

## Response to the Policy for Non-Emergency NHS funded Patient Transport, June 2017

**Date:** 18-08-2017  
**Title:** Report to NHS Kernow  
**Report of:** Healthwatch Isles of Scilly

---

We wish to respond to the recently published Policy for Non-Emergency NHS Funded Patient Transport, with regard to the impact of elements of the policy on Isles of Scilly patients.

1. The public consultation asked three questions about Isles of Scilly patient travel:
  - a) *When a patient is travelling to the mainland from the Isles of Scilly for more than one day should the NHS fund the cost of flights when cheaper boat transport is available?*
  - b) *Should patients only receive NHS funded flights from the Isles of Scilly to Lands' End?*
  - c) *Should patients travelling to the mainland from the Isles of Scilly receive NHS funding for taking the shuttle bus service provided by Skybus for patients travelling from Lands' End to Penzance?*

We are pleased at the outcome regarding the first proposal (a), in that patients will not be required to travel by boat unless this is their choice. We do not challenge the outcome regarding proposals (b) and (c).

2. However, regarding point (b): for some appointments in Truro, day return travel may only be possible via Newquay airport, due to the time and duration of the appointment. Flight times and car transport between Newquay and Truro give a slightly longer day in summer. Where day return travel via Newquay is by patient choice, we hope there may be a way to allow patients to pay the difference in cost, and will seek further discussion with all parties.
3. We do wish to challenge some elements in the policy, which were not included in public or stakeholder consultation as far as we are aware.
  - a) Section 7 a) Eligibility.

Point 1 states that: *'At the time of their appointment the patient must be usually resident (not temporary resident) on the Isles of Scilly'.*

This is expanded in RCHT's patient information FAQs:

*'In accordance with the Healthcare Travel Cost Scheme, you would need to be usually resident on the Isles of Scilly in order to qualify for funded travel for healthcare appointments. In order to establish this, the Patient Transport Office will look at two factors: firstly, do you have a permanent address on the Isles of Scilly; and, are you registered with the St Mary's GP practice?'*

*If the answer to the first question is no then you would not be eligible for funded transport. If you are registered with a GP elsewhere then you would need to be able to demonstrate that you are usually resident in order to qualify for funded transport.'*

The wording above addresses a situation affecting post-16 students receiving further education on the mainland. They are encouraged to register with a local GP Practice, but may need to access secondary care during the holidays. This is now covered by making registration at the St Marys Health Centre secondary to being usually resident on the islands.

However, we are concerned about the implication for seasonal staff. Previous guidance issued by NHS Kernow (PT04/IS/0615) states that eligibility is subject to registration with a GP at St Marys Health Centre, and staff are encouraged to register in order to access both primary and secondary health care. Staff are generally employed for longer than three months which is the time limit for temporary GP registration.

We request clarification of the qualification for eligibility of seasonal staff, in terms of being usually resident for longer than three months.

b) Section 7 b) Exclusions, bullet point 1.

Point 1 excludes *'Patients who attend an establishment to receive primary medical or primary dental services.'*

This is expanded in RCHT's patient information FAQs:

*'Secondary care is care provided as a result of a referral from your GP. It does not include any treatment through an Emergency Department, Urgent or Primary Care Centres or Minor Injuries Unit. This also applies to patients travelling for an X-ray for an undiagnosed fracture or attending for Primary Care Dental Services.'*

Feedback to Healthwatch indicates that referral pathways are not always straightforward and patients have found themselves in a predicament regarding funded travel for treatment and procedures which take place in the primary care setting, but which arise out of a referral to secondary care. Examples are: referral out of secondary care into a primary care setting for children's orthodontist treatment; and procedures which are normally conducted in a primary care setting but can't be offered on St Marys (e.g. vasectomy).

In the case of adult orthodontic and endodontic treatment, we are concerned about reports concerning availability of treatment on-island and pathways for referrals into secondary care, and are taking this up with NHS England.

In the case of treatment through an Emergency Department or Urgent Treatment Centre, including travelling for an urgent X-ray, we have discussed this at the IOS Medical Travel and Transport Group. The current default may be to arrange an emergency med-evacuation which is much more costly to the NHS and is not best use of emergency services. Our view is that where diagnosis and appropriate treatment cannot be undertaken on-island, it is inequitable that patients must self-fund to access these services on the mainland.

We request that either:

- Comprehensive facilities for diagnosis and treatment are made available on-island; or
- Referrals for diagnosis and treatment are actioned through the secondary care appointment system; or
- This element of the policy is re-examined with regard to limitations in on-island services and facilities, and the high cost of travel.

c) Section 7 b) Exclusions, bullet point 3.

Point 3 excludes patients who self-refer.

We request that consideration is given to NHS commissioned services (e.g. talking therapies) where patients are currently encouraged to self-refer (see Choose Well).

d) Section 7 c) and d) Escort criteria.

Feedback to Healthwatch indicates that a number of people self-fund their escorts' travel, due to a need for assistance which does not fall within national criteria. There is concern that patients may be disadvantaged due to this cost, or are minded to refuse treatment due the requirement to travel without assistance.

A need for assistance can relate to co-existing health conditions, frailty or disability; the different stages of the journey, with at least one stage always involving public transport; and the length of time spent away from home. We continue to request that these factors are taken into account when considering requests for an NHS funded escort.

e) Section 7 e) NHS Kernow local criteria.

- Attending a 20 week pregnancy scan; or,
- Attending a two week wait appointment, where an initial diagnosis will be discussed.

This is now subject to strict eligibility criteria, i.e. receipt of qualifying benefits or allowances.

We refer to a paragraph in section 6 h) Reimbursement of escort costs for Healthcare Travel Costs Scheme:

*'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 and assessed in the same way as all other Healthcare Travel Costs Scheme claims.'*

The Healthcare Travel Costs Scheme addresses the financial need of Isles of Scilly residents alongside means tested financial need for all patients. If an Isles of Scilly patient is eligible under the Healthcare Travel Costs Scheme for NHS funded travel to their 20 week antenatal scan or two week wait appointment then we believe that an escort should also be eligible, under local criteria. This would uphold NHS guidance and standards regarding having someone with you in cases where there may be bad news.

We request that this element of the policy is re-examined, on the grounds that making authorisation of an escort dependent on further means testing is inequitable.

We also wish to draw attention to specific escort scenarios for Isles of Scilly residents in earlier guidance which are not covered in this policy:

- Attendance at an emergency non-scheduled pre-natal scan;
- Expectant mothers travelling to give birth;
- Patients attending for Ophthalmology procedures where sight may be temporarily impaired e.g. cataract removal, procedures requiring drops etc.

We request clarification on arrangements for patients in these scenarios, as well as other medical need, e.g. needing someone to collect you from hospital and/or have supervision for 24 hours after discharge from hospital.

f) Section 8 Frequent travellers

Frequent travellers are defined as those patients who are required to attend hospital:

- At least three times a week for a sustained course of treatment lasting a minimum of six weeks; or,
- At least six times a month for a sustained course of treatment lasting a minimum of three months.

We understand that patients requiring frequent appointments during a course of treatment usually arrange to stay on the mainland for the duration although this may not always be possible. We request clarification that patients will be eligible for NHS funded travel, in accordance with provision for islanders under the Health Care Travel Costs Scheme, when travelling to undertake a course of treatment as outlined above.

4. We will publish our response to the policy on our website and will also publish a summary of the questions we have asked. Please include in your response replies to the questions below, which we may publish.

## Summary:

### 1) Definition of 'usually resident'

We request clarification of the qualification for eligibility of seasonal staff, in terms of being usually resident for longer than three months.

### 2) Exclusion of '*Treatment through an Emergency Department, Urgent or Primary Care Centres or Minor Injuries Unit....travelling for an X-ray for an undiagnosed fracture or attending for Primary Care Dental Services.*'

We request that either:

- Comprehensive facilities for diagnosis and treatment are made available on-island; or
- Referrals for diagnosis and treatment are actioned through the secondary care appointment system; or
- This element of the policy is re-examined with regard to limitations in on-island services and facilities, and the high cost of travel.

### 3) Exclusion of 'Self-referral'

We request that consideration is given to NHS commissioned services (i.e. talking therapies) where patients are currently encouraged to self-refer (Choose Well).

### 4) Escort criteria

A need for assistance can relate to co-existing health conditions, frailty or disability; the different stages of the journey, with at least one stage always involving public transport; and the length of time spent away from home. We continue to request that these factors are taken into account when considering applications for an NHS funded escort.

### 5) Escorts: NHS Kernow local criteria

- *Attending a 20 week pregnancy scan; or*
- *Attending a two week wait appointment, where an initial diagnosis will be discussed.*

This is now subject to strict eligibility criteria, i.e. receipt of qualifying benefits or allowances.

We request that this element of the policy is re-examined, on the grounds that making authorisation of an escort dependent on further means testing is inequitable.

### 6) Previous IOS specific escort scenarios

- *Attendance at an emergency non-scheduled pre-natal scan;*
- *Expectant mothers travelling to give birth;*
- *Patients attending for Ophthalmology procedures where sight may be temporarily impaired e.g. cataract removal, procedures requiring drops etc.*

We request clarification on arrangements for patients in these scenarios, as well as other medical need, e.g. needing someone to collect you from hospital and/or have supervision for 24 hours after discharge from hospital.

### 7) Frequent travellers

*Frequent travellers are defined as those patients who are required to attend hospital:*

- *At least three times a week for a sustained course of treatment lasting a minimum of six weeks; or,*
- *At least six times a month for a sustained course of treatment lasting a minimum of three months.*

We request clarification that patients will be eligible for NHS funded travel, in accordance with provision for islanders under the Health Care Travel Costs Scheme, when travelling to undertake a course of treatment, as defined above.