

**POLICIES AND PROCEDURES FOR THE COMMISSIONING OF  
APPROPRIATE, EFFECTIVE AND PRIORITY HEALTHCARE**

**POLICY NUMBER 21**

**Policy in relation to specified non-clinical issues**

Policy/Procedure Number	F&WCCG/COMM/21
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# NHS FYLDE & WYRE CCG

November 2006

## **Policies for the Commissioning of Appropriate, Effective and Priority Health Care - Policy in relation to specified non-clinical issues**

### **1 Introduction**

- 1.1 This is the policy of the Fylde & Wyre Clinical Commissioning Group (CCG) to enable it to respond to certain types of individual patient funding requests. It forms part of a suite of Policies for the Commissioning of Appropriate, Effective and Priority Health Care. It is based on the considerations outlined in the General Policy within that suite. It will be applied in accordance with the CCG's Procedure for the Application, Amendment and Waiver of Policies for the Commissioning of Appropriate, Effective and Priority Health Care, and in accordance with the other policies and procedures within the suite.

### **2 Definition**

- 2.1 This policy applies to specific issues that from time to time are the subject of individual patient funding requests. Some of these are appropriate components of the clinical care of the patient; others are issues that may not represent an appropriate call on the resources of the National Health Service.
- 2.1 The CCG is aware of the competing demands for its limited financial resources, and the need to expend those resources on the most appropriate and effective treatments to improve the health of its population. The CCG's view is that (subject to careful consideration of the circumstances of the individual case to see whether there is an exceptional reason for adopting a more favourable view) the treatments addressed by this policy should not receive as high a priority in the allocation of resources as services of proven effectiveness for illnesses which are life threatening or cause more severe pain, discomfort or disability.
- 2.2 This policy applies to health care (including out of area treatments) for which this CCG is the ultimate source of funds. It also applies to health care commissioned by this CCG for people who reside elsewhere, but who are referred to NHS Trusts for whom this CCG is the lead commissioner, for out of area treatments.

### **3 The Policy**

*Commissioning Policies – Policy Number 21 – Policy in relation to specified non-clinical issues*

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- 3.1 Travelling expenses for patients. Requests for funding for the travelling expenses incurred by NHS patients will be addressed as follows:
- i When the patient requires an ambulance on an emergency basis, the CCG will normally provide funding, either on an individual patient basis, or through a service agreement with the relevant Ambulance Trust as appropriate.
  - ii When the patient is being treated in an NHS Trust and has a clinical need for ambulance transport on a non-emergency basis, the CCG will expect that the funding mechanism for the patient's healthcare will include the cost of the ambulance, which will therefore be borne by the NHS Trust treating the patient. A clinical need for ambulance transport exists when the use of other forms of transport (including public transport or the patient's own transport) would be unsuitable because of the patient's health status.
  - iii When the patient is being treated in a non-NHS organisation and has a clinical need for ambulance transport on a non-emergency basis, the CCG will normally re-imburse to the organisation the cost of arranging transport.
  - iv When the patient is being treated in an NHS Trust but does not have a clinical need for ambulance transport, travelling expenses may be re-imbursed to the patient by the NHS Trust or the CCG in accordance with the patient's eligibility under current national arrangements.
  - v When the patient is being treated in a non-NHS organisation but does not have a clinical need for ambulance transport, travelling expenses may be provided by the CCG which will be guided by the criteria that would have applied if the patient was being treated in an NHS Trust.
  - vi If there are clinical reasons why the patient cannot travel, or if there is a written agreement that it would be more economic to do so, then the CCG may pay the travelling expenses of the service provider's staff to visit the patient. Otherwise, the CCG will normally expect the patient to travel to the service provider.
- 3.2 Requests are received from time to time for funding for devices to assist service providers in the clinical management of patients. Examples are special beds and lifting devices for particularly heavy patients. Such requests will be addressed on their merits by the responsible director, who may consider the clinical circumstances of the patient and the nature of the service provider's business in deciding whether the request is reasonable.

- 3.1 Funding will normally be provided for patients on renal dialysis to receive their dialysis on an out of area basis during a reasonable holiday period.
- 3.2 Requests are received from time to time for funding for relatives of patients to be accommodated near to the hospital when patients are treated in distant locations. Such requests will be considered on their merits, and the clinical need for the relative's presence may be taken into account. Requests will usually be supported for the immediate relatives of a child to be accommodated.
- 3.3 Requests are received from time to time for funding for patient's treatment to be carried out earlier than is possible as their employer requires them to return to work quickly. This will not normally be supported on an individual patient basis, irrespective of whether the patient is or is not an NHS employee. However employers may be reminded (subject to confidentiality) that it may be economic for them to provide their own funds for the patient's private treatment in order to expedite their return to work.
- 3.4 Requests are received from time to time for funding for treatment in non-NHS organisations under the specialty or designation of Sports Medicine. In reaching a decision, the Commissioning Panel may take into account whether the request is based on a clinical need for a service that is not otherwise available, or on a sporting need for the patient to achieve a particularly rapid recovery or high level of performance. Patients will not be given greater priority nor will be offered services in excess of those available to other NHS patients, on the basis of sporting needs.

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