

**Travel Escort Application Form**

**Guidance**

NHS Shetland (NHSS) will make its decision on whether to fund a travel escort based on clinical need. The information you provide in this form will form the basis of this decision and may result in a referral to Occupational Therapy for an assessment of your needs. It may also be necessary to request additional information from your GP. You are required to provide your consent at the end of this form.

This decision is taken by the Escort Review Group at NHSS 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. Patient Travel will be able to provide advice of options available.

If your application is denied and you disagree with the decision, you do have an opportunity to submit additional evidence to request a review by a senior clinician. Should this be required Patient Travel will provide you with the Request to Appeal Escort Decision 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. NHSS considers the following as reasons to fund a travel escort:

* 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.
* 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)
* Patient has a significant physical or mental disability that would require assistance with travel (e.g. administration of medication by an escort, assistance with personal care, severely restricted mobility etc.)
* Patient is attending an appointment that involves training in self-management that a carer or relative will be undertaking on their return home
* Patient is undergoing a day case procedure and will have sedation/GA (this will be stated on your appointment letter a copy of which should be provided)
* Patient is in receipt of enhanced DLA/PIP or Attendance Allowance

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

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

**Note:**

* 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.
* Your personal data will be processed in accordance with NHS Shetland’s Privacy Notice which can be found here: [NHS Shetland: Privacy Notice (scot.nhs.uk)](https://www.shb.scot.nhs.uk/board/privacy.asp)

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

**Patient Details:**

Name:

Address:

GP Practice:

DOB:

CHI No:

(If known. This may be located at the top of your appointment letter)

**Hospital Appointment Details**

Date of appointment

Hospital you are attending

Speciality/Clinic attending

Reason for appointment

(e.g. Outpatient clinic, MRI, planned admission)

Referred by

(Name of GP/Consultant referring you)

Preferred method of travel

**Criteria for Travel Escort**

**Please select which applying to you by ticking the box/boxes**

I have a Welfare Power of Attorney, or a Guardianship Order, or an Incapacity Certificate, or am a young person under 26 who is Looked After.

(Please provide the name and contact no. of your Welfare Power of Attorney/Guardian)

I am undergoing a procedure that will require assistance during travel.

(Please provide further information 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

(Please provide further information in the reasons why you feel you require a Travel Escort section)

I am attending an appointment for training in self-management where my relative/carer will also receive training.

I have difficulty communicating without assistance

(Please provide further information in the reasons why you feel you require a Travel Escort section)

I require help to ensure I fully understand and remember information relating to my health and to make an informed decision regarding my care?

(Please provide further information in the reasons why you feel you require a Travel Escort section)

I am in receipt of enhanced DLA/PIP or Attendance Allowance

(Please provide a copy of your award letter)

I will be having sedation/GA as part of a day case procedure

I require assistance with personal care but am not in receipt of DLA/PIP/Attendance Allowance

(Please provide further information in the reasons why you feel you require a Travel Escort section)

**Reason why you feel you require an escort**

Please provide any relevant details below. We would ask you to consider the criteria outlined above where NHSS can fund travel escorts. Please provide as much information as you can as insufficient information may result in your application being declined.

**Consent**

I hereby give my consent to the sharing of my relevant medical information between my GP Practice and NHS Shetland to assist in the decision process. I understand the information provided may result in a referral to Occupational Therapy for a needs assessment. I confirm that the information provided in this application is accurate and based on my current health status.

Patient signature (or by e-mail): Date:

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