



**Alternative choice - frequently asked questions for patients**

**What is alternative choice?**

Patients undergoing NHS funded treatment have the right to request an alternative hospital if they have been waiting a long time for their treatment. This right is outlined within the NHS Constitution.

**What is the PIDMAS system?**

Patient Initiated Digital Mutual Aid System (PIDMAS) is a new digital portal which is being launched on 31st October. Patients can use this portal to proactively exercise this right to request an alternative choice of provider. Patients can use this portal to proactively exercise their right to request an alternative choice of provider.

**Can all patients waiting for treatment over 40 weeks change their provider?**

Not all patients waiting over 40 weeks will be invited to request to move provider. Patients who have been waiting over 40 weeks and have an appointment date within the next 8 weeks will not be included as it will be quicker for them to remain with their current hospital.

In addition, there may be some patients whose clinical condition means that it would not be appropriate to move provider. This is particularly relevant to patients whose condition is clinically complex.

**How will patients know if they are eligible?**

Those patients who are eligible will be contacted by the hospital they are under the care of and given a link to the PIDMAS website and a telephone number to submit a request to explore their options.

**How will the hospital make contact with the patient?**

Most patients will be contacted via SMS text message and a small number, where mobile contact is not possible, will receive a letter via the post.

**Can a patient choose which alternative provider they wish to go to?**

No. If a patient opts to request to move, they can specify the distance they are willing to travel, the options are 50 miles, 100 miles or nationally. The Integrated Care Board (ICB) will make every effort to identify an appropriate alternative hospital according to the travel distances specified. In some cases, independent sector providers will be considered.

**What happens to the patient if a provider with a shorter waiting time can’t be found?**

If an alternative provider is not identified, the patient will be informed and will remain with their current provider.

**Who is responsible for informing the patient they could be eligible to switch provider?**

The NHS trust or independent sector provider who is currently overseeing the patient’s care is responsible for contacting those eligible. If the patient’s request progresses, it is the responsibility of the Integrated Care Board (ICB) to try and find an alternative hospital appropriate for the patient.

**What happens to a patient’s position in the original waiting list if they decide to explore their options?**

The patient’s position on their current waiting list will not be impacted if a new provider isn’t identified.

**When will other patients on the waiting list be offered an opportunity to switch provider?**

We are currently inviting patients waiting over 40 weeks and we will continually be reviewing progress.

**Can all patients waiting for treatment over 40 weeks change their provider?**

Not all patients waiting over 40 weeks will be invited to request to move provider. Patients who have been waiting over 40 weeks and have an appointment date within the next 8 weeks will be excluded from the process on the basis that it will be quicker for them to remain with their current provider than move to an alternative provider.

In addition, there may be some patients whose clinical condition means that it would not be appropriate to move provider. This is particularly relevant to patients whose condition is clinically complex.

**How will patients’ details be shared with other providers?**

As part of the process patients will agree to share their details.

**How long will the process take?**

In the majority of cases, the patient should be told if a new provider has been found or not within eight weeks of starting the process. If a patient is not clinically appropriate to move they should be told within three weeks. If an alternative provider is not identified, the patient will be informed and will remain on the waiting list with their original provider.

**When will those under 18 be able to change provider?**

No. Children under 18 are not included in this cohort.

**If a patient who has been waiting over 40 weeks chooses to go to a different provider will they be entitled to expenses for travel and accommodation?**

There is the existing NHS Travel Reimbursement Scheme which can be utilised. Further details on this can be found in the patient transport section of the FAQs.

**After the first outpatient appointment is a patient transferred back to their local NHS trust?**

No, the patient will be under the care of the chosen provider throughout their pathway of care until they are discharged. This includes any subsequent appointments.

This is clear on the homepage of the PIDMAS website.

**When a patient receives the communication is there a time limit for them to respond in?**

No. Some patients may respond immediately - others may take weeks to decide that they wish to opt in. There are no restrictions.

**If a patient chooses an independent sector provider will there be an additional cost?**

There will be no additional cost to the NHS or the patient if they decide to use an independent sector provider.

**How many patients are expected to be part of this cohort? How many people will be contacted from 31 October?**

Nationally around 400,000 people have been waiting over 40 weeks and do not have an appointment in the next eight weeks. They will be contacted from 31st October.

Experience from previous workstreams around patient choice, and from information seen at the pilot sites, we know the vast majority of patients will want to remain with their local hospital.

**How will the system find capacity when it is already overstretched?**

As we work to reduce the elective backlog and ensure the longest waiting patients get the treatment they need, some patients may be able to be seen sooner if they are willing to travel to a suitable alternative provider.

**Does this mean patients with complex clinical needs will be waiting even longer?**

No.

**Will this mean most of these patients are moved to independent sector providers?**

No. Both NHS Trusts and independent sector providers will be able to accept transferred patients.

**Will patients who are moved to a new provider be prioritised over patients already on that provider’s waiting list?**

Hospitals will only offer to take forward a patient’s care if they can see them within four weeks. They will not be prioritised over someone already on that hospital's waiting list unless there is a clinical need.

**What is the definition of clinically appropriate? Will this be consistent across Trusts?**

Where appropriate, clinical decisions will be made on whether the patient is suitable to be seen at an alternative provider for treatment. There are a number of factors that will need to be considered and this will therefore always be based on the individual’s circumstance and condition.

**How will patients be contacted to be invited?**

Patients will be contacted directly by text message, letter, or email.

**Will there be guidance or support for patients to help make their decision?**

If an offer is made to the patient for a suitable alternative hospital, they can use trusted NHS websites to carry out research before making a decision.

**Can patients specify which provider they would like to move to?**

Patients can’t specify a hospital they would like to go to. They will only be given an option to choose if they are offered more than one hospital as part of the process.

**If a patient thinks they should have been contacted, but hasn’t been, what should they do?**

Hospitals have gone through their waiting list to identify and contact all eligible patients. Please do not contact your hospital.

**Patient Transport – FAQs in respect of alternative choice**

**What is the Patient Transport Service (PTS)**

The non-emergency PTS is available for suitable patients referred for consultations, treatment or procedures provided within the hospital or community setting.

This would **not** normally include transport to services usually provided by your family doctor or dentist.

The patient transport service is provided by Yorkshire Ambulance Service for patients in Hull, East Riding, North Lincolnshire, North Yorkshire and York, more information is available on [their website](https://www.yas.nhs.uk/our-services/patient-transport-service-pts/), or [click here](https://www.eastridingofyorkshireccg.nhs.uk/data/uploads/patient-transport/pts-patient-leaflet.pdf) to read a patient information leaflet.

For patients in North East Lincolnshire the patient transport service is provided by Health Transport Group, more information is available on [their website](https://www.htg-uk.com/).

**Who is classed as “suitable patients”?**

A patient is deemed to be suitable for PTS if:

* their medical condition requires the skills or support of PTS staff throughout their journey
* the condition of the patient’s health might suffer if they were to travel by other means
* their medical condition affects their ability to access healthcare without PTS.

**Why can’t everyone without their own transport use PTS?**

It is important that PTS is only used by people who need either physical or emotional help to travel.

When PTS is used by too many people, i.e. those who could get to their appointment in another way, it is difficult for the service to operate efficiently. It means that patients could arrive late for their appointments and may have to wait for longer than necessary to be collected and taken home.

We need to ensure that people who have no other safe way to get to their appointments arrive on time and without detriment to their health. To do this, we ask that all people who could travel by other means are encouraged and given the relevant information to do so.

**What can I expect to happen when I apply for PTS?**

If you think that you are suitable for PTS, you should call **0300 330 2000 for YAS and for North East Lincolnshire patients you can call HT Group on 0808 164 3030** as soon as you receive your appointment and know you need transport.

When you call, the call handler will ask you a few questions to establish whether or not you are suitable for PTS transport. If you are suitable, the call handler will arrange this for you. In certain cases, someone may need to visit you to assess how to move you safely.

If you are considered suitable for PTS, your suitability will be reviewed each time you need transport. If your condition improves you may be informed that you are no longer suitable.

If you are not suitable for PTS, you will be advised of alternative support you could receive.

**Can I bring someone with me?**

You may only bring someone with you on PTS transport in the following circumstances:

* If you are a child (under 16 years old).
* Where the person accompanying you has particular skills which you need; for example if you:
* need constant attention throughout your journey
* have severe communication difficulties
* have problems with your sight, hearing or speech
* have physical or mental health problems that prevent you from travelling alone
* would be at risk or vulnerable if you travelled alone
* need a translator
* need a chaperone for cultural or religious reasons.
* If you have a guide dog.

When you apply for PTS, you will need to let the call handler know that you require an escort at the same time.

**What should I do if I’m not suitable for PTS?**

If you are not suitable for PTS you can do one of the following:

* Travel via public transport.
* For all **bus** enquiries telephone:
	+ East Yorkshire Buses - **01482 222222**
	+ Stagecoach – **0345 605 0605**
	+ Bus Info (York) **– 01904 551400**
	+ Arriva – **0344 8004411**
* For all**train** enquires telephone: **0845 6769905**.
* Ask a friend or relative to take you.
* Take a taxi - many taxi companies are now able to transport a wheelchair.
* Enquire about local community transport
* Contact your local council.

If you need help to pay for your travel, financial assistance may be available from the [Healthcare Travel Cost Scheme](https://www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costs-scheme-htcs/).

**Can I claim back my travel costs?**

You may be able to claim through the Healthcare Travel Cost Scheme if you’re referred for a consultation, treatment or procedure provided within a hospital or community setting. This does not include transport to services normally provided by your family doctor or dentist.

You can claim travel costs if you or your partner receives:

* Income support
* Income-based Jobseeker’s Allowance
* Income-related Employment and Support Allowance
* Pension Credit Guarantee Credit.
* You can also claim if you are named on, or entitled to a NHS tax credit exemption certificate.

You may also qualify if you’re on a low income and receive one of the
following:

* Child Tax Credit
* Working Tax Credit with the disability element or severe disability element.

In some hospitals you can claim your money back immediately when you show the following:

* Proof of a qualifying benefit (like an award notice).
* A tax credit exemption certificate (you’ll get this automatically if you qualify.)
* A certificate showing you qualify for the NHS low income support scheme.
* Evidence of the cost of your travel.

**Children and other dependants**

You can claim travel costs for your children if you're eligible for any of the benefits described above and your child has been referred for treatment as outlined above.

If your child is aged 16 or over, they may make their own claim under the Low Income Scheme.

**Carers and escorts**

You can claim travel costs for an escort if your healthcare professional says it's medically necessary for someone to travel with you.

Some integrated care boards (ICBs) may accept claims for help with travel costs if you're the parent or guardian of a child under the age of 16 who you have to bring with you to your appointment.

These payments are made on the basis of the patient's eligibility for the scheme, irrespective of the escort's eligibility.

**Who cannot claim help with travel costs?**

You cannot claim help with travel costs if you're visiting someone in hospital.

You also cannot claim if you're visiting a GP, dentist or another primary care service provider for routine check-ups or other services, such as vaccinations or cervical cancer screening, as these are excluded from the scheme.

You should use the cheapest, most appropriate means of transport, which in most cases will be public transport.

If you travel by car you will be reimbursed for the estimated cost of fuel used plus unavoidable car parking and toll charges.

If you intend to use a taxi for transport you should check with the hospital before you travel.

**Can I get help with travel costs before an appointment?**

You're expected to pay for your travel and claim back the costs within 3 months.

In some cases, you may be able to get an advanced payment to help you attend your appointment.

The NHS service providing your treatment should be able to tell you how to apply. Alternatively, contact your local ICB for advice.

**How do I claim a refund?**

To claim your travel costs, take your travel receipts, appointment letter or card, plus proof that you're receiving one of the qualifying benefits, to a nominated cashiers' office.

Nominated cashiers' offices are located in the hospital or clinic that treated you. They'll assess your claim and make the payment directly to you.

In some hospitals, the name of the office you need to go to may be different (for example, the General Office or the Patient Affairs Office).

If you're not sure, ask the hospital reception or Patient Advice and Liaison Services (PALS) staff where you should go.

Some hospitals and clinics do not have cashier facilities. In this case, you can complete an HC5(T) travel refund form and post it to the address stated on the form. You can download the HC5(T) form [here](https://www.nhsbsa.nhs.uk/sites/default/files/2023-06/HC5%28T%29%20%28V11%29%20online%20-%2006.2023.pdf) or order a form online that will be posted to you [here](https://applications.nhsbsa.nhs.uk/LISWebAppStaticData/begin.do).

You can make a postal claim up to 3 months after your appointment took place.