

POLICY FOR ORDERING NON-EMERGENCY PATIENT TRANSPORT

Royal Free Hampstead 
NHS Trust

**POLICY FOR ORDERING
NON-EMERGENCY PATIENT TRANSPORT**

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Introduction

1. This guideline outlines the arrangements for non-emergency patient transport in accordance with the Department of Health Guidelines produced in August 2007, Eligibility Criteria for Patient Transport Services (PTS). It is the patient's responsibility to make their own way to and from hospital for patient episodes of all types, including outpatients' appointments, elective admissions and discharge from hospital. The only exception is where clinically necessary and in such cases hospital transport can be arranged.

Criteria for Hospital Patient Transport Service (PTS)

2. The majority of the trust's non-emergency patient transport services (known as PTS in this document) are currently provided through contract by Medical Services Ltd.
3. PTS services are only available for patients who are unable to travel by car (including mini cabs) or public transport for a clinical reason. Examples of this are:
 - Patients who need to be transported on a stretcher
 - Some wheelchair patients
 - Some patients receiving oxygen.
 - Patients who require paramedic services

A flow chart depicting the clinical eligibility can be found on the Patient Eligibility Criteria for Patient Transport.

4. PTS is not provided based on a patient's financial or social need. Patients on benefits can claim back public transport and mileage costs from the cashier's office using the fare claims form, known as the Hospital Travel Cost Scheme (HTCS).

Authorisation for Patient Transport

5. PTS must be booked on the appropriate transport booking form (Renal or Non-Renal) or booking system where an electronic format is being used and supported by the Mobility Criteria Assessment. The booking request must be authorised by a registered signatory who will usually be a matron, site manager, senior therapist or any member of staff delegated by the matron. Any requests that have not been authorised or have been reviewed by a member of staff from a non-clinical background will be declined.
6. The list of signatories will be kept by the trust's logistics manager and a copy held in the transport office. Updates and changes to this must be notified to the trust's transport manager and a periodic review of authorised signatories will take place.

Booking Outpatient/ Day Care Patient Transport

7. The normal notice period required for making bookings is 2 weeks. This should be adhered to wherever possible and late bookings must be kept to a minimum.
8. All bookings must be received as early as possible, but at the very latest by 15:00 on the day prior to day of travel. Any bookings that fall after that time will be treated as "on the day" bookings and incur an extra charge.

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9. One way journeys can be booked. For example, some patients attending for a day procedure may require transport home after their procedure, but not into the hospital. A one way journey should be booked.

Booking Patient Transport for Discharges

10. Wherever possible, transport must be booked by 15:00 on the working day before the date of discharge.
11. On the day bookings are to be discouraged, however, by exception via the site management team, are only available for MAAU, AA & A&E (if the patients are eligible – clinical need and no other person able to take them home) plus the inter-hospital transfers which cannot usually be pre-planned.
12. Wherever possible, patients should be sent to the discharge lounge (during opening hours, 09:00 – 18:30) to wait for transport.
13. Stretcher patients will be accepted in the discharge lounge between 09:00 and 16:00 hrs. The ward must ring the discharge lounge on extension [REDACTED] on the day before transferring to discharge lounge. After these hours the ward will need to contact the transport lounge on extensions [REDACTED] or direct dial on [REDACTED] and bleep [REDACTED] when the patient is ready.
14. Patients should not travel after 21.00hrs. In the event of a late discharge the site management team must be contacted on bleep [REDACTED] to discuss arrangements.

Out of Hours Bookings

15. An out of hours services are provided by M&L Ambulance Control office on [REDACTED], FAX: [REDACTED] or via the trust's site manager on bleep [REDACTED]

Infectious Patients

16. Please refer to the infection control policies re: infectious patients. M&L ambulance will take universal precautions between all patients. However if the patients infectious nature is such that the patient cannot travel with others then an exclusive use vehicle should be requested as appropriate. Drivers are required to wash their hands and/or use antibacterial gel between patients as appropriate. The vehicle will be cleaned before being used by another patient.

Cancellations and Postponed Transport

17. If the transport booking is postponed or cancelled, the transport office must be notified immediately by telephone on extensions [REDACTED] and then this should be confirmed by faxing on extension [REDACTED] or taking the booking form with the cancellation completed to the transport lounge.
18. The transport team are informed of the names of deceased patients by the bereavement office to ensure any bookings made for them are cancelled.

Escorts

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19. Any request for an accompanying escort must be made clear at booking on the form. All bookings requiring an escort will need to be passed by the Matron for the area requesting. Maximum one escort per patient and must be fully mobile. PTS will only convey escorts for the following situations:
- the patient is a child, under 16, and the parent/ guardian must accompany them,
 - the patient has significant mental health or learning difficulties making public transport unsuitable,
 - the escort will act as a translator (not family member and/or friend)

Regular Bookings

20. No patient should be considered to require transport on an ongoing basis (with the exception of renal dialysis patients and radiotherapy treatment). The patient should be reassessed for each booking.
21. Where the triage nurse undertakes the assessment process the patient should be reassessed every fourth visit or every three months, whichever is sooner.

Triage Assessment Process

22. All patients should receive an assessment as per point 21 above in accordance with the assessment form (Mobility Criteria Assessment Form).
23. Renal Dialysis patients have a separate assessment policy and appeals process; please refer to renal transport policy for further information.
24. Patients receiving 1 or 2 points do not have the right of appeal.
25. Patients receiving 3 points have the right of appeal.
26. Patients will be told of the outcome at time of assessment and advised of their right of appeal. If they wish to appeal the triage nurse will discuss the assessment with the senior nurse/matron for the area and a reassessment will take place to ensure that any underlying health factors not discussed between the triage nurse and patient have been taken into account.
27. There will be no further right of appeal.

Complaints and Queries

28. Follow the escalation procedure found on the Patient Transport Portal on Freenet.