



# Reimbursement of travel costs to patients



## Background

While NHS healthcare is free at the point of delivery, getting to the appointment is not – patients are expected to make their own transport arrangements at their own cost.

This briefing sets out the instances where this is not the case and identifies the actions NHS bodies should take to ensure that the appropriate re-imburement is made.

## Introduction

Patients are usually expected to make their own way to hospital appointments at their own cost. There are, however, exceptions to this principle as set out below.

### Emergency ambulance services

Where patients are taken to hospital by ambulance, either as a result of a 999 call, or an emergency admission requested by a doctor, there is no charge to the patient.

### Patient transport services

Some patients are eligible for non-emergency patient transport services (PTS). These services provide free transport to and from hospital for people who have a medical need for it. Services may be provided by NHS ambulance trusts or the private sector, and may not be available in all areas. Detailed eligibility criteria are determined locally by trusts and CCGs, but generally include factors such as mobility and the need for a degree of skilled support during the journey.

## NHS low income scheme (LIS)

Patients whose income and savings are below certain limits may be eligible for full or partial help with travel costs to hospital, subject to various criteria, as well as help with other NHS charges. The scheme is described in detail in this briefing.

## Healthcare travel costs scheme (HTCS)

Patients in receipt of certain benefits are automatically entitled to full reimbursement of their travel costs, subject to various criteria. The scheme is described in detail in this briefing.

## Operation of LIS and HTCS

Both are national mandatory schemes operated by NHS providers and CCGs, and are the main subjects of this briefing. Links to the latest official guidance and statutory instruments are given in the references section.

In addition to the travel costs of eligible patients, both schemes cover:

- the travel costs of children or dependants of people who would be eligible
- the travel costs of escorts where it is medically necessary for the patient to be accompanied
- the costs of travelling to a non-NHS facility for NHS medical or dental treatment or tests.

They effectively operate as one scheme, and for simplicity the structure of the briefing reflects this.

## Content of briefing

This briefing describes the operation of the HTCS and LIS in detail. It applies only to the schemes operated in England, although very similar schemes exist in the devolved nations.

The briefing covers:

- the basis for automatic entitlement to full reimbursement of travel costs under the HTCS, and how to check for eligibility
- how to check the eligibility of patients not automatically entitled to a refund under the HTCS, but entitled to full or partial reimbursement under the LIS
- other routes to entitlement and exclusions
- payment arrangements and the calculation of travel costs
- governance arrangements.

It also considers some travel related costs not covered by the HTCS or LIS. A checklist for cashiers and flowchart are provided in appendices.

## Promotion of the scheme

Organisations should ensure that eligible patients are made aware of their entitlement to reclaim travel expenses. This can be done by:

- displaying posters and leaflets in patient facing areas (leaflets HC11 and HC12 can be downloaded from the NHSBSA website)
- providing information on appointment and admission letters
- including information on their websites.

## Main eligibility criteria

The eligibility of a patient to receive a refund under either the HTCS or LIS scheme depends on *all* the following criteria being met:

- the patient must be in receipt of a qualifying benefit (HTCS) or named on a NHS Low Income Scheme certificate (LIS), and
- the journey undertaken must be to receive non-primary medical or dental NHS services following referral by a healthcare professional, and
- the service must be provided on a separate visit or involve an additional journey to that made for the initial referral.

## Automatic entitlement under HTCS

Under the HTCS patients in receipt of the following benefits are automatically entitled to full reimbursement of their travel costs to hospital for treatment or tests, whether as an in or out patient:

- income support
- income-based job seekers' allowance (JSA)
- income-based employment and support allowance (ESA)
- pension credit guarantee credit
- NHS tax credit exemption certificate
- universal credit if they meet these criteria:
  - had no earnings or net earnings of £435 or less in their last assessment period or
  - receive an element of universal credit for a child and/or had limited capability for work and had no earnings or net earnings of £935 or less in their last assessment period
  - in the case of couples, the net earning thresholds apply to the combined net earnings.

Patients who do not have an NHS tax credit exemption certificate but are named on an award notice for working tax credit (WTC) or child tax credit (CTC) are entitled to a full refund if:

- their income is no higher than the published threshold (£15,276<sup>1</sup>) and
- they qualify for CTC or
- they qualify for WTC with a disability element or
- they qualify for both CTC and WTC.

The following benefits do *not* give automatic entitlement to reimbursement:

- the savings credit element of pension credit
- contribution-based job seekers' allowance
- contribution-based employment and support allowance
- incapacity benefit
- disability living allowance
- attendance allowance
- personal independence payment.

But recipients of these benefits may be eligible under the LIS as described below.

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<sup>1</sup><https://www.gov.uk/hmrc-internal-manuals/tax-credits-manual/tcm0202080>

## Full or partial entitlement under LIS

The assessment of low income entitlement to reimbursement of travel costs is carried out by the NHS Business Services Authority (NHSBSA)<sup>2</sup>. Patients enquiring about help on low income grounds should be encouraged to read leaflet HC11 *Help with health costs* and HC12 *Quick guide*, to seek assessment using form HC1, and a refund using form HC5(T). Hospitals should have supplies available to give to patients when required<sup>3</sup>. The leaflets and forms can be downloaded from NHSBSA's website.

### Notice of entitlement under LIS

Those assessed by the NHSBSA as eligible for support will receive a notice of entitlement - either certificate HC2 or certificate HC3.

Certificate HC2 will indicate that a full refund should be given. It will give the dates on which entitlement starts and finishes and name the person/people it covers.

Certificate HC3 is given to patients who are expected to contribute to their travel costs and who are eligible for a partial refund. It will show the amount of NHS travel expenses that the patient is expected to meet each week; it is the costs incurred over and above this amount which may be refunded. It will also give the dates on which entitlement starts and finishes and name the person/people it covers.

## Entitlement as a dependant

Patients who are dependants under 20 years of age or partners (including civil partners) of someone who is entitled to reimbursement under the HTCS or LIS are also entitled to have their travel costs reimbursed where the journey meets the main eligibility criteria described above.

## Other routes to entitlement

Although a patient may not be automatically entitled to a refund of their travel costs under the main criteria of the schemes described above, they may be entitled to full or partial reimbursement of their travel costs if they:

- live permanently in a care home and a local authority helps with the cost
- are aged 16 or 17, recently left local authority care, and are being supported by a local authority
- are seeking asylum and supported financially by the Home Office.

The following categories of NHS patients are also included in the arrangements:

- **patients attending for NHS treatment at non-NHS establishments** - help is available on the same basis as if the patient had attended an NHS establishment. The organisation may be required to operate the schemes as part of their contract to provide healthcare. If this is not the case, either the referring trust should make arrangements to pay such patients, or the responsible CCG should pay the patients directly via the submission of HC5(T) forms.
- **Isles of Scilly residents** - in addition to those entitled to full or partial reimbursement under the schemes, all other patients who travel to the mainland from the Isles of Scilly for treatment are entitled to have their travel costs refunded beyond the first £5.
- **patients referred for treatment abroad by the NHS** - the patient may claim through the schemes for their travel costs to reach the port in Great Britain from which the international journey begins. Costs incurred for the remainder of the journey are not covered by the

<sup>2</sup>[www.nhsbsa.nhs.uk/nhs-low-income-schemeNHS](http://www.nhsbsa.nhs.uk/nhs-low-income-schemeNHS)

<sup>3</sup> These may be ordered from 0845 610 1112 or <http://www.nhsforms.co.uk/>.

schemes and can only be reclaimed when agreed in advance with the health service body that made the arrangements for the overseas treatment.

## Checking eligibility

NHS organisations are responsible for checking a patient's eligibility for financial assistance before reimbursing any claims. As the benefit system currently operates, the following may be taken as proof of a patient's eligibility for assistance under the schemes:

- **patients on income support, income-based job-seekers' allowance, income-based employment and support allowance or universal credit** should be able to produce an entitlement letter from their Jobcentre Plus office
- **patients who receive pension credit guarantee credit** should provide the award notice from the Pension Centre as proof of entitlement
- **patients who get working tax credit or child tax credit** should have a tax credit exemption certificate or award letter showing that they are entitled to help with health costs. Where the claimant is the dependant of a person receiving the credit, the award letter will list the children included in the award and this can be taken as proof of entitlement
- **patients on low income** should have their HC2 or HC3 certificate available
- **persons living permanently in a care home with local authority funding** should have an official letter from that authority confirming their status at the date of travel
- **asylum seekers supported by the Home Office** should be able to produce a valid HC2 certificate or an official letter from the Home Office confirming their status at the date of travel
- **children of 16 or 17 being supported by a local authority** should have an official letter from that authority confirming their status at the date of travel.

## Dependants

Patients who are partners or dependants aged under 20 in a family who get income support, employment and support allowance, job seekers' allowance, universal credit, WTC or CTC should be able to present the evidence of entitlement outlined above, such as the tax credit award letter which will list the children included within the award.

## Escorts

Where an eligible patient under 16 is escorted to an appointment by a parent or guardian, the latter's travel costs may be paid. Other eligible patients are entitled to claim for the travelling expenses of their escorts where this is considered medically necessary by their GP, referring consultant or other health care professional.

Payments for the travelling expenses of escorts should be considered based on the patient's entitlement and not on that of the escort.

Where an eligible patient is the parent or guardian of a child under the age of 16 and has to bring the child to the appointment, some CCGs may accept claims for the cost of the child's travel.

## Exclusions

There are a number of patient types and situations where the HTCS and LIS do not apply:

- patients attending an establishment to receive primary medical or dental services
- patients who attend a non-primary care establishment but have not been referred by a doctor or a dentist - for example, through a self-referral or attending an A&E department after an accident
- people for whom PTS transport is arranged, as trusts are responsible for providing this where it is medically justified under locally agreed criteria
- patients transferred between treatment centres as this is deemed to be part of their treatment
- people who discharge themselves from hospital
- visitors, although those in receipt of qualifying benefits may be able to obtain some help in the form of a Community Care Grant - they should be advised to enquire at their Jobcentre Plus office
- private patients.

## Payment arrangements

It is the paying organisation's responsibility to check for eligibility, guard against fraudulent claims, and make appropriate refunds to eligible patients on the day of travel whenever possible.

Ideally, eligible patients should be able to obtain travel cost refunds at any time of the day or night. This includes those discharged from hospital or sent home from an accident and emergency unit during out-of-office hours. Trusts should have arrangements for dealing with claims at times when the cashier's office is closed, even if only to ensure that stocks of HC5(T) claim forms are available for retrospective claims to be made. All front line staff should be made aware of the local arrangements.

It is best practice to require all claimants to complete a claim form HC5(T). This would be retained by the trust for claims paid on the day. Organisations are discouraged from developing their own claim forms in national guidance.

Having verified the patient's entitlement to support, organisations should ask for evidence of the attendance or planned attendance for treatment and proof of the travel undertaken. They will then be in a position to make payments under the scheme. Patients who can provide all the evidence described should be refunded the appropriate cost of travel immediately in cash.

A checklist for cashiers is provided in appendix 2 and a flowchart in appendix 3.

There should be robust systems in place to record:

- the patient's name, address and signature
- the evidence seen to prove eligibility
- the evidence seen to prove attendance or planned attendance for treatment
- the evidence seen to prove the cost of travel
- action taken – reimbursement or advised to complete form HC5(T)
- how any reimbursement was calculated
- the amount reimbursed
- the patient's signature to acknowledge receipt

## Patients who cannot be paid in cash on the day of travel

The following categories of patients cannot be refunded in cash on the day of travel:

- those unable to produce suitable evidence of eligible benefits
- those claiming low income relief but unable to produce a certificate HC2 or HC3
- those living permanently in a care home with local authority funding but unable to produce evidence of their status
- asylum seekers unable to produce a valid HC2 certificate or official evidence of their status
- children aged 16 or 17 being supported by a local authority but unable to produce evidence of their status
- those making retrospective claims
- those attending establishments without a cashier's office.

In all these circumstances patients should be provided with form HC5(T) and advised to complete and send it to the appropriate address stated on the form. This should be done as soon as possible and always within 3 months of the date of travel.

Patients who claim low income entitlement but who have not applied for assessment may also be given claim for HC1 in order to do so.

On receipt of the HC5(T) the NHSBSA, or other appropriate agency, will check that the patient is entitled to reimbursement and, if so, return the authorised HC5(T) to the relevant hospital or CCG. This organisation should check their own records for evidence that the patient attended on the relevant date(s) and calculate the amount to pay the patient. Payment can be made at the patient's next visit, if within a reasonable time, or directly to their home address.

## Payments in advance

The schemes allow payments in advance to be made to patients. These may be appropriate in cases of extreme financial hardship or where the hospital or clinic does not have a cashier's office. CCGs and trusts should have arrangements in place for dealing with such requests.

Providers will need to have systems in place to ensure that:

- the patient is entitled to assistance under the HTCS or LIS (the same criteria apply for entitlement as for reimbursement on the day)
- the appointment is kept
- patients are not paid twice for the same appointment – in advance and on the day.

## Retrospective claims

Patients may claim help with travel costs up to three months after the actual date of travel. All the conditions applying to patients who claim at the time of travel apply and only qualifying benefits or low income eligibility valid at that time can be taken into account. Such claims can be made by the patient on form HC5(T) by post to the appropriate address described on the form.

## Calculation of travel costs

The amounts reimbursed to eligible patients are subject to a reasonableness test, and should be based on the cheapest suitable form of transport available to the patient. This will normally be public transport, but organisations should ensure that this is reasonable in terms of the time taken to get to the appointment and whether particular means of transport may be detrimental to the patient's condition. Issues such as the age and medical condition of the patient should be considered.

Where public transport is available to and suitable for the patient, the use of promotional and concessionary fares should be encouraged.

Where patients travel by private car and this is deemed reasonable, the patient should be reimbursed for the cost of fuel at the mileage rate approved by their CCG. But if the use of a private car is deemed to be unreasonable and public transport could have been used, the patient should be reimbursed for the lesser of:

- the cost of fuel at the mileage rate approved by their CCG, or
- the equivalent public transport cost.

Where costs of travel by private car are reimbursed, parking charges (including those at a hospital) and road and toll charges should also be repaid when they are unavoidable and receipts can be provided. Penalties incurred through illegal parking should never be reimbursed.

In rare cases, patients may have to use a taxi or volunteer car service for some or all of their journey. This could be due to restricted mobility, unavailability of suitable public transport, or based on a recommendation from a GP or consultant. In such exceptional circumstances, these costs should be reimbursed in full.

## London congestion charge

Patients who attend a hospital in London and travel by private car may incur the costs of the London congestion charge. Patients may be reimbursed these costs if both the following criteria are met:

- the patient has a compromised immune system, requires regular therapy or assessment, or requires recurrent surgical intervention, and
- is clinically assessed as too ill, weak or disabled to travel to an appointment on public transport.

The patient must provide the receipt or receipt number (where the congestion charge has been paid on line or by phone) and vehicle registration number when seeking reimbursement. The organisation refunding the patient may then reclaim the refunded costs from Transport for London in accordance with their procedures. More information is available in the Transport for London leaflet *Are you eligible for Congestion Charging NHS reimbursement?*<sup>4</sup>

## Obtaining reimbursement for paid claims

Healthcare providers are responsible for administering HTCS and LIS, and for making payments to patients in most cases.

CCGs are responsible for reimbursing healthcare providers for payments made under the schemes to patients for whom they are the responsible commissioner. The procedures for processing such claims, including any documentation and supporting evidence, should be agreed locally between the providers and CCGs.

## Travel related costs other than HTCS and LIS

### War disablement pensioners

Special arrangements apply to war disablement pensioners attending hospital for medical treatment for their accepted war disablement.

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<sup>4</sup> <http://content.tfl.gov.uk/tfl-cc-nhs-leaflet.pdf>



Although not part of the HTCS, claims can be made using form HC5(T). Any war pensioners enquiring about this scheme should be advised to contact Veterans UK<sup>5</sup> (formerly the Service Personnel and Veterans Agency), Norcross, Thornton Cleveleys, FY5 3WP. The office can be contacted on 0808 1914 218.

## Ex gratia payments

In certain cases, trusts may wish to consider ex gratia payments to patients. The HFMA is aware of one trust that keeps a supply of day bus passes to give to patients who refuse to go home unless their fare is paid. Consideration should be given to national guidance and local procedures on losses and special payments before taking this option.

## Financial grants to voluntary organisations providing transport for patients

Under NHS legislation (section 64 of the *Health Services and Public Health Act 1968*) healthcare providers may give grants to voluntary organisations providing transport for patients who are not eligible for ambulance service transport. In considering such arrangements providers should take into account the direct cost involved and the alternative reimbursement costs for those who are eligible under the HTCS.

## Governance arrangements

The eligibility rules of the schemes are complex. For claims submitted on HC5(T) forms by post to NHSBSA or other relevant national agencies, these bodies are able to make the necessary checks on benefit entitlements before approving the claim.

For claims paid in cash by trusts the onerous duty to check eligibility rests firmly with the trust. The risks of fraud and error are high.

It is important that trusts have clear, robust and documented procedures in place, and that all staff with responsibility for paying patients' travel claims are trained and supported in their implementation. The inherent risks and value of claims paid should be considered when internal audit plans are prepared.

The HFMA is aware of one county where the CCG has supported local trusts to move away completely from making any cash payments under the schemes, requiring all claims to be submitted on HC5(T) forms by post to the NHSBSA or relevant agency.

## References

More information on the HTCS can and the LIS can be found at <https://www.nhsbsa.nhs.uk/nhs-help-health-costs>

Forms can be ordered from <http://www.nhsforms.co.uk/>

Latest guidance for NHS bodies (2010) can be found at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213883/dh\\_116385.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213883/dh_116385.pdf)

Statutory Instruments can be found at <http://www.legislation.gov.uk/uksi/2003/2382/contents/made>

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<sup>5</sup> Veterans UK website can be found at <https://www.gov.uk/government/organisations/veterans-uk>

The earnings threshold for patients named on an award notice for working tax credit (WTC) or child tax credit (CTC) can be found at

<https://www.gov.uk/hmrc-internal-manuals/tax-credits-manual/tcm0202080>

Details of the LIS can be found at [www.nhsbsa.nhs.uk/nhs-low-income-schemeNHS](http://www.nhsbsa.nhs.uk/nhs-low-income-schemeNHS)

Transport for London leaflet on congesting charge refunds can be found at <http://content.tfl.gov.uk/tfl-cc-nhs-leaflet.pdf>

The Veterans UK website can be found at <https://www.gov.uk/government/organisations/veterans-uk>

# Appendix 1

## List of forms, certificates and leaflets

HC1 - claim form for help with health costs under LIS  
HC2 - certificate for full help with health costs  
HC3 - certificate for limited help with health cost  
HC5(T) - claim form for refund of travel costs  
HC11 - leaflet: help with health costs  
HC12 - leaflet: quick guide

Forms and leaflets are available from the NHSBSA website <https://www.nhsbsa.nhs.uk/nhs-help-health-costs>

## Appendix 2

### Basic guidance for cashiers

Make sure you have a stock of the leaflets and forms described in appendix 1 available to share with patients. They will need these if they have to make retrospective claims, and the leaflets can help to explain why a patient may not be eligible for a refund.

### Eligibility

Patients are only eligible for a refund if *all* the following conditions are met:

- the patient is in receipt of a qualifying benefit (listed in the briefing) or named on a LIS HC2 or HC3 certificate (or is the partner or dependant of somebody who is)\*, and
- the journey undertaken must be to receive non-primary medical or dental NHS services following referral by a healthcare professional, and
- the service must be provided on a separate visit or involve an additional journey to that made for the initial referral, and
- the patient is not discharging him or herself from hospital, and
- the patient is not a private patient.

*\* This first condition is also met in any of the following cases (you'll need to see written evidence):*

- *the patient lives permanently in a care home and a local authority helps with the cost*
- *the patient is aged 16 or 17 and is being supported by a local authority*
- *the patient is seeking asylum and supported financially by the Home Office.*

If one or more of the conditions listed above is not met, you should advise the patient that they are not eligible for a refund.

### Procedure

If all of the eligibility conditions are met, follow this procedure:

- ask to see written evidence of the qualifying benefit or HC2 or HC3 certificate
- ask the patient to complete and sign a claim form
- ask to see evidence of attendance at the appointment
- ask to see proof of the travel undertaken - for example, bus tickets
- check that the patient hasn't already been paid in advance for the travel
- if the patient is claiming for a refund of London congestion charge, record the receipt number and vehicle registration number and make sure that the necessary additional conditions have been met (listed in the briefing).

When you have seen all the required evidence you can calculate the refund due to the patient and pay them. The refund should be based on the cheapest suitable form of transport available, so isn't necessarily the amount they may be claiming. In the case of an HC3 certificate, only refund the cost over and above the amount that the patient is expected to meet.

If you are unable to complete all the steps in the procedure – for example, because the patient cannot show evidence of a qualifying benefit, then you cannot give a refund on the day. Explain why this is the case, and give the patient a form HC5(T) to claim a refund by post to the appropriate address on the form. Advise the patient to do this as soon as possible and certainly within three months.

## Escorts

Some patients may claim for the travel costs of an escort. These should only be refunded if the patient is eligible as described above and one of the following conditions applies:

- the eligible patient is under 16 and the escort is their parent or guardian, or
- evidence is seen that an escort is considered medically necessary by the eligible patient's GP, referring consultant or other health care professional.

# Appendix 3

## Flowchart



