

Health and Community Services

Patient Travel and Related Costs Policy

Revised October 2020

DOCUMENT PROFILE

Document Registration	[HSS-PP-CG-0191-08]
Document Type	Policy
Title	Public Patient Travel
Author	Assistant Director, Policy and Ministerial Support
Publication Date	Revised October 2020
Target Audience	All HCS service users
Circulation List	All HCS staff, HCS Intranet, Government of Jersey website
Description	Policy covering provision of HCS-funded travel for public patients referred to the UK or Guernsey for public-funded treatment.
Linked Policies	Residents and Non-Residents Charging Policy Reciprocal Health Agreements
Approval Forum	Agreed by Group Managing Director HCS
Review Date	3 years from approval
Contact Details	Travel Office Manager

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1. INTRODUCTION

1.1 Rationale

Wherever possible, Health and Community Services (HCS) provides health services required by public patients on-Island. However, in some instances, treatment cannot be provided here and patients are referred to hospitals and facilities in the UK*.

(*For the purposes of this policy, the term 'UK' covers Guernsey and UK mainland as appropriate.)

1.2 Scope

This policy covers the arrangements for public patients in relation to such travel and related costs when they are referred off-Island for treatment.

1.3 Principles

HCS has a duty of care to all Jersey residents to ensure taxpayers' funds are used appropriately for the benefit of those residents eligible for free health care.

2. POLICY PURPOSE

This policy sets out the arrangements for covering the cost of public patient travel to the UK. This document also details arrangements on related matters such as accommodation, patient escorts, and ongoing clinical support upon discharge.

3. PROCEDURES

3.1 Referrals

Referrals off-island for treatment are made by medical consultants who are working within the Jersey General Hospital and the Mental Health Teams. The consultant's secretary will enter the referral onto the Overseas Treatment and Travel Admin (OTTA) database, which is managed by the Overseas Treatments Office. This Office then confirms the patient's eligibility for free treatment and considers the referral for approval. Patients are then sent a letter from the Overseas Treatments Office advising them to contact the HCS Travel Office once they have received their appointment letter from the UK hospital. Please see Appendix 1 for HCS Travel Office contact details.

Where the patient is being referred for foetal medical scans, for a PET CT, or for diagnostic scans, the short notice of the referral means that the patient should directly contact the Travel Office, so they can book the travel. There may be other instances where the urgency of the referral means that the Travel Office should be contacted before a letter is received from the UK hospital confirming the appointment.

If a Jersey-eligible patient has an accident or health episode abroad that requires immediate urgent care, consideration may be given to a referral direct to one of our contracted UK hospitals, rather than for them to return to Jersey and then to be transferred to the UK for the specialist treatment. For this to occur, the Jersey consultant responsible for the patient's care must approve this arrangement. The consultant must advise the Overseas Treatments Office of the arrangements, which can then liaise with the Travel Office re-any necessary travel arrangements as set out in this policy.

3.1.1 Public-funded treatment

Public patients are Jersey patients who are eligible in accordance with the terms of the Residents and Non-Residents Charging Policy for free hospital care in Jersey and who are referred by a Jersey consultant (working in a publicly-funded capacity) for an appointment/treatment in the UK.

3.1.2 Non-eligible Patients

Patients seeking treatment in the UK on their own account i.e. privately and without referral from a consultant operating in a public capacity, are not entitled to any HCS funding for professional services and the related costs ie assessment, procedures, investigations and/or treatment, or any form of travel, accommodation, or meals.

Similarly, patients referred directly off-Island by their GP are not eligible for assistance through this policy. This extends to any emergency treatment that may follow on from such assessment, intervention or treatment.

In electing to be treated privately, patients become wholly responsible for their total costs of appointments, treatment and any associated costs including any meals, air/sea travel, onward travel and accommodation. In this circumstance, travel cannot be booked through the HCS Travel Office and receipts for travel expenses will not be reimbursed by HCS.

Publicly-funded travel and related costs cannot be met for Jersey residents who fall ill off-Island necessitating admission to hospitals in the UK or elsewhere and then require repatriation. Islanders should consider taking out travel insurance to cover such eventualities.

3.2 Funded travel arrangements

Once the patient has an appointment letter, they must then contact the Travel Office so staff can book their travel.

For travel to qualify for public funding it must be booked through the HCS Travel Office. This is to ensure that HCS obtains best value for money for taxpayers by booking the most economical rate, while maintaining a record of all travel undertaken and funded.

Patients who decide to make their own travel arrangements will **not** have their travel costs reimbursed. This applies in all cases, including when a medical appointment is cancelled.

3.3 Air travel

In most cases, travel to the UK will be by air and by the most direct, suitable and accessible route possible. Patients cannot choose their preferred carrier or airport as there are generally clinical reasons and financial considerations as to why a specific carrier or airport is selected.

Once booked, any further requests by the named passenger for flight changes that are not for clinical reasons and are unrelated to the appointment will need to be paid by the named passenger before any change to any booking is made – payable either direct to the carrier or to the Travel Office, depending on who does the change.

With the exception of day return trips and certain appointments such as Radiotherapy, **return flights are not booked in advance.** The return flight will be arranged by the Travel Office when it is notified by the UK hospital of the date of discharge and that the patient is assessed as being 'fit to fly'.

On completion of any episode of care provided to a patient from Jersey on the mainland, if that patient decides to extend their stay in the UK for personal reasons (e.g. onward holidays, visiting relatives) then they must advise the Travel Office of this at the point of discharge.

If the patient chooses to extend their stay, the Travel Office will book the return flight when contacted by the patient, but the patient will be expected to pay any difference if the fare is higher than it would have been if they had returned immediately when 'fit to fly'.

3.3.1 Luggage

Patients are advised to take only a soft bag as hand luggage (subject to the airline's size limits) as the flight carrier may impose additional charges for a wheeled carry-on bag should it not comply with the airline's policy on dimensions and weight of any luggage. The Travel Office will not pay the costs associated with any non-compliant hand baggage. Any payment required by the airline is a direct transaction between the patient and the airline.

Checked-in hold luggage will be paid for if the required stay in the UK is for more than three consecutive nights, or if the patient has specific requirements e.g. medical supplies. Any excess baggage costs pertaining to any agreed hold luggage will not be paid by the Travel Office and remain the responsibility of the named passenger.

3.4 Sea travel

Where travel by sea for a patient is necessary for clinical reasons set out by the consultant, the cost of travel as a foot passenger will be borne by HCS. If the patient wishes to take a car, they will have to pay for any additional cost over and above that which would have been incurred had they flown. HCS will not pay for fuel or parking costs while in the UK.

3.5 Travel once in the UK

Travel whilst in the UK, including from an airport or sea port to a UK hospital, should be by services contracted by HCS (a shuttle bus, for example). The Travel Office will make such arrangements for the patient. Where this is not available, patients should use public transport and pay for this themselves. This cost will be reimbursed by the Travel Office on production of receipts once back in Jersey.

Where the patient's medical consultant confirms that for medical reasons it is not possible or practical for patients to make use of contracted services or public transport, the Travel Office can consider and, if necessary, pre-book a taxi or hire car as appropriate. The patient needs to agree this with the Travel Office before travel commences.

3.6 Accommodation

Patients attending as a day case or outpatient appointment will normally be expected to travel on a day return basis, so accommodation is not necessary.

Patients receiving inpatient treatment at a UK hospital will normally be accommodated at HCS expense within the hospital. When this is not possible because the patient is treated on an outpatient basis, patients will be expected to accept alternative accommodation offered by the Travel Office.

When day return travel is not practical (e.g. due to scheduling of medical appointments), overnight accommodation may be required. Patients are expected to use accommodation available under existing arrangements between HCS and the hospitals where this is provided (such as Southampton and Cambridge). In some cases, this accommodation will be in, or in the vicinity of, the hospital. If patients choose not to stay in this accommodation, HCS will not reimburse the cost of alternative accommodation.

Where no pre-arranged hospital accommodation is available, the Travel Office can book alternative accommodation. If, in these circumstances, a patient wishes to make their own arrangements then, with **the explicit prior agreement of the Travel Office**, HCS will reimburse accommodation costs – but only up to a maximum total of £75 per night (£100 per night in London only when either of the Premier Inns at Gatwick Airport is not available). This cost will not include breakfast unless it is included as part of an all-inclusive rate. It will be repaid as patient expenses upon production of a valid receipt.

Accommodation used by HCS in Cambridge consists of a two-bedroom flat with a communal area. This accommodation is provided on the basis that the second bedroom may be allocated to another patient.

3.7 Meals

When staying in hospital-based accommodation, food/meals would normally be provided for the patient. Where this is not the case, HCS does not pay for food/meals.

Where an eligible patient is required to stay in the UK for seven or more consecutive nights outside of a hospital environment whilst undergoing a continuation of clinical care

and treatment, HCS will make a contribution of £10 per night towards the general living expenses of the patient (i.e. where patients are expected to buy their own food and it is not provided as part of their accommodation). This is reimbursed via an expenses claim once the patient has returned to Jersey.

HCS does not hold any cash and does not have the capacity to pay expenses in advance.

3.8 Patients with special needs and/or disabilities

Separate arrangements will be made on a case by case basis by the Travel Office where a patient has special needs, particularly in relation to any disabilities that could make travel difficult or challenging. Prior to travel, guidance will be sought from the referring consultant and the patient who should discuss any needs with the Travel Office. Patients who require support in passing through the airport or port should let the Travel Office know in advance of their travel.

3.9 Patient escorts

In certain circumstances, HCS will meet the travel costs (i.e. flight, public transport or, if appropriate, taxi or hire car) of **one** relative or friend escorting a patient. This will apply on the following basis only:

- when there is a clinically assessed need for the patient to be accompanied
- when the patient is under 18 years of age
- when the patient is aged 75 or over.

The escort needs to be fit and able to assist the patient so they themselves can travel without assistance.

The Travel Office will book the escort's flight at the same time as making the booking for the patient. Such assistance is limited to one return flight per episode of care.

HCS does not fund food or accommodation costs for escorts.

Where an escort is neither clinically required nor authorised by the referring consultant, the relative or friend seeking to accompany the patient will be required to book and pay for their own flight. The Travel Office will not make or pay for this booking. The only exception is where outward travel is required within 24 hours of the medical appointment. In these cases, recognising the challenges of making such a booking at a late stage, the Travel Office will make the booking so long as the patient / the person accompanying them can pay at the time.

Patients who do not qualify for an escort, or patients who want to be accompanied by more than one friend or family member, can contact certain charities for financial help. If the charity agrees to fund travel and/or accommodation, the charity needs to send written confirmation to the Travel Office. Upon receiving this, the Travel Office will then book and pay for the travel and accommodation and claim these costs back from the charity. 3

3.9.1 Escorts for children

As stated above, where the patient is a child under the age of 18 at the date of travel, HCS will meet the travel costs of **one** appropriate adult as an escort.

In exceptional circumstances, both parents (or another immediate close relative if deemed appropriate) may need to accompany the child for an episode of care. In such cases, the Travel Office will seek advice from the referring consultant when assessing the request to pay their travel costs. This advice will be sought on each occasion when the funding of travel costs for both parents (or another immediate close relative) is sought.

3.9.2 Clinical requirements

Where a patient (aged 18 or over and under 75) is unable to travel unescorted due to clinical and / or psychiatric conditions (as determined by the referring consultant), HCS will meet the travel costs (as defined in this policy) of one relative or friend as an escort.

When a patient's clinical and/or psychiatric condition requires a medical or nursing escort to be provided by HCS, the cost of providing this medical or nursing escort will be met by HCS. In such cases, HCS will **not** meet the costs of a friend or relative also accompanying the patient.

3.9.3 Ongoing care/follow-up appointments

In cases where patients – as defined in sections 3.9.1 and 3.9.2 – are required to travel to the UK on an ongoing/regular basis for ongoing care and/or follow-up appointments, they can be accompanied by an escort who will have their travel costs paid for by HCS if there is a clinical requirement for assistance and/or support for the patient. This requirement must be confirmed by the referring consultant in advance.

3.10 Extended appointments

In the event of a day return appointment being extended because clinicians at the UK hospital decide that a patient should stay in order to be treated, the Travel Office will book and meet the return flight cost of a friend or relative so that they can take across additional clothing etc. for the patient, which would be required in the event of a longer unplanned stay.

3.11 Patients receiving long-term treatment

Where a patient is required to receive treatment in a UK hospital for more than 28 consecutive days, then either an additional return flight (and associated travel costs) will be covered by HCS for the patient to return to Jersey, or, alternatively, for a friend/relative to visit the patient in the UK every 28 days, subject to a maximum of four visits in any calendar year.

In circumstances where the patient is a child under the age of 18, HCS will consider return flights for an appropriate adult every 14 days, subject to a maximum of eight visits

in any calendar year. This would cover, for example, a mother or father returning home to see their other children who have remained in Jersey.

3.12 Interpreters

For the purposes of fully informed consent, a member of the patient's family or a friend cannot act as interpreter in an NHS hospital on behalf of a patient who does not speak English. Therefore, a recognised interpreter will be required where the patient does not speak English. Arrangements would normally be made at the Hospital to which the patient is travelling. Patients should alert the Travel Office in advance of travel if they have such a need.

3.13 Discharges from UK hospitals

3.13.1 Preparing for discharge

The Overseas Treatments Office based at Jersey General Hospital (JGH) closely monitors a patient's progress on a weekly basis whilst they are being treated off-island in a mainland NHS hospital. The Travel Office is notified of any patient discharged in the period Monday to Friday. Out of hours and at weekends, the On-Call Manager at JGH is notified of planned patient discharges.

Once notified, the Overseas Treatments Office will clarify if the patient has the following:

- Any ongoing nursing needs
- Any reablement needs
- A package of social care and, if so, who is organising this
- Any equipment/clinical consumable needs.

3.13.2. Southampton Hospital

The Jersey Patient Liaison Team based at Southampton Hospital works closely with Jersey patients during their hospitalisation. Where a patient is identified for discharge, the team liaises with the Travel Office/Jersey Emergency Transfer Service (JETS) to coordinate the patient's discharge and travel arrangements. Where special equipment is required, the Jersey Patient Liaison Team will identify and advise on any requirements.

The Southampton Jersey Patient Liaison Team can be contacted on Tel: 023 81204515.

Outside normal working hours, patients should contact the Jersey Out of Hours team, which will help the patient contact the appropriate person – Tel: 01534 442000 and ask for the out of hours on-call supervisor. Alternatively, call 442323 or 442310.

3.13.3 Other contracted UK hospitals

Where there is no dedicated Jersey Patient Liaison Team attached to the hospital, the Overseas Treatment Office will, on a weekly basis, contact the hospital ward where the

patient is being treated to be updated on their progress in respect of their imminent discharge.

Where complex patient requirements on discharge are identified, the UK hospital will contact the Jersey-based consultant who referred the patient off-island to liaise around discharge support for the patient, including any issues in preparation for the patient being received back home and into the community.

The nurse in charge of the ward in the UK will notify the Travel Office or JETS of the patient's definitive date of discharge once this has been clarified by the clinical team. The Travel Office will then make a flight booking for their return to Jersey.

The Travel Office will ascertain from the nurse in charge if the patient has any special requirements that would require additional equipment or supported transportation (e.g. wheelchair, stretcher, ambulance or air ambulance) back to Jersey or require airport-based travel assistance.

After 5pm Monday to Friday and at weekends/bank holidays, patients can speak to the Out of Hours Team in Jersey who will facilitate their return flights and, where required, book appropriate transport from the UK hospital to the UK airport, including assistance at the airport.

3.14 Charter flights

Where, for clinical reasons, a public patient requires clinical emergency transfer to a UK hospital by a charter flight (JETS), this and other associated costs will be met by HCS.

In certain cases, for example, paediatric transfers, one relative may accompany the patient on a charter flight, with the cost borne by HCS. However prior permission must be granted by the referring consultant and agreed by JETS/flight coordinators.

Where HCS has met the costs of a transfer by charter flight, HCS will meet the costs of the return travel for the patient and the escort who travelled with the patient. If return travel to Jersey requires the use of a charter flight for clinical reasons, then the costs will be met by HCS.

3.15 Death of a patient in the UK

If a patient referred for treatment by HCS dies while receiving inpatient or outpatient treatment in the UK, HCS will contribute to the costs of repatriating the patient's body to Jersey.

Payment will only be made on receipt of an itemised account and is to a maximum of £1,500 per case. This is intended to cover additional costs incurred because of the death in the UK, including preparing the body for transfer and the flight itself. HCS will not pay for costs that are incurred ordinarily when someone dies (e.g. certification of death or cremation, supply of a coffin, copies of death certificates). Payment is made by HCS to the funeral director associated with the patient's transfer back from the UK following presentation of an invoice.

3.16 Discretionary nature of financial assistance

Nothing in this policy is intended to create a legally binding obligation on HCS to book travel, pay for travel or other costs, or reimburse expenses incurred. Any financial assistance provided to patients remains entirely discretionary on the part of HCS.

3.17 Interpreting this policy

In the event that a patient disagrees with a decision regarding the interpretation of an aspect of this policy then, in the first instance, they should raise the matter with the HCS Travel Office Manager. If the issue remains unresolved, they can request that it is submitted to the Non-clinical Support Services management team for resolution.

4. LINKED POLICIES

Residents and Non-Residents Charging Policy Reciprocal Health Agreements

5. IMPLEMENTATION PLAN

Action	Responsible Officer	Timeframe
Distributed to the Travel	HCS Travel Office	
Office	Manager/Overseas	
	Treatments Officer	
Uploaded to MyStates	Web Officer, HCS	
(intranet)		
Uploaded to the gov.je	Web Officer, HCS	
website		

6. APPENDICES

Appendix 1

HCS Travel Office contact details

Telephone: 01534 442323/442310

Email: hss.travelservice@health.gov.je

Fax: 01534 442898

Normal working hours for telephone assistance:

- Monday Friday 9am 5pm
- Saturday 9am 1pm

The Travel Office is also open for face-to-face assistance by pre-booked appointment only. Appointments are available:

• Monday to Friday (except Wednesday) 10am - 2pm

Outside normal office hours, emergency assistance is available by ringing the Travel Office with the call redirected to the out-of-hours on-call staff member.