESTINATION	_____
DAY Required	_____	TIME	_____
DATE Required	_____	REPEAT WHEN?	_____

APPOINTMENT TYPE

	YES	NO	OPD		DISCHARGE	
CARER ESCORT			ADMISSION		TRANSFER	
MEDICAL ESCORT			TRANSFER		OTHER	

<p>10/A</p>  <p>Patient is able to get into car with assistance of driver only for walking. (1 seat, non Amb Person)</p>		<p>32/S</p>  <p>Patient needs to lie down or sit with legs straight on a stretcher with assistance of driver and attendant. (3 seats, 2 Amb Persons)</p>	
<p>11/B</p>  <p>Patient needs to travel in an ambulance with assistance of driver for walking. (1 seat, 1 Amb Person)</p>		<p>41/E</p>  <p>Patient needs to travel in an ambulance with ramp / tail lift, with the assistance of driver only, travelling in own wheelchair. (4 seats, 1 Amb Person)</p>	
<p>12/C</p>  <p>Patient needs to travel in ambulance with assistance of driver and attendant e.g for carrying patient over steps in carrying chair. (1 seat, 2 Amb Persons)</p>		<p>42/G</p>  <p>Patient needs to travel in an ambulance with ramp / tail lift, with assistance of driver and attendant, travelling in own wheelchair. (4 seats, 2 Amb Persons)</p>	
<p>15/K</p>  <p>Patient needs to travel in ambulance with ramp/tail lift with the assistance of driver only travelling in ambulance chair (1 Amb Person)</p>		<p>62/H</p>  <p>Patient requires exclusive use of ambulance. To be used only with the authorisation of a doctor or consultant.e.g. terminally ill patients. (3 seats, 2 Amb Persons)</p>	

DOES THE PATIENT HAVE ANY OTHER REQUIREMENTS- PLEASE USE FURTHER INFORMATION BELOW

OXYGEN LTS?	
I.V DRIP	
HEAVY PATIENT (OVER 15 STONE)	
HOUSE KEYS	

DNR - LETTER	
INFECTIOUS?	
SCBU	
CHILD CAR SEAT	

OWN ZIMMER	
OWN ELECTRIC W/CHAIR	
FULL LENGTH PLASTER	
WHEELCHAIR REQUIRED	

FURTHER INFORMATION:

TRANSPORT REQUESTED BY _____

EXTENSION NUMBER _____

SIGNED _____



Olympic (South) Limited



Appendix 3



CHELWEST HOSPITAL TRANSPORT REQUEST FAX (OUT OF HOURS): 020 8 947 2215


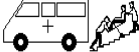






PATIENT NAME _____ HOSPITAL NUMBER _____

D.O.B _____ COLLECTION POINT _____

DATE REQUIRED _____ DESTINATION _____

TIME REQUIRED _____ POSTCODE _____

ESCORT TYPE REQUIRED		YES	NO	JOURNEY TYPE	
NURSE ESCORT				DISCHARGE TO HOME ADDRESS	
CARER ESCORT				TRANSFER TO CARE FACILITY	
RMN ESCORT				OTHER	

 Taxi Car Patient is fully mobile - taxi required (NON Amb Person)			 12/C Patient requires LIFTING/CARRYING up/down steps at destination. Weight of patient required. For Bariatric see below.	
 11/B Patient needs to travel in an ambulance with assistance of driver for walking. (1 Amb Person)			 32/S Patient needs to lie down or sit with legs straight on a stretcher with assistance of driver and attendant . (2 Amb Persons)	
 15 Patient needs to travel in ambulance with ramp/tail lift with the assistance of driver and Ambulance wheelchair. (1 Amb Person)			 Bari Bariatric Patient and Mobility Assessment required. Weight	
 41/E Patient needs to travel in an ambulance with ramp / tail lift , with the assistance of driver only , travelling in own wheelchair . (1 Amb Person)			 62 Patient requires exclusive use of ambulance.e.g. terminally ill, infectious, immunity compromised, MHP. Further info will be required. (2 Amb Persons)	

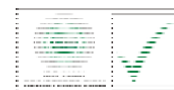
DOES THE PATIENT HAVE ANY OTHER REQUIREMENTS- PLEASE USE FURTHER INFORMATION BELOW

OXYGEN > 4 lts		DNR - LETTER		OWN ZIMMER	
I.V DRIP		INFECTIOUS ?		OWN ELECTRIC W/CHAIR	
HEAVY PATIENT (OVER 15 STONE)		HOUSE KEYS		FULL LENGTH PLASTER	
AMB WHEELCHAIR REQUIRED		CHILD CAR SEAT			

TRANSPORT REQUESTED BY _____

EXTENSION NUMBER _____

SIGNED _____



Appendix 4

Chelsea and Westminster Foundation Trust Hospital Patient Transport Eligibility Criteria Assessment Form

Hospital Patient Transport can only be offered if the patient has no alternative method of going home (i.e. public transport, relative, carer) or has a mobility or medical requirement. Please sign to confirm:

Name in Full: Ward..... Ext number:

In order to ensure the transport department receives all information required to take the patient home safely, the following information must be completed in FULL and faxed to the transport office at least 12 hours before transport is required. Requests made under 12 hours before required must be faxed through and a follow up call must be made to extensions 58021 or 52124.

A transport request must be made using the hospital patient information database.

<u>Name of Patient</u>		<u>Hospital Number</u>	
<u>Date of Travel</u>		<u>Time Transport Required</u>	

To ensure the safe transportation of the patient, please tell us about their needs.

<u>Patient Condition / Needs</u>	<u>Y / N</u>	<u>Supporting Information</u>
Does the patient have limited mobility?	<u>Y / N</u>	How many meters can the patient walk unaided/aided?
Does the patient weigh over 17 stone / 111 kg?	<u>Y / N</u>	
Does the patient have a walking aid?	<u>Y / N</u>	
Does the patient require oxygen?	<u>Y / N</u>	How many litres?
Is the patient able to transfer from hospital chair to ambulance seat?	<u>Y / N</u>	
Does the patient need to travel in their own wheelchair?	<u>Y / N</u>	
Does the patient need the assistance of an ambulance wheelchair to get from the ambulance into their home?	<u>Y / N</u>	
Does the patient require a medical escort home?	<u>Y / N</u>	
Is the patient required to travel on a stretcher? Please tell us about the access to their home (entrance, lifts and stairs, etc.)	<u>Y / N</u>	
Does the patient need to be carried upstairs/steps at the home address?	<u>Y / N</u>	Patient weight? How many steps?
Is the patient registered blind or deaf ?	<u>Y / N</u>	
Has the patient been diagnosed with a dementia related condition and will they travel with a carer /relative? If a carer is not required to travel please provide more information:	<u>Y / N</u>	
Does the patient have a care package? Has access to the property been confirmed and keys made available?	<u>Y / N</u> <u>Y / N</u>	How does this impact on transport arrangements?

Office Hours Fax to ext 58099 Out of office hours [nights and weekends] fax 0208 947 2215

NEONATAL SCBU TRANSPORT BOOKING FORM

PATIENT DETAILS

FAMILY NAME:	PATIENTS TEL. NO.:
FIRST NAME:	HOSPITAL NO.:
MR MRS MISS ADULT CHILD (<i>PLEASE CIRCLE</i>)	D.O.B.:

COMPLETED BY:

NAME OF AUTHORISED R.G.N. COMPLETING FORM:
WARD:
EXT. NO:
SIGNATURE:

<u>COLLECT FROM ADDRESS:</u>	<u>CONVEY TO ADDRESS:</u>
Post Code/Ward/Clinic:	Post Code/Ward/Clinic:

<u>JOURNEY TYPE (PLEASE TICK)</u>	<u>MEDICAL REASON FOR BOOKING AND NOTES AND SPECIFIC MEDICAL REQUIREMENTS (Eg, IV, O₂ etc:</u>
RETRIVAL (Admission)	
DISCHARGE	
TREATMENT/OPD (Two way journey)	

<u>APPOINTMENT DATES AND TIMES</u>							
DAY	Mon	Tues	Wed	Thur	Fri	Sat	Sun
DATE							
TIME							
	O ₂	IVI	Syringe Drivers	Infusion Pumps			

MOBILITY TYPES (PLEASE TICK)

NEONATAL INCUBATOR	Neonatal transfer incubator.	
CAR SEAT	Baby is able to travel in a car seat. The age and weight of the child must be specified.	
PREGNANT PATIENT	Mother requiring transport to new treating hospital.	

ESCORT: NB: Please specify the number of each type of escort, to a maximum of three IN TOTAL.	Doctor		Nurse		Parent	
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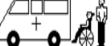



Appendix 6

CHELWEST HOSPITAL TRANSPORT REQUEST (Mental Health)
Telephone Number: 020 8542 0111 (24 hours per day)

PATIENT NAME _____	HOSPITAL NUMBER _____
D.O.B _____	COLLECTION POINT _____
DATE REQUIRED _____	DESTINATION _____
TIME REQUIRED _____	POSTCODE _____

ESCORT TYPE REQUIRED	YES	NO
NURSE ESCORT		
CARER ESCORT		
RMN ESCORT		

JOURNEY TYPE	
DISCHARGE TO HOME ADDRESS	
TRANSFER TO CARE FACILITY	
OTHER	

CODE	TICK	CODE	TICK
Taxi Car  Patient is fully mobile - taxi required NON Amb Person		32/S  Patient needs to lie down or sit with legs straight on a stretcher with assistance of driver and attendant.	
15  Patient needs to travel in ambulance with ramp/tail lift with the assistance of driver and Ambulance wheelchair. (1 Amb Person)		Bari  Bariatric Patient and Mobility Assessment required. Weight	
41/E  Patient needs to travel in an ambulance with ramp / tail lift, with the assistance of driver only, travelling in own wheelchair. (1 Amb Person)		62  Patient requires exclusive use of ambulance.e.g. terminally ill, infectious, immunity compromised, MHP. Further info will be required.	
12C  Patient requires LIFTING/CARRYING up/down steps at destination. Weight of patient required. For Bariatric see below.		CMH01  Priority Psychiatric Transfer Patient requires exclusive use of ambulance.- WITHIN 60 MINUTES	

DOES THE PATIENT HAVE ANY OTHER REQUIREMENTS? (PLEASE USE FURTHER INFORMATION BELOW)

OXYGEN LITRES ??	
I.V DRIP [REQUIRES NURSE ESC]	
BARIATRIC (OVER 18 STONE)	
AMB WHEELCHAIR REQUIRED	

DNAR - LETTER	
INFECTIOUS ?	
HOUSE KEYS	
CHILD CAR SEAT	

OWN ZIMMER	
OWN ELECTRIC W/CHAIR	
FULL LENGTH PLASTER	

TRANSPORT REQUESTED BY _____

EXTENSION NUMBER _____

SIGNED _____

Please PHOTOCOPY this form for the patient's notes & give ORIGINAL to transport on arrival



Healthcare and Transport Services



Help with Hospital Travel Costs

Information for patients attending Chelsea and Westminster Hospital NHS for appointments or to receive NHS treatment

Can I claim a refund of my hospital travel costs?

If you are traveling to hospital for NHS treatment under the care of a consultant you may be able to claim a refund. You can make a claim if any of the following conditions apply:

*You or your partner receive

- [Income Support / Income related Employment & Support Allowance](#) or
- income-based [Jobseeker's allowance](#) or
- the [Guarantee Credit of Pension Credit](#) or
- [Working Tax Credit or Child Tax Credit](#) (in certain cases)

You receive a [War Disablement Pension](#) and are being treated for your war disability.

Please note, Incapacity Benefit or Disability Living Allowance do not count as they are not income-related benefits.

If I don't receive any of these qualifying benefits* what help is available?

If your income is low enough you may apply for help under the [Low Income Scheme](#). This is a means-tested scheme where you receive help with healthcare costs if your income and savings are low enough. The qualifying amounts are reviewed each year and the scheme covers more than just travel costs, e.g. sight test costs. See page two for further details.

If you are taking part in certain types of clinical research trials you may get help with your travel costs, even if you don't receive one of these benefits. Ask your doctor or research nurse for further details.

What types of travel costs can I claim?

You can claim your bus and train fares, or your petrol costs, parking costs and congestion charges if you drove to your appointment.

Reimbursement of taxi costs will only be made where it was medically necessary for you to travel by taxi. You may be referred to use the Patient Transport Service which provides transport for patients needing hospital transport. The Transport Desk is located on the right of the main reception desk. You can telephone the Transport Desk on 020 8746 8098.

How do I make a claim?

Collect a claim form from the service/team/ward, Patient Affairs Office or Cashiers office.

Your clinician or another member of staff will need to sign and date the claim form to confirm you attended the appointment/ward.

Take the claim form, and the documents listed below to the Cashier at the Trust:

- Claim form
- Proof of your travel costs - e.g. your receipts, or tickets or Oyster card
- Proof of your entitlement to one of the qualifying benefits* - e.g. all pages of your award letter, or your valid NHS Tax Credits Exemption Certificate or your valid HC2 certificate.

You will usually be able to collect your payment on the day you visit.

Please note, petrol costs are calculated on a “pence per mile” rate, based on the distance between the hospital and your home address.

Can I claim a refund for someone travelling with me?

If you need someone to travel with you to hospital for [medical reasons](#), you may be able to get their travel costs paid as well and their travel costs will be added to your claim.

- Collect an Escort Slip from the service/team/ward reception [before](#) your consultation or treatment appointment.
- Ask your consultant to assess your situation during your consultation.

If they agree that you need someone to travel with you they will sign the relevant section on the Escort Slip.

Take the following documents to the Cashiers, as before

- Escort Slip
- Proof of [both](#) your travel costs
- Proof of [your](#) entitlement to one of the qualifying benefits*

You may be referred to use the Patient Transport Service which provides transport for patients needing hospital transport. The Transport Desk is located on the right of the main reception desk. You can telephone the Transport Desk on 020 8746 8098.

What if I don't have proof of my entitlement to one of the qualifying benefits with me?

Obtain a HC5(T) refund form from the service/clinic/ward or a Patient Affairs Office. Send the completed form to the NHS Business Services Authority who will verify your eligibility under the scheme.

If approved, the Trust will refund the traveling costs to you either by sending you a cheque or by cash when you next attend the hospital.

You have up to 3 months from the date you traveled to make a claim.

What if no one is available to process the refund?

You will have to complete a HC5(T) refund form. Please see information above.

How do I apply for help through the [Low Income Scheme](#)?

Complete application form HC1 and send it off in the envelope that comes with it. The NHS Business Services Authority will use the information on your form to work out how much help you might get towards your costs.

If you qualify for help, you will be sent a certificate (HC2 certificate for full help or an HC3 for partial help). You use this certificate when applying to reclaim travel or other health costs.

Form HC1 is available from a Patient Affairs Office, persons responsible for the reimbursement of travel costs at Trust sites, from your GP, or by calling the advice line number below.

Please contact the NHS Business Services Authority for full details of the scheme. They can tell you about the current rates for the level of income and/or savings which determines whether you qualify.

Can I apply for the **Low Income Scheme if I have already paid my travel fares?**

Yes, you have up to 3 months from the date you traveled to make a claim. Complete the refund claim form HC5, available from the NHS Business Services Authority on the number below.

Where can I get further information about these schemes?

Call the NHS Business Services Authority's **Help with Health Costs** advice line on **0845 850 1166**. They produce an information booklet (HC11) **Help with Health Costs**, which you may find useful. It's also available to download from www.nhs.uk

Information is also available at www.nhsbsa.nhs.uk

DRAFT