### Patient Transport Services

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Introduction

Getting patients (both adults and children) to and from hospital is recognized as an important stage in their treatment. Transport will only be approved for patients who legitimately require it, helping to ensure a reliable, efficient and cost effective service for all patients. In order to achieve this, there must be a strict adherence to the policy as Patient Transport should be the exception and not the rule. Staff are responsible for booking patient transport correctly.

This document is related to all patient transport:
- Out patient appointments
- Discharge (including patient residents)
- Transfers
  - Between site to site (Mount Vernon and Hillingdon sites)
  - Other Trusts
  - Nursing / Residential Homes

This document is designed to help staff make the decision to use hospital transport in the most safe, appropriate way and to explain to patients and their relatives that non-emergency patient transport is not always available.

Purpose

- To manage and provide safe and appropriate patient transport for patients who have a medical need.
- To develop action plans around these inefficiencies ensuring a quality service for all patients
- To raise the profile of patient transport across the Trust paying particular attention to the achievement of correct mobility bookings
- To develop, monitor and review any protocols / policies / guidelines relevant to patient transport
- Encourage feedback from patient transport users and take action where appropriate

Responsibilities for Patient Transport Services

Chief Executive Is responsible for ensuring the Policy is implemented.

Assistant Directors of Operations (ADOs) Responsible for ensuring that the policy is implemented, monitored and disseminated within their areas of responsibility. They will work in close liaison with the Patient Service Manager for Patient Transport to resolve issues.

Patient Service Managers Ensure the Policy is distributed and implemented in each ward and department. Ensure that any issues are investigated and actioned in liaison with the Patient Service Manager for Patient Transport. Identify staff that will authorise and book transport and ensure that they complete the necessary training. Maintain training records of all staff that have undergone patient transport training.

Ward & Departmental Managers Ensure that all staff are familiar and compliant with the Policy. Ensure that any investigations are completed in compliance with the Service Manager for Patient Transport. Identify any training needs and ensure that appropriate staff have access to any relevant training, and complete training records of staff that have undergone the relevant training. Ensure that all staff are made aware of who the appropriate personnel are to contact for implementation.

Staff Strictly adhere to the Trust Policy and ensure familiarity with the eligibility guidance. Ensure that all other methods of the patient making their own way to or from hospital have been explored before booking any transport for discharge, appointments and/or admission.

Primary Care Trust Responsible for distributing the policy to Practices and for actually engaging with them in terms of implementation. Identifying those staff within the Practices who may require some support and training with regards to the implementation of the policy. Move towards practice
based commissioning, and ensure that any issues are investigated and actioned and where appropriate relevant personnel involved.

**Patient Transport is paid for by the NHS (PTS)** Primary Care Trusts (PCTs) are responsible for commissioning patient transport to such an extent it considers necessary to meet all reasonable requirements of the area for which it is legally charged with providing services.

### 4 Identification of Stakeholders

- Patients, in-patients, out-patients.
- Clinical & Non Clinical staff supporting clinical services
- All medical staff arranging patient transport.
- Primary Care Trust
- GP surgeries
- Primary Care Clinical staff arranging patient transport.
- Patient Transport service providers.

### 5 Prioritisation of Work

Patient transport will only be available for patients who have a medical condition or disability which prohibits them from using any other forms of transport. Staff should discuss all options available to the patient before considering booking transport, such as:

- Getting family of friends assistance
- Using public transport
- Using minicab / taxi services

All other methods of transport for patients making their own way to treatment centres or being discharged must have been examined before patient transport is requested. Patient transport can only be booked by a medical practitioner or their designated representative who has been trained in the booking of such transport and who has the relevant authorisation.

A patient’s eligibility for transport is defined below with the responsibilities around booking. Patients will only be transported by staff who have the requisite knowledge and skills and have had the specific training in the handling and moving of patients. This is the responsibility of the Patient Transport Provider.

### 6 Patients Eligibility

Patient Transport Services are not available for patients who do not have a medical need, please see 6.1 Assessment of medical need for definition of how to determine.

Staff will explore the patient’s ability to arrange their own transport when informing the patient of their Estimated Discharge Date (EDD). Staff will assist the patient to make their transport arrangements wherever possible. Taxis paid for by the patient may be booked directly.

Patients must demonstrate a medical need to be considered for transport provision. It is the responsibility of staff assessing patients for medical need to follow the guidelines set out in this Policy. The assessment will support you in selecting the appropriate transport for patients.

Any patient found to be obtaining free travel fraudulently will be referred to the Local Counter Fraud Specialist for further investigation.

If transport is required it is booked through the Transport Office via fax (see fax form appendix). In the longer term, it is envisioned that the booking process will be automated and options are currently being considered. At the time of implementation, this policy will be reviewed and updated to reflect any changes to the process.
6.1 Assessment of medical need

The assessment of medical need lies with the secondary level healthcare provider (ie GP or delegate determines eligibility on referral, consultant or delegate determines ongoing eligibility).

It is vital that when patients are being transferred in the care of a transport crew or porters, sufficient information is shared to enable a safe level of care and transport/transfer. The nurse/midwife who is currently accountable for the care of the patient has a duty to ensure that appropriate clear information is provided to enable this to happen.

It is important that only patients who demonstrate a medical need are provided with patient transport. Excessive use of transport can delay discharge, block emergency use, make patients late for appointments and is costly to all concerned. This assessment will support you in selecting the appropriate transport for patients.

When considering options it is important staff should always consider the patients ability to arrange their own private transport first.

What is medical need?
Medical need for transport is defined as there being no practical option to get a patient home / into hospital due to medical grounds.

Medical need would extend to:
- Stretcher Patients.
- Patients who require continuous oxygen or other medical gases.
- Patients who require continuous intravenous support
- Patients with a medical behavioural or condition that would compromise their dignity or cause public concern if public transport is used.
- Patients with a physical disability or cognitive impairments that prevents them from using public transport.
- Patients with psychiatric or learning difficulties that prevents them from using public transport.

Consider if transport is required for both inward and outward journeys (the patient may be able to get themselves to hospital for a day care procedure but require transportation for getting home).

Who defines medical need?

Medical need must be confirmed by a senior member of the patient’s healthcare team. This will include a senior registered nurse, medical practitioner or registered allied health professional.

First Outpatient Appointment

Transport should not be arranged directly with patients for their first outpatient appointment / treatment. If a patient contacts any part of the Trust to request transport, they should be referred back to their GP who will book transport if it is necessary, based on medical need.

7 Questions to clarify before determining the mode of transport required

If the issue of transport does not arise from the patient then it should be assumed that the patient can make their own way travel arrangements.

If the question of transport does arise then you could refer to the following questions that may help the decision for transport for a medical need:
1. Why do you require transport to take you into hospital? (Answers can vary from its too far, I have to get 2 buses, I can’t afford the taxi fare, I’ve always had one, it’s my right, I have paid my stamp, I can’t walk). Requests for transport are not always needed on medical grounds.

2. Why can you not make your own way to or from the hospital?

3. Could you book a taxi to bring you?

4. Could you travel by public transport?

5. Could a member of your family or friend bring you in / take you home?

6. Do you go shopping?

7. Do you ever go to the pub/cinema/bingo?

8. How do you get to your GP’s/ clinics?

The following question to the above could be:

9. If you regularly need to travel somewhere, how do get there or what mode of transport do you use then?

And finally

10. Why can’t you use that mode of transport to bring you to / get you home from hospital?

8 Transport booking guidance

All transport bookings require a fully completed booking form, which is legible, signed and dated which should be faxed or hand delivered to the Hillingdon Hospital transport department for validating and placing onto the electronic system.

- Transport will then plan for the volume of patient journeys required on that day.
- The transport team will continue to receive bookings for urgent appointments, discharges and transfers on the day.
- Some of the on the day bookings are unplanned and transport will work together with the requesting department to meet the patients travel needs.
- Please be aware that more complex patient needs and/or greater distances can take longer to arrange.
- Transport should only be booked for patients with medical need

Have you exhausted all other options before booking transport?

9 Responsibilities around booking transport

Once a medical need is established it is important that the correct transport is selected. You will be required to provide the following information.

Patient details:
- NHS Number
- Name, Address & Post code (residence / home)
- Collect from and take to locations
- MEDICAL needs, condition, special instructions, equipment,
- Type of mobility, car, ambulance, wheelchair (needs chair, travels in chair, has own chair, electric chair), stretcher.
- Children, age 0 to 16yrs, details of height, weight, are you supplying a baby seat, booster seat, Does the patient have their own, who is the escort (mother, father, nurse, etc), all children 16yrs and under require an escort.
- CHILDREN: New regulations governing the use of child car seats came into force on 18 September 2006. The law requires children travelling in cars to use an appropriate child restraint or adult seat belt, if they are available. “Child restraints” is the collective term in the seat belt wearing legislation for baby seats, child seats, booster seats and booster cushions. In
addition, the revised regulations also state that **rear-facing baby seats MUST NOT be used in a seat protected by a frontal air-bag unless the air-bag has been deactivated manually or automatically**.

- Type of visit, discharge, transfer, x-ray, OPD, physio,

The internal Transport Team will have the authority to refuse the provision of patient transport if there is no compliance to the above.

### 9.1 The Responsibilities of ward nurses and midwives are as follows:

- If transferring a patient to another clinical area, the patient’s infection status (if known) and current medication regime must be conveyed to the receiving clinical area, and patient transport with the exception of emergency cases. This should also include notification of infectious conditions. e.g. MRSA, Varicella, to ensure proper management of the patient and protection of the driver or other patients. Patients known to have MRSA carriage will be accepted providing the receiving area can make suitable arrangements for their isolation and management.
- Any procedure, which involves a patient being transferred from a ward, must be communicated to the coordinator/shift leader of the ward team.
- When transferring patients within the Trust please ensure all relevant patient documentation, X-rays or scans are available for the transfer, non-availability must be documented. For transfers outside of the Trust, further health information may be required, the nurse in charge of the ward should review the individual situation and refer to the Trust Patient Records policy and ensure a photocopy of relevant information is provided. On leaving the department, the envelope must be resealed (See Patient Transfer policy).
- For patients being transferred out of the hospital, they must all have an accurate identity band and where appropriate allergy band in place prior to transfer.
- Patients must be appropriately dressed / covered to maximise their personal dignity. Patients legs must be covered over with a blanket, theatre gown opening should be appropriately covered again with a blanket if necessary; own clothes (when appropriate) and footwear should be worn for transfers’ outside of the Trust.
- All patients should be treated with dignity and respect.
- When the transport team arrive on the ward / discharge lounge to collect patients, they should confirm the patient’s name and destination with the nursing staff by producing the journey sheet.
- Where possible patient transfers after 16:00 hours should be avoided.
- An appropriate carrier must be used if equipment is required during transfer e.g. Oxygen carrier, drip stand.
- Check that a bed is still available for the patient on the receiving ward or hospital prior to transferring the patient.

### 9.2 The Responsibilities of the Transport Supplier are as follows:

- On receipt of the transport booking form, the Transport team will plan each day’s patient journey.
- All outpatients will be contacted prior to their outpatient appointment (this could either be the day before or on the day of the appointment).
- If contact is not made with the patient, the transport journey is put on hold while the transport team carry out an investigation, such:
  - Check the ICS system to see if:
    - the patient has been admitted
    - the clinic / appointment time has been changed
    - the patient is deceased
  - If none of the above apply, the transport team inform the clinic that the transport team has been unable to contact the patient.
  - Every effort will be made to contact the patient, however if the transport team are unable to contact the patient, the journey will be cancelled and the relevant clinic informed.
9.3 Supply of Medication (TTA’s)

- When transferring patients between departments, it is appropriate to send the drug in the original container and the drug chart with the patient and communicate the need for the patient to have his/her medication to the receiving department. The receiving nurse should lock the patient’s medicines in the locker on the new ward. Drugs must be transported with the patient in a suitable container (sealed bag) with the patient’s details attached.
- All medication for the patient being discharged home must be ready with the patient before transport arrives to take the patient home. Drugs must be transferred in the green ‘Patient’s Own Medicines’ bag, unofficial receptacles and brown envelopes are not acceptable.

10 Escorts

Escorts will be allowed to travel depending on the severity of the patient’s medical condition and an assessment which must be completed and signed off by the clinical team or general practitioner.

Definitions of this would include:
- Children under 16 years of age
- Patients with dementia or suffering from a confused state
- Patients who have hearing or sight impairments
- Patients who have a terminal diagnosis

Please note when an escort is requested, family members must be approached first to see if they are capable of taking the patient to and from hospital. All escorts must be fit to care for the patient and have no personal needs themselves which could impact on the transport of hospital services provided. In normal circumstances, only one escort per patient, no other additional escorts, family and/or friends are permitted to travel with the patient.

Details of escort journeys will be forwarded to the Service Manager for Patient Transport on a monthly basis for monitoring. Please see appendix 5.

11 Duty of Care

The PTS provider owes a duty of care to the patient and any accompanying escort or carer being transported from the time they collect the patient to the time they hand them over. However, during patient transfer, the NHS will still owe a duty of care to a patient, regardless of whether there is an escort in attendance.

12 Do Not Attempt Resuscitation (D.N.A.R.)

Any patient with a current signed, dated D.N.A.R. document that is transferred to another hospital will still not be for resuscitation until the patient has been admitted to the other hospital, as that patient is still under the care of The Hillingdon Hospital N.H.S. Trust.

Any patient with a current signed, dated D.N.A.R. document that has been discharged from The Hillingdon Hospital N.H.S. Trust for care by their General Practitioner or Nursing Home or back into the community should be resuscitated as their D.N.A.R. status will now be invalid.

If there is any doubt about a patient’s resuscitation status Basic Life Support should be started immediately.
13 **High Dependency (HDU) Transfers**

HDU journeys are normally arranged for transfers to other NHS hospitals only. These are where a patient is unstable and requires greater care and skills from the transferring ambulance team. Often nursing, doctor, anesthetises and paramedic technician crews are used. Additional medical equipment may be required during the journey and information may be required by the transport supplier to support that equipment.

These journeys are expensive and often need to be arranged at short notice. It is very important that the requesting staff give transport as much notice of the transfer requirement as possible, as well as details of the patients need during the journey so the appropriate team and vehicle can be allocated. Often after the transport team has been allocated, they will communicate directly with the ward / ITU / CCU for greater technical medical patient need before they arrive. Please refer to the Trust Transfer policy (Internal & External).

14 **Special Care Baby Unit (SCBU) Transfers**

SCBU journeys are normally arranged for transfers to other NHS hospitals only. These are where a baby is unstable and requires greater care and skills from the transferring ambulance team. Often nursing, doctor, anesthetises and paramedic technician crews are used. Additional medical equipment may be required during the journey and information may be required by the transport supplier to support that equipment.

These journeys are expensive and often need to be arranged at short notice. It is very important that the requesting staff give transport as much notice of the transfer requirement as possible, as well as details of the baby’s need during the journey so the appropriate team and vehicle can be allocated. Often after the transport team has been allocated, they will communicate directly with the maternity unit for greater technical medical patient need before they arrive. SCBU ambulances are normally designed for this task only. Please refer to the Trust Transfer policy (Internal & External).

15 **Bariatric Patient Transfers**

A risk assessment must be undertaken before moving a bariatric patient as certain information is required for the safe transfer of the patient and transport team. There is no defined weight that says that a patient is bariatric, it’s their BMI, access from and to, locations, equipment, mobility, etc.

Journeys for bariatric patients need to be planned in advance as the assessment must be done before the journey is undertaken both for the safety and dignity of the patient.

Assessment
1. Does the patient need any lifting equipment?
2. Does the patient have his or her own bariatric wheelchair?
3. Is the appropriate wheelchair / mobility equipment available?
4. Does the patient require a bariatric stretcher?
5. Has the location been assessed?
6. Does the location have clear access for the patient?
7. Does the location have the appropriate equipment for the patient?
8. How much lifting and handing of the patient is required?
9. Can we maintain the dignity of the patient during transportation?

Transporting bariatric patients often requires additional PTS staff, specialist equipment and vehicles, which will take longer to arrange or plan, making these journeys expensive.
16 **Financial benefits available for patients**

**The Hospital Travel Costs Scheme**
Under the Hospital Travel Costs Scheme (HTCS) patients can claim back public transport costs. The following document(s) will be required to support a travel claim.

- Income Support
- HC2/HC3 Form
- Incapacity Benefit
- Income Based Job Seekers Allowance
- Working Tax Credit or Child Tax Credit (in certain cases)
- The Guarantee Credit of Pension Credit

A Trust signed attendance form is required to confirm the patient's attendance at the hospital appointment. They must remember to keep their travel and parking receipts – to get a refund they must take these to the cashier office in the hospital, along with signed attendance form. Attendance forms are held by out patient departments and wards are distributed on request.

**D L A (Disability Living Allowance) & Motability**

If they are aged 65 or under and have severe mobility problems they may be eligible for the motability component of DLA. Receipt of the allowance can allow them to access the motability scheme where they can use the benefit to buy or rent a car.

**Private Patients**
NHS PTS cannot be used for private patients being treated in private hospitals or transferred to private hospitals.

Any suspected fraudulent claims will be referred to the Local Counter Fraud Specialist for further investigation.

17 **Appeals process**

**What do I do if a patient disagrees with the assessment or is refused transport?**

It is important that patients retain a good relationship with their doctor and/or clinical team for their care and this should not be affected by a conflict over transport.

- If the clinical team refuse transport on a medical need basis, the patient can appeal to the transport manager, who would carry out a review of the case, supported by an appropriate clinician from a separate team to the one treating the patient (appeals form in appendix 3).
- If a patient is authorised transport and it is felt by the transport team that the person should not have received the service, the manager will liaise with the authorising team.
- If the patient is still refused transport after the appeal they may discuss the situation with PALS or use the formal complaints process.
- The patient will receive a letter of the appeal outcome.

Sometimes patients will expect an ambulance when it is unnecessary. If this happens advice can be sought from:

- Transport team.
- Senior nursing or medical colleagues.
- Do not engage in debate with the patient or their family over transport issues.

It should be made clear to patients that transport will only be provided for patients with a medical need and this will be assessed by their healthcare team. It should be stressed that using an ambulance may not always be the appropriate method of getting them home, even if they arrived in one.
18 Process for Monitoring Compliance and Effectiveness

All patient transport journeys carried by the Patient Transport Service internal, external, by SLA and/or under contract will be monitored on a monthly basis by the Patient Transport Services Manager and monthly figures will be sent to their line Managers, which will demonstrate activity, financial costs and highlight any inefficiencies.
REQUEST FOR PATIENT TRANSPORT

Patient NHS Number

State Medical Reason

Collect From…………………………………………… Convey To…………………………………………………………
……………………………………………………………

Mr / Mrs / Ms Surname……………………………………
Forename………………………………………………………
Address…………………………………………………………
……………………………………………………………………
Post Code .................................................................
Date of Birth ............................................................

Telephone No: ...........................................................
Mobile No: ...............................................................

Outpatient X-Ray Physio Admission Transfer Other

Special Instructions: ……………………………………………………………………………………………………………..
Is Oxygen required YES / NO Flow: ........................................ Concentration: ..................................................
Nurse / HCA / Career Escort YES / NO ………………………………………………………………………………………
The patient must have medical need during the journey to allow an escort to travel (inpatients and nursing homes)

Transport Type

10 Car suitable for patients
11 Not car suitable – needs ambulance with one crew member for assistance
12 Needs ambulance with 2 crew members for carrying on stairs or lifting over doorstep
21 Has wheelchair and can transfer
22 Has folding wheelchair but needs carrying on stairs or over doorstep
41 Travels in wheelchair – needs ambulance with one crew member, no lifting
42 Wheelchair bound – needs ambulance with 2 crew for carrying on stairs or lifting
32 Stretcher – cannot sit up at all (not suitable for outpatients)

I have assessed the patient and certify that transport is medically necessary for the above named patient and that they meet the criteria.

Signature:…………………………………………………… Print name:……………………………………………………
(Signed by approved signatory, e.g. Consultant, Doctor, Registered Nurse, Physio)

Contact details of requesting – Department / Ward / Clinic / GP Surgery

Tel No: Fax No: Contact Name:

IF FORMS ARE NOT COMPLETED FULLY THEY WILL BE SENT BACK AND TRANSPORT WILL NOT BE BOOKED
Booking Form Mobility Codes

Choosing the correct mobility of the patient is critical in arranging transport, you should also be aware of changing mobility of patients. The following codes are used on the booking form and gives transport useful information to provide the most suitable vehicle for the transfer. If the patient can transfer with minimal assistance (1 person crew) But cannot manage to get into a car please book them as a 21 But note that they require ambulance ONLY “special instructions”.

10  Can walk with minimal assistance. Able to get into car. Car suitable.

11  Can walk with assistance. Unable to get into a car. 1 person crew. NOT car suitable.

12  Needs a lot of assistance to walk or cannot walk. Doesn’t have own wheelchair. Needs carrying on stairs or over doorsteps. 2 person crew

21* Has own wheelchair, which needs to be conveyed. No lifting Required and can transfer into car. Car suitable.

22  Has own wheelchair, which needs to be conveyed. Some lifting required (stairs / doorsteps) needs assistance to transfer and cannot transfer into car. NOT car suitable.

41  MUST travel in own wheelchair, no lifting required and can be managed by a 1 person crew or wheelchair accessible taxi.

42  MUST travel in own wheelchair. Some lifting required (stairs / doorsteps) 2 person crew.

32  Needs to lie down or sit with legs straight on stretcher. 2 person crew.

Special instructions codes below

31  Requires exclusive use of a car, eg walking psychiatric patient

62  Requires exclusive use of ambulance. To be used only with the authorisation of a doctor or consultant, e.g. terminally ill patient.
APPEALS FORM - PATIENT TRANSPORT SERVICES

Patient NHS Number □ □ □ □ □ □ □ □ □ □

TO BE COMPLETED BY PATIENT

Date of Appeal: ……………………………………… Name (Print): …………………………………………………
Address: …………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
Post Code: ……………………………………… Telephone Number: ………………………………………
Details of appeal: …………………………………………………………………………………………………………………
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Notes for patient appeals:

Patient transport is supplied for patients who have a medical need that restricts them from travelling by private (family, friends, taxi) or public transport too or from hospital. This appeal is for medical need only and cannot be used for financial reasons as there is support from the “Hospital Travel Costs Scheme (HTCS)”. Other issues that should be taken into account is the urban environment that the Hospital is placed in with its many frequent public services and many local private taxi services, most journeys are short and quick within the borough.

Appeal Member:
Transport: ………………………………………………………………………………………
Clinical: ……………………………………………………………………………………………

Appeal approved and transport arranged: NO YES Date: ………………………………… Notes:
……………………………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………………………
Patient Information

Getting you home from hospital is an important stage in your treatment. The expectation is that the patient or family will arrange your own transport home.

The ward staff will help you make arrangements to discharge from hospital and you should plan your journey as soon as you know what day you are to leave hospital. You may be eligible for assistance with the cost of travelling home.

The following list is to help you plan your journey home.
- Some patients are well enough to drive themselves home.
- A relative or a friend.

Most patients will ask someone to help them get home. Remember to give people some notice so they can arrange to pick you up from the hospital. Relatives can pick patients up from the discharge lounge, they are permitted to park for a short period free of charge near the discharge lounge whilst collecting the patient. There is also a drop off point outside the Maternity Unit, with a short term parking bay for use by patients attending that department.
- Taxi

The hospital staff will be happy to order a taxi on your behalf. Remember to have enough money to pay your fare. Some taxis are equipped with wheelchair access facilities. If you require this service remember to ask when booking. Staff may contact a Taxi provider on behalf of a patient - any subsequent booking is made on behalf of the patient and not on behalf of the Trust. This should be made clear to the patient. Under this arrangement the Trust has no obligation to pay the cost of the Taxi and there is no question of the journey being booked to ‘Hospital account’. The booking is made between the patient and the Taxi provider.
- Bus Service

There are several regular bus service connecting the Hospital to the wider transport network. Staff will be happy to provide you with more information.

Travel options to be explored include:
- Public Transport
- Own/relatives/friends car
- Private Taxi
- Walking
- Cycling/motor cycle
- Community transport schemes

Discharge from A&E

Patients who are discharged from A&E after being treated should make their own travel arrangements.
Appendix 5

Transfers

Escort Procedures

1. **Assessment of Escort Need**

- It is recognised that the nurse/midwife in charge of the patient’s ongoing care must ultimately decide if an escort is required and the level of escort required for patients leaving her/his area of responsibility. The following guidelines, whilst not definitive, should be used in conjunction with other patient related information available at the time.

- The escort should be aware of all patient details and will be responsible for the communication of these details to staff in the outlying department.

- *Allied health professionals/therapy staff* may accompany / bring a patient down from a ward to a particular therapy area for Therapy intervention. In this case, the therapist will act as escort where appropriate.

- Occupational Therapists escorting patients from the hospital to their own home to undertake an assessment, require a risk assessment as defined in the Occupational Therapist’s ‘Home Assessment Policy’. The policy details the requirements for planning a Home Assessment including consideration of the type of transport required. Occupational Therapy staff will use either Internal Transport car/services or ambulance service depending on the patient’s mobility/ability and medical status.

2. **Registered Nursing/Midwifery Staff must accompany patients in the following situations**

The Trust recognises that it is the responsibility of the referring health provider to assess a patient’s escort requirements. A nurse/midwife escort is required for the following:

- All patients requiring Level 2 or 3 (Coronary, High dependency or Intensive) care.

- All patients that are intubated, ventilated or where breathing is compromised i.e. abdominal breathing, tracheostomy or non invasive ventilation (NIV).

- Any patient who has been given an opiate medication within one-hour prior to transfer must be assessed in relation to the level of escort required. This will depend on the route / level of opiate given.

- Any patient who is having a blood transfusion, chemotherapy or on continuous IV therapy that is of an opiate nature or other drug likely to alter patient’s physical state (this includes patients with an arterial line in situ). Infusions can only be stopped in exceptional circumstances and in consultation with medical staff and the patient.

- Any patient who has altering degrees of consciousness.

- Any patient who is aggressive (with security being involved)

- Any patient sectioned under the Mental Health Act (with the relevant Mental Health professional being involved).

- All children under 16 (in certain cases they may be accompanied by a clinical support worker, parent or guardian).

- Any patient returning from an invasive investigation.

- Patients requiring any internal out-of-hours/weekend transfer (such as an Angiogram).

- Patients returning from the operating theatre.
Appendix 5

- Pregnant women, where the clinical need dictates.

3. **The Responsibilities of ward nurses and midwives are as follows:**

- Prior to the transfer, the patient’s infection status (if known) and current medication regime must be conveyed to the receiving clinical area, and patient transport and portering services. Emergencies may be treated as an exception. This should also include notification of infectious conditions e.g. MRSA, Varicella, to ensure proper management of the patient and protection of the driver or other patients. Patients known to have MRSA carriage will be accepted providing the receiving area can make suitable arrangements for their isolation and management.

- The coordinator/shift leader of the ward team must be informed of any patient being transferred from that area.

- When transferring patients within the Trust please ensure all relevant patient documentation, X-rays or Scans are available for the transfer, non-availability must be documented. For transfers outside of the Trust, further health information may be required, the nurse in charge of the ward should review the individual situation and refer to the Trust Patient Records policy and ensure a photocopy of relevant information is provided.

- All patients must have an accurate identity band and where appropriate allergy band in place prior to transfer.

- Patients must be appropriately dressed / covered to maximise their personal dignity and comfort. Patients legs must be covered with a blanket and theatre gowns should be appropriately arranged. Patients should wear their own clothes and footwear (where appropriate) for transfers outside of the Trust.

- Special attention should be paid to the dignity of all patients, particularly older adults and vulnerable people.

- Where possible avoid external patient transfers after 17:00 hours.

- An appropriate carrier must be used if equipment is required during transfer e.g. Oxygen carrier, drip stand.

- Check that a bed is still available for the patient on the receiving ward or hospital prior to transferring the patient.

- When in-patients are being discharged or transferred, the nurse/midwife who is currently accountable for the care of the patient has a duty to ensure that adequate information is given to enable the transfer to happen.

4. **Responsibility of the Nurse/Midwife Escort**

- In the event of the nursing/health professional staff not being available in the receiving Ward/Department, the escort nurse remains with the patient at all times. If the nurse escort needs to remain for a period greater than 15 minutes, the escort nurse must call and inform the transferring ward of the delay.

- To ensure patients and staff receive an informed and safe transfer, qualified nursing staff must escort patients, who are being admitted to the ward via Emergency Department and require diagnostic procedures on route, taking into account the patient’s condition.

5. **A Health Care Assistant may accompany a patient in the following situations:**

- Where the patient is on continuing oxygen therapy / IV therapy, and / or the patient is not in an acute phase of illness and / or the Health Care Assistant accompanying is familiar and competent to care for the patient.
• Escorting a patient to the operating theatre, as long the Health Care Assistant accompanying is familiar with the patient and is able to give a comprehensive nursing handover to theatre staff.

• A patient with a disability who is able to communicate as long as the escort is aware of the patients needs. If the patient’s own carer or family member is present, an escort may not be required.

• Patients who are being transferred internally (on the same site) with personal belongings.

• Vulnerable patients who are confused, elderly or at risk of going missing.

6. Responsibilities of all escorts

• Provide care for the patient as identified in the care plan from the host trust and according to needs following the procedure they have received.

• Ask for help when required.

• Familiarise themselves with the emergency numbers (extension 2222) and locations of the phone in case of emergencies.

• Report any difficulties or untoward incidents to the nurse in charge of the area in which they are waiting and complete a Datix incident form if required.

7. Responsibilities of the Clinical Site Practitioner

• Provide guidance and support if contacted by the escort as required

• Where possible limit the number of transfers of elderly patients within the Trust

• Where possible avoid external patient transfers after 17:00 hours.

8. Transfer of Patient Health Records (with escort or with PTS crew)

• In order to maintain patient confidentiality, all documents must be transported in a sealed (e.g. stapled) transit envelope. Documents must be sealed and ready to transfer with the patient prior to requesting portering staff/assistance.

The following documentation will accompany the patient as appropriate:

1. The patient’s Health Record and relevant nursing documentation.

2. Drug prescription and recording documents.

3. If attending another department for a procedure, completed consent and operation checklist.

4. Patient’s X-ray (CDs), Radiology and Ultrasound reports.

5. For patients who are attending other hospitals for routine x-rays/investigations etc please do not send original HH Health Records, nursing documentation and drug administration charts to the other hospital. If further health information is required, the nurse in charge of the ward should review the individual situation and ensure a photocopy of relevant information is provided.

Patients will not be transferred if this procedure is not followed.
9. Responsibilities of the Transport crew/s (no escort required)

If the clinical team / nurse responsible for the patient is satisfied that the patient does not require an escort to accompany the patient during transfer, then the following assessment by the transferring PTS crew, Internal Transport crew must be undertaken.

Patient Transport Services and Internal Transport

**Non-Escort CHECK LIST**

Collecting patient from clinical staff

- Report to nurses station / discharge lounge staff / A&E staff and confirm with them who you are picking up. Patients name, male/female, address being transferred to.

- Ask for patient related documentation (sealed), medication (sealed), personal belongings (bagged).

- Ask if there are any special instructions, information you require to provide safe support to the patient during the transfer. Hard of hearing, dementia, blind, SOB, mobility issues, etc.

- Ask for any verbal handover information for yourselves or that you have to give to the receiving ward / hospital / department to support the patient.

Meeting the patient.

- Confirm that you are being given the correct patient, check the name band, confirm the identity of the patient by asking them their name and date of birth (where possible).

- Confirm the patient does not require a medical escort and that the crew available is appropriate. If not you must contact the transport control and explain any issues you have (do not leave the ward, department, until told to by control).

- Prepare patient for transfer. When in the vehicle ensure the patient is comfortable and the safety belt and/or wheelchair restraints and/or stretcher restraints are all secured correctly. That all goods being carried in the vehicle are stowed correctly.

- Check during the journey that the patient is OK, single crews check when it is safe to do so without affecting safe driving.

Handing over your patient

- When arriving at the patient destination, report to the receiving clinical staff, confirm patient details and correct location. Do not leave your patient unattended at any point.

- Once confirmed, hand over to the nurse, inform them of any verbal information you have concerning your patient, hand over the sealed documentation, medication and confirm where to leave patients personal belongings.

- Transfer your patient to their new location, bed, chair, as instructed by the receiving ward, department, etc.

- Only leave your patient when it is safe to do so and they are in a safe clinical environment.

Transfer complete.