



# Travel Escort Application Form

## Guidance

NHS Western Isles (NHSWI) will make its decision on whether to fund a travel escort based on clinical need. The information you provide in this form, as well as a summary of your medical condition from your GP notes, will form the basis of this decision. You are required to provide your consent at the end of this form.

This decision is taken by the Medical Director's office at NHSWI and not by your GP or Consultant. If a request is declined, patients still have the option of arranging to take an escort at their own expense. The Patient Travel Office will be able to advise of any local support/grants which may help towards these expenses.

If your application is denied and you disagree with the decision, you do have an opportunity to submit additional evidence to the Medical Director's office. Should this be required, the Patient Travel Office will provide you with the Travel Escort Review Form.

## Reasons why a funded travel escort will be provided

A travel escort will only be approved if you have a significant clinical condition that makes travelling alone impossible. NHSWI considers the following as reasons to fund a travel escort:

- A Patient is under 16 years of age (or under 18 and requires overnight hotel accommodation)
- B Patient has a Guardianship Order, or has an Incapacity Certificate, or is a young person under the age of 26 who is Looked After. (An Incapacity Certificate is a certificate provided by a healthcare provider to allow treatment to be given for patients who are unable to make these decisions independently. Your main carer should be aware of this.) A copy of your allowance award will be required.
- C Patient is undergoing a procedure that will require assistance on the return journey (e.g. major surgical procedure or joint replacement, medical therapy that causes significant side effects)
- D Patient has a significant physical or mental disability that would require assistance with travel (e.g. administration of medication by an escort, assistance with baggage, toileting etc. (although please note if a patient is able to travel with the support of airport ground crew/ use of a taxi then an escort is not required))
- E Patient is attending an appointment that involves training in self-management that a carer or relative will be undertaking on their return home

Please note that social, emotional, fear of flying or pregnancy is not considered a reason for an escort.

This list is not exhaustive and exceptional circumstances will also be considered.

## Note.

- All information provided as part of your Travel Escort application will be removed from our system following your hospital visit
- Sensitive personal information is shared using NHS mail secure email platform
- If you wish to withdraw your consent to share your information please contact the Medical Director's Office or your GP. However this may affect our ability to process your application.

# Escort Application *(To be completed by the patient or their representative)*

## Your Details

Patient Name: .....

Patient Address: .....

Patient GP Practice: .....

Patient DOB: .....

Patient CHI No: .....

*(If known. May be located at the top of your appointment letter)*

## Your Hospital Appointment Details

Date of appointment: .....

Method of travel: .....

*(e.g. your preferred method of travel such as plane or ferry)*

Which hospital are you attending: .....

*(e.g. Raigmore Hospital, Golden Jubilee Hospital):*

Name of Speciality/Clinic: .....

*(e.g. Neurology, Surgical, Radiology)*

Reason for your appointment: .....

*(e.g. Outpatient Clinic, MRI scan, X-ray, surgery/treatment/investigation, planned admission)*

Referred by: .....

*(Name of GP/Consultant referring you)*

## Criteria for Travel Escort

*Please select the following which apply to you by ticking the box/boxes.*

I am a patient under 16 years of age (or under 18 and require overnight accommodation).  Yes  No

I have a Welfare Power of Attorney, or a Guardianship Order, or have an Incapacity Certificate, or am a young person under 26 who is Looked After.  Yes  No

*(Please state name and contact tel. no of your Welfare Power of Attorney/Guardian):*

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I am undergoing a procedure that will require assistance during travel.  Yes  No

*(Please provide further details in the Reasons why you feel you require a Travel Escort section)*

I have a significant physical or mental disability that requires assistance during travel.  Yes  No

I am attending an appointment for training in self-management where my relative/carer will also receive training.  Yes  No

**Supporting Information**

*You will need to provide evidence of any allowance awards for your application to proceed.*

Do you have severely restricted mobility but are not in receipt of higher level Disability Living Allowance (DLA) or enhanced Personal Independence Payment (PIP)?  Yes  No

Do you have difficulty communicating without assistance?  Yes  No

Do you require help to ensure you fully understand and remember information relating to your health and to make an informed decision regarding your care?  Yes  No

Do you require a high level of assistance with personal care but are not in receipt of higher level DLA or enhanced PIP?  Yes  No

Do you have severely restricted vision?  Yes  No

Will you be having sedation as part of a day case procedure?  Yes  No

Are you in receipt of PIP Mobility Component  Yes  No

If answered Yes, please state PIP Mobility Component score .....

*(You will find this on your letter from the Department of Work & Pensions)*

**Reason why you feel you require a Travel Escort?**

*Please provide any relevant details below. We would ask you to consider the criteria listed overleaf where NHSWI can fund travel escorts.*

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**Consent**

I hereby give my consent to the sharing of my relevant medical information between my GP Practice and NHS Western Isles to assist in the decision process. I confirm that the information provided in this application is accurate and based on my current health status.

Patient signature: ..... Date: .....

**Please return your signed completed form (including appropriate evidence) to your local Patient Travel Office.**

## Official Use Only

- A. The patient is under 16 (or is under 18 and requires overnight hotel accommodation)
- B. Patient has a Guardianship Order or has an Incapacity Certificate or is a young person under the age of 25 who is Looked After. (An Incapacity Certificate is a certificate provided by a healthcare provider to allow treatment to be given for patients who are unable to make these decisions independently. Your main carer should be aware of this.) A copy of your allowance award will be required
- C. Patient is undergoing a procedure that will require assistance on the return journey (e.g. major surgical procedure or joint replacement, medical therapy that causes significant side effects)
- D. Patient has a significant physical or mental disability that would require assistance with travel (e.g. administration of medication by an escort, assistance with baggage, toileting etc. (although please note if a patient is able to travel with the support airport ground crew/use of a taxi then an escort is not required)
- E. Patient is attending an appointment that involves training in self-management that a carer or relative will be undertaking on their return home.

Funding Approval:  Yes  No Criteria A-E: .....

Supporting Evidence Received  Yes  No Supporting Information 1-7: .....

Duration of approval, please tick:  One off  Duration of treatment  One Year  Permanent