



National Health Service in Scotland  
Management Executive

St. Andrew's House  
Edinburgh EH1 3DG

Dear Colleague

**PATIENTS' TRAVELLING EXPENSES SCHEMES**

Summary

1. This letter seeks the views of Health Boards about proposals which have been put to the Management Executive for the revision of the guidelines for the Patients' Travelling Expenses Scheme and the Highlands and Islands Patients' Travelling Expenses Scheme. It also reminds General Managers and Chief Executives about guidance relating to patients on Income Support, Family Credit or low income who live in the Highlands and Islands.

Background

2. The existing guidance for the 2 Patients' Travelling Expenses Schemes was set out in SHHD/DGM(1988)18 issued on 31 March 1988. In 1991 the Department of Health issued updated guidance on the operation of the Patients' Travelling Expenses Scheme in England and Wales. It was the Management Executive's intention to update the Scottish guidance but in the meantime the Association of Scottish Local Health Councils has on its own initiative produced and submitted to the Management Executive the enclosed report, 'A Fare Deal?'

3. The report makes a number of recommendations but we have made it clear to the Association that we do not consider that it will be possible to implement those recommendations which have significant financial implications. The report does not give any indication of possible costs and it would be a large and difficult task to construct detailed estimates. But we believe that full implementation of all their proposals would require expenditure of several million pounds annually. This money would require to be diverted from direct patient care and we consider that it would be unrealistic to expect such funding to be provided when there are more pressing priorities. As the Patients' Travel is a UK Scheme it will be necessary to consult other Government Departments and any amendments to either scheme will require to have Ministerial approval.

11 June 1992

Addressees

For action:

General Managers,  
Health Boards

Chief Executives and  
Chief Executive  
Designate, NHS Trusts

For Information:  
(without enclosure)

General Manager,  
Common Services Agency

General Manager,  
State Hospital

General Manager,  
Health Education Board  
for Scotland

To be copied to Unit  
General Managers for  
information

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## Action

4. The views of General Managers and Chief Executives are invited on the various recommendations in the Association's report. It would be helpful in particular to have broad estimates if possible of the likely annual costs for your Board or Trust of implementation of each main recommendation and comments on the likely consequences for the running of the Schemes.

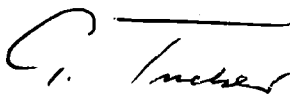
5. The Management Executive consider that there may be some benefit in pursuing those proposals where there are no major additional costs. The views of General Managers and Chief Executives are invited on the points covered in Annex A. It would be helpful to have your comments by the end of June.

6. This letter should be copied to Unit General Managers for information.

## Persons on Family Credit/Income Support

7. It has been drawn to the attention of the Minister that there have been instances recently where patients on family credit or income support claiming under the Highlands and Islands Scheme were asked to make the £6 contribution. He has agreed to have this raised with Boards. We doubt that this practice is widespread and may have occurred when staff have changed. But it is clearly at variance with our guidance that patients in receipt of these benefits are not required to make any contribution. Such patients should of course apply for reimbursement through the Patients' Travel Scheme and not the Highlands and Islands Scheme but if they do so, staff should ensure that no contribution is required. I should be grateful if staff, particularly those new to their duties, are reminded of the guidance on this particular point.

Yours sincerely



**G W TUCKER**  
Directorate of Strategic Management

## **PATIENTS' TRAVEL SCHEME**

### **1. Travel in Private Cars**

The existing guidance requires that Health Boards and Trusts should estimate the actual cost of petrol using the number of miles travelled by private car, the capacity of the engine and the average mileage per gallon based on the advice of motoring organisations. We are aware that this method has disadvantages involving additional administrative effort in making the calculations. This in turn can lead to delays and to queues of patients at hospital waiting for payment as well as disputes with patients over the various calculations. From a survey conducted last year it is evident that some Boards have not adhered to this method but prefer to use a standard mileage rate. The rates being used vary from 5p-8p per mile and this is again a matter of contention with patients. Clearly there should be a uniform method of calculation used by all and if it was the majority view that this should be based on a mileage rate then that rate should be the same throughout the country. It would be helpful therefore to have your views on the method of calculation and on the rate to be set. The aim should be to be fair to patients in reimbursing their travel costs but not to over compensate nor to be extravagant with public funds. It has been suggested that the mileage rate should be set at 10p per mile. This is approximately half of the public transport rate payable to hospital staff and would enable it to be adjusted when the PTR was revised. It would also be seen to relate to the £6 contribution which patients under the Highlands and Islands Scheme have to make. This contribution relates to the qualifying distance of 60 miles return journey to hospital.

### **2. Publicity**

The Association takes the view that the Schemes do not receive enough publicity and that a number of patients are unaware that they may be eligible for assistance. It would be helpful to know what steps your Board or Trust take at present to inform patients about the Schemes and whether you are satisfied with the current arrangements.

### **3. Taking the Doctor to the Patient**

There has been a suggestion that peripatetic consultants and paramedics could be used more widely, particularly in the Highlands and Islands thus avoiding the need for patients to travel. Is this practical?

### **4. Escorts**

A child is automatically entitled to have an escort for a hospital visit, but the present guidance does not define a child. One definition might be anyone under 16 years of age and anyone over 16 who is a full-time school pupil. Would Boards and Trusts be happy with this, or are there any other suggestions?

### **5. Alternatives to Travel by Public Transport or Private Car**

Is there any scope in Health Board or Trust areas for alternative solutions such as minibuses running from hospitals or clinics to stations,

bus stations or ferry terminals, services negotiated with other providers or the development of rural transport schemes? How far can Health Boards and Trusts take transport needs into consideration when assessing needs and drawing up Local Health strategies? It would be helpful to know of any innovative arrangements planned.