



FACULTY OF GENERAL DENTAL PRACTICE (UK)
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Hospital Travel Costs Scheme Consultation
Information for Choice Programme
Department of Health
Room 5E62, Quarry House
Quarry Hill
Leeds LS2 7UE

Dear Sir or Madam

Consultation on the Hospital Travel Costs Scheme

Thank you for including the Faculty of General Dental Practice (UK) in the *Consultation on the Hospital Travel Costs Scheme*. I am responding as chairman of the Faculty's Lay Advisory Group, which represents the patient perspective.

The Lay Advisory Group welcomes this document and the proposals to extend travel cost reimbursement beyond referrals by consultants to other health professionals including dental practices. This dovetails well with the momentum behind local provision through general dental practitioners with special interests (DwSIs) and enlarged clinic-style provision.

Accessibility to Reimbursement

While the list of options all has merit, we would favour a central system (at least within each PCT area). This would have two advantages: it would reduce confusion for the patient and would facilitate equality of delivery. This central point could be extended to 'heavy use centres' operating as a PCT 'branch' (e.g. hospitals), which would be able to make direct payments.

While many sums would be relatively small, to those claiming they may well be important, so it is essential that the claim process needs to be as simple as possible with uncomplicated paperwork and a rapid response (a target turnaround time from receipt of claim to payment would be useful). If claims are settled simply and quickly, the need for advance payment may be reduced.

Communications

Some of our lay members had not heard of this scheme, so it is important to publicise its existence. The use of posters in dental waiting rooms would be useful, but the most effective method is likely to be leaflets setting out eligibility and claim guidance in conjunction with a claim form and Freepost addressed return envelope. This could be given at the time a referral is agreed or included with a subsequent confirmation letter to the patient. This could be backed up with signposting/access to PALS if any help is needed in completing the claim.

We would also suggest that the general dental practitioner is made aware of this scheme when s/he is appointed as a DwSI. S/he can then arrange for their practice staff to receive any training or information necessary for administrative purposes, and to organise relevant patient communication.

Cost

If managed through one route i.e. the PCT, it should become a slicker operation. We would suggest that cheques would be the norm and that cash payments should be made only from a 'branch'.

General

It may be useful to provide specific eligibility criteria for carers/escorts that is less bureaucratic than that currently in place.

It is a little disappointing that the opportunity has not been taken to review the basis of entitlement as there are many (usually older) individuals who are just outside the benefit-qualifying level and who struggle to meet the costs of multiple visits as their health deteriorates.

We would be keen to be included in any further stages on this project, and are happy to provide further input as required.

Yours faithfully

Peter E Sanders
Chairman, Lay Advisory Group