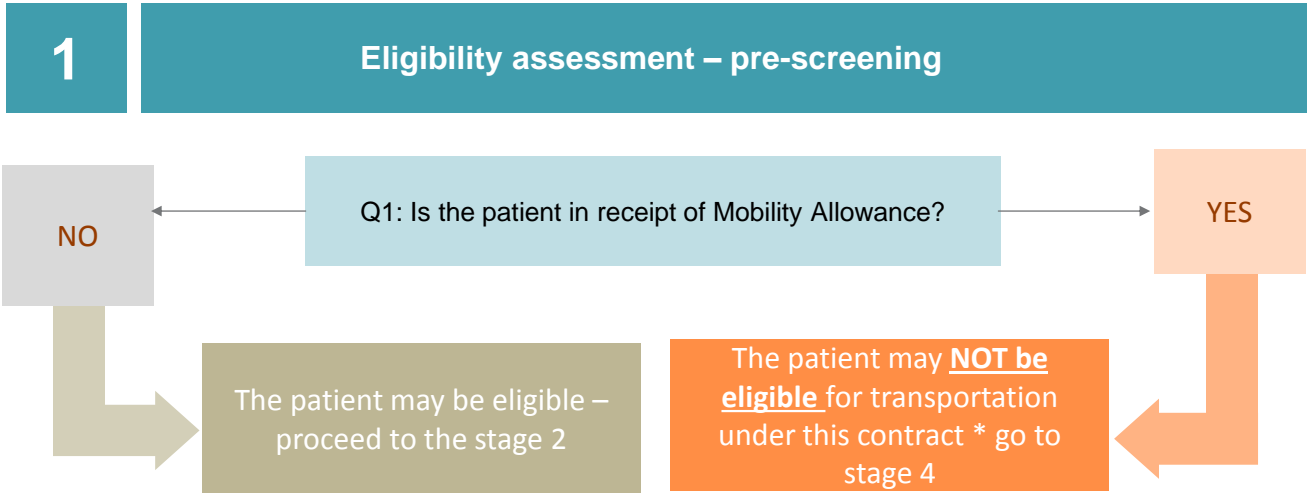
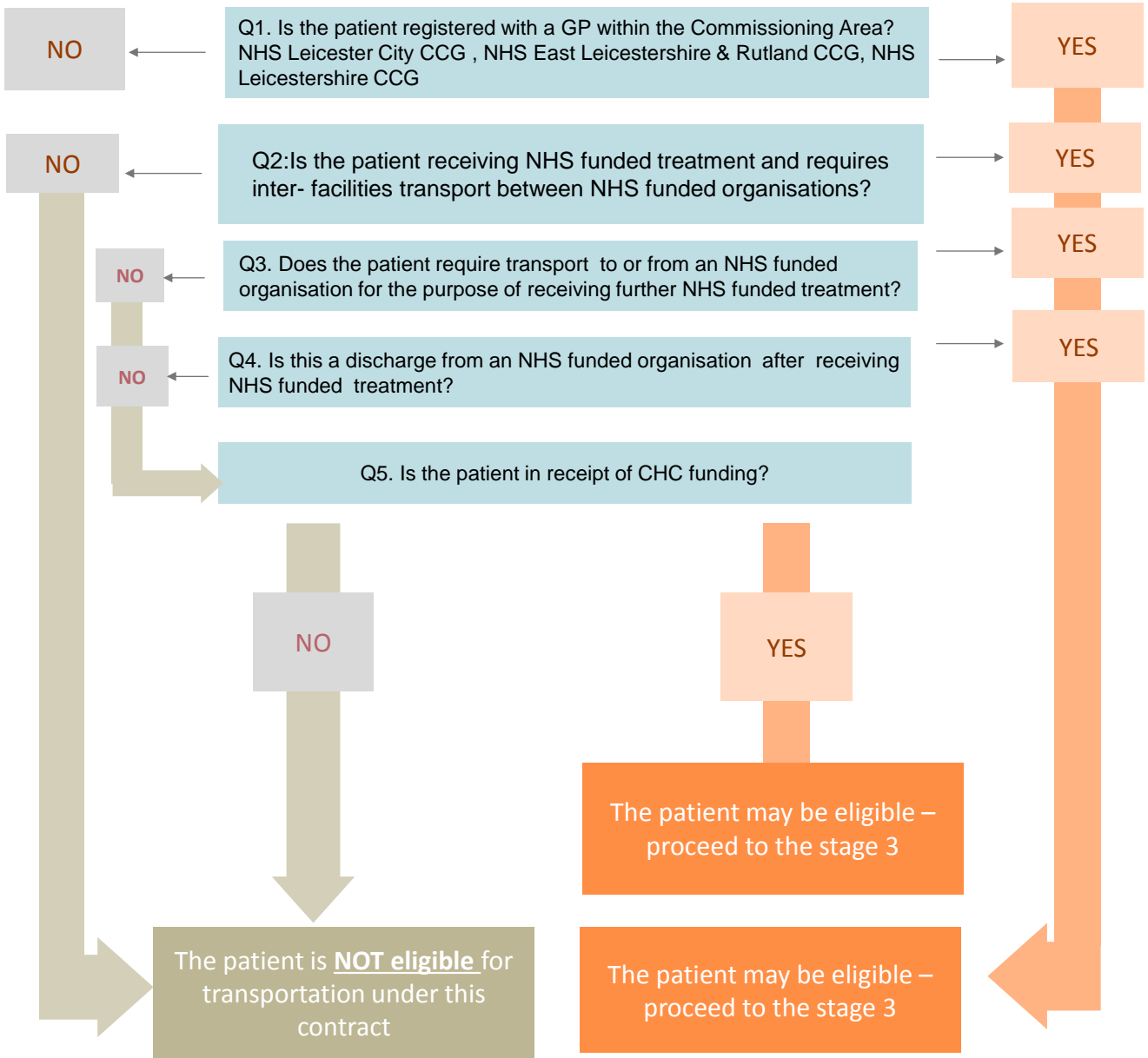


APPENDIX 2- ELIGIBILITY CRITERIA



APPENDIX 2- ELIGIBILITY CRITERIA

2 Eligibility assessment – pre-screening



*the 'usually resident' test must only be used to establish the responsible commissioner when this cannot be established based on the patient's GP practice registration.
The patient must advise where they consider their home address to be.

APPENDIX 2- ELIGIBILITY CRITERIA

3

Eligibility assessment – Current Mobility Information

Q1. How does the patient get to their GP surgery currently?

No

Own effort (drives, public transport, taxi)

No

Friends, family or carer

GP visits me

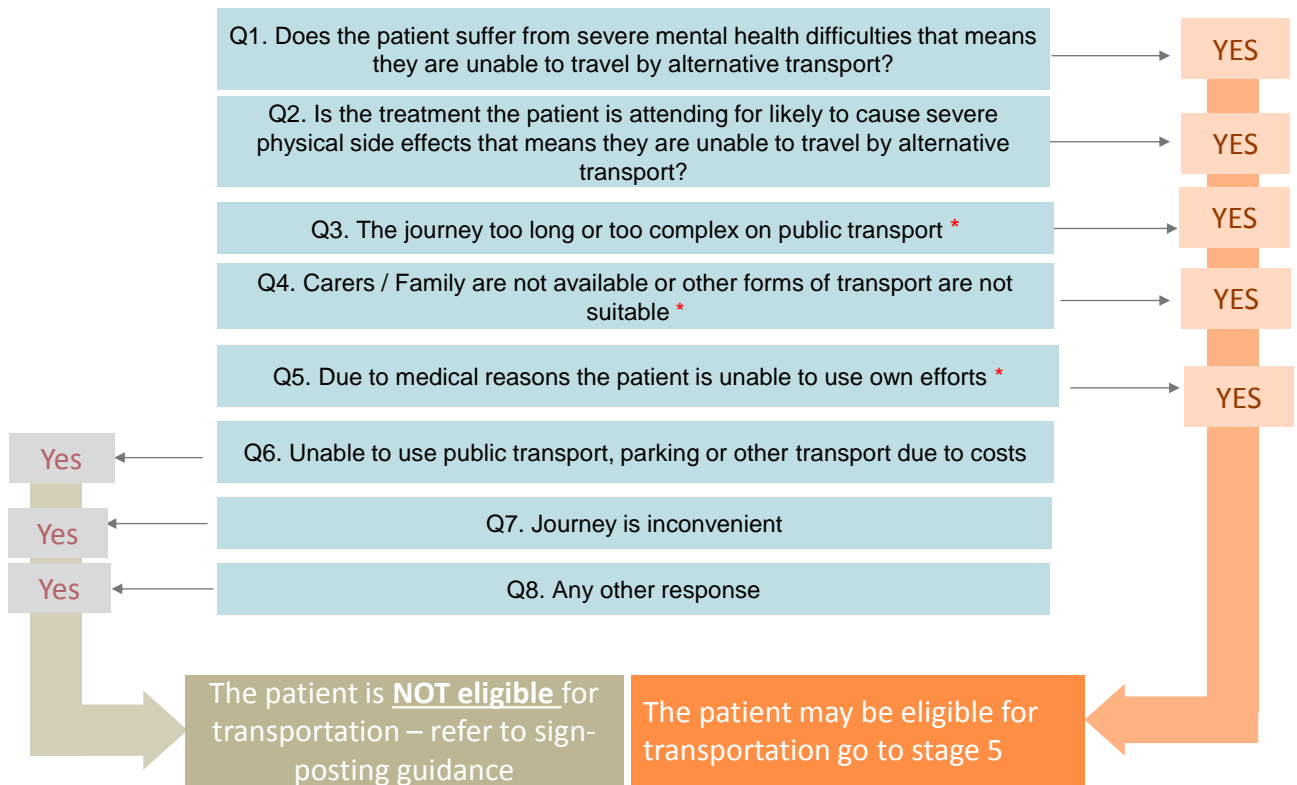
YES

The patient may be eligible – proceed to the stage 4

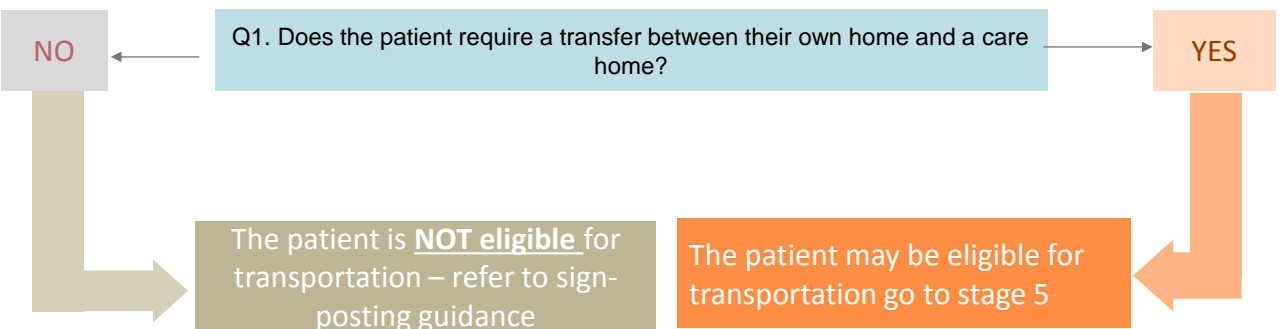
If question response is 'YES' the patient **IS eligible – DETERMINE PATIENT MOBILITY (go to Stage 5)**

APPENDIX 2- ELIGIBILITY CRITERIA

4 Eligibility assessment – Exceptional Circumstance Assessment



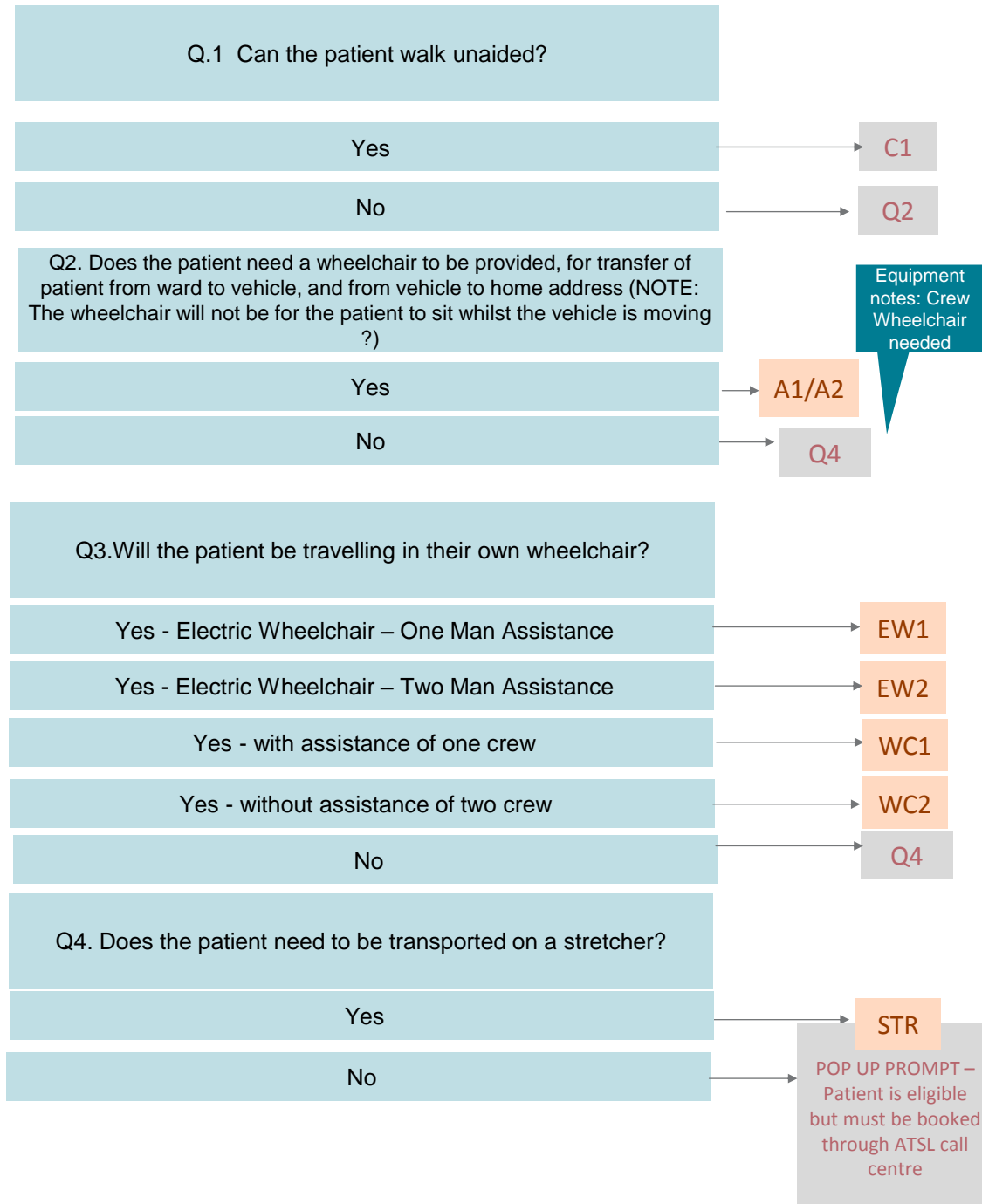
4a Eligibility assessment – Exceptional Circumstance Assessment



APPENDIX 2- ELIGIBILITY CRITERIA

5

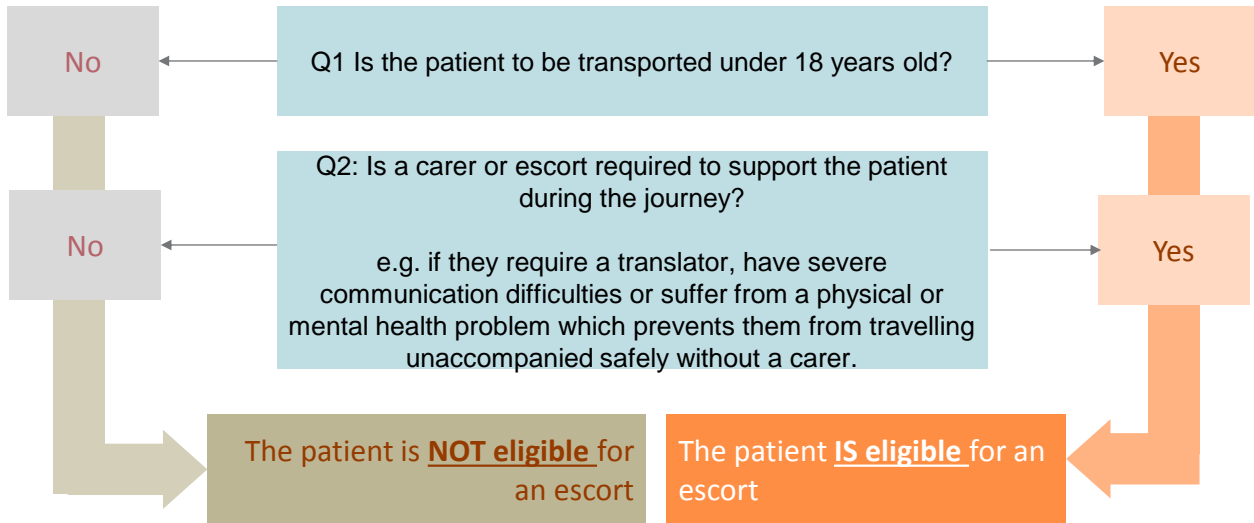
Eligibility assessment – mobility requirements



APPENDIX 2- ELIGIBILITY CRITERIA

6

Escort eligibility



APPENDIX 2- ELIGIBILITY CRITERIA

GUIDANCE NOTES

Section 4 - Question 3, 4 & 5

Complexity of journey on public transport

A journey is considered complex if it is made up of three or more individual journeys on public transport. For example:

Three or more bus journeys of different numbers that involve changing buses twice or more.

Three or more train journeys that involves changing trains twice or more.

Any combination of bus or train journeys that results in three or more individual journeys which involves changing mode of transport twice or more.

Length of time a journey will take on public transport

A journey is considered too long if:

It takes more than two hours to from door to destination.

Frequency of public transport is such that the individual may arrive at the destination more than two hours before their appointment time or have to wait more than two hours after their appointment before appropriate public transport is available.

Due to medical reasons the patient is unable to use own efforts

Medical reasons may include:

- Able to drive locally to own GP but unable to drive to receive treatment at NHS funded organisations.
- A medical condition that would be exacerbated if transport is not provided.

Mobility Allowance

Section 1 – Question 1

It is expected that anyone in receipt of Mobility Allowance will use this benefit to cover costs for transport to and from premises providing NHS funded healthcare.

If the patient requires frequent journeys for regular treatment e.g. renal dialysis, chemotherapy or radiotherapy, and their Mobility Allowance does not cover the increased travel costs; additional help can be requested via the Healthcare Travel Costs Scheme.

Further information can be found on NHS Choices website: Healthcare Travel Costs Scheme