

Patient Fare Reimbursement Procedure

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Lead Director:	Deputy Chief Executive
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Patient Fare Reimbursement Procedure

1 Introduction

This procedure sets out how staff administer reimbursements on patient fares.

2 Purpose

The purpose of this document is to comply with statutory regulations.

3 Scope

There are two types of entitlement:

3.1 Automatic – if you are a patient receiving one of the following benefits:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Pension Credit Guarantee Credit
- NHS tax credit exemption certificate
- Certificate HC2 or HC3

3.2 Low Income -

Patients should apply to the Health Benefits Unit on FORM HC1; forms are available from the Ground Floor General Office or Main Reception. Patients cannot claim a fares refund until they have been issued with the certificate by the Departmental Receptionist. However, they can recover the cost of travel for up to three months prior to receipt of their certificate.

4 Definitions

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5 Duties and responsibilities

5.1 Finance Department

The Finance Department, upon request, provide the cashier in the General Office with a cheque to cover any travel cost refund requests.

5.2 General Office Manager

The General Office Manager is responsible for ensuring that any staff administering fares to patients are fully aware of, and follow, the procedure to assess eligibility.

5.3 Clinic Reception Staff

Clinic Reception Staff are responsible for issuing travel cost refund forms and completing part one of the form.

5.4 General Office Staff

General Office staff are responsible for checking the travel cost refund form and signing and dating the form to acknowledge this. General Office staff will then refund the cost of the journey to and from the Trust. A record will be maintained on the petty cash transaction sheet by the cashier in the General Office, showing the date and the amount and that it was for patient travel.

The cashier in the General Office is also responsible for changing the cheque provided by the Finance Department into petty cash at a local bank.

6 Procedure

6.1 Travel cost refund forms are issued by clinic reception staff; staff will complete part one, patients complete part two; and the cashier in the General Office will complete part three only after each appointment has been attended.

Part one of the form is filled in by the receptionist or clinical secretary detailing:

- which appointment it is
- appointment date and time

- patient's name
- authorised escort's name
- which department is involved
- receptionist's signature

Part two of the form is filled in by the patient detailing:

- journey details
- mode of transport
- cost of return journey
- patient's declaration of benefits
- patient's signature

Part three of the form is completed by General Office staff. They will check the travel cost refund form and, if it is completed correctly and you have a valid receipt for your travel, they will sign and date the form to acknowledge this. You will then be refunded the cost of your journey to and from the Trust. A record will be maintained by the petty cash holder on the petty cash transaction sheet, showing the date and the amount and that it was for patient travel.

6.2 Patients are to be advised:

- On your first visit, and every three months thereafter, you will be asked to show proof of your entitlement to fare reimbursement.
- We can only refund the cost of travel by public transport, unless there is a clinical reason why you cannot travel by public transport, in which case you may apply to travel by taxi. You will need to get authorisation from the patient's GP, and will only be paid at 17p per mile from home to the Trust **before** you travel. The same rule applies if you require an escort for clinical reasons.
- If you travel to the Trust by car you will be paid at a rate of 17p per mile. However any fee for cars parked at metered bays will not be refunded.
- Further information is available from the General office or main reception staff and the leaflet *Help With Health Costs* (HC11) is available on the ground floor in the patient waiting area.

7 Training Requirements

Any training will be provided on the job and at induction.

8 Process for monitoring compliance with this Procedure

The procedure will be subject to periodic audit by the internal auditors.

9 References

The DH Healthcare Travel Costs Scheme

10 Associated documents¹

The HELP WITH HEALTH COSTS (HC11) form details the necessary documentation a patient would need to produce.

¹ For the current version of Trust procedures, please refer to the Trust website.

Appendix A : Equality Impact Assessment

Completed by	Jonathan McKee
Position	Governance Manager
Date	12.5.16

The following questions determine whether analysis is needed	Yes	No
Does the policy affect service users, employees or the wider community? The relevance of a policy to equality depends not just on the number of those affected but on the significance of the effect on them.	X	
Is it likely to affect people with particular protected characteristics differently?	X	
Is it a major policy, significantly affecting how Trust services are delivered?		X
Will the policy have a significant effect on how partner organisations operate in terms of equality?		X
Does the policy relate to functions that have been identified through engagement as being important to people with particular protected characteristics?		X
Does the policy relate to an area with known inequalities?		X
Does the policy relate to any equality objectives that have been set by the Trust?		X
Other?		X

If the answer to *all* of these questions was no, then the assessment is complete.

If the answer to *any* of the questions was yes, then undertake the following analysis:

	Yes	No	Comment
Do policy outcomes and service take-up differ between people with different protected characteristics?		X	
What are the key findings			Na

of any engagement you have undertaken?			
If there is a greater effect on one group, is that consistent with the policy aims?		X	
If the policy has negative effects on people sharing particular characteristics, what steps can be taken to mitigate these effects?			Na
Will the policy deliver practical benefits for certain groups?	X		Disabled people are more likely to benefit
Does the policy miss opportunities to advance equality of opportunity and foster good relations?		X	
Do other policies need to change to enable this policy to be effective?		X	
Additional comments			

If one or more answers are yes, then the policy may unlawful under the Equality Act 2010 –seek advice from Human Resources (for staff related policies) or the Trust’s Equalities Lead (for all other policies).