



**Stroud and Cotswold  
Districts**

# **Report on NHS Healthcare Travel Costs in Gloucestershire**

**October 2015**



[www.citizensadvice-stroudandcotswold.org.uk](http://www.citizensadvice-stroudandcotswold.org.uk)

## CONTENTS

	<b>TITLE</b>	<b>PAGE</b>
	Executive Summary	3
1.	Background	4
2.	Methodology	5
3.	Transport Exclusion And Impact On Health	6
4.	National Policy	8
5.	Findings	11
6.	Recommendations	25
	Appendix 1. Healthcare Travel Costs Questionnaire	28
	Appendix 2 - Gloucestershire NHS Foundation Trust Policy On Health Care Travel Costs	30

## EXECUTIVE SUMMARY

**“Transport can be a barrier to accessing care. The Social Exclusion Unit estimates that 1.4 million people miss, turn down or simply choose not to seek health care because of transport problems.”**

*White paper – ‘Our health, our care, our say’*

(Quote from Healthcare Travel Costs Scheme - instructions and guidance for the NHS)<sup>1</sup>

People claiming certain benefits, or on low income, are entitled to claim back travel costs to and from hospital appointments. This report looks at how the national NHS Health Care Travel Costs Scheme is operating in Gloucestershire, and in particular in Stroud and Cotswold Districts. It examines why such a scheme is important for improving health and social inclusion.

It finds that the Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Care Services NHS Trust and Gloucestershire Clinical Commissioning Group are not following national guidelines in some important areas. Information about the scheme is poor, meaning that many eligible people are not claiming. The application process is complex, with little support provided, and is open to error and subsequent delay. Processes for claiming in advance and on the day appear to be non-existent.

The report finds that some neighbouring NHS trusts are operating systems, in line with national guidelines, that are simpler and reimburse patients on the day.

Finally, the report makes a number of recommendations for improving the system in Gloucestershire, including:

- Providing better information
- Providing assistance to fill out forms
- Improving claim forms

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<sup>1</sup> Page 7 <https://www.gov.uk/government/publications/healthcare-travel-costs-scheme-instructions-and-guidance-for-the-nhs>.

- Developing a policy and procedures for paying travel costs in line with national guidelines, particularly by reinstating payments in advance and on the day.
- Rationalising bureaucratic payment systems
- Implementation of the healthcare travel costs scheme should be monitored

## **1. BACKGROUND**

People claiming certain benefits, or on low income, are entitled to claim back travel costs to and from hospital appointments. In recent months, our clients started to tell us at Citizens Advice that a new scheme for claiming was causing them problems. They were either not claiming, or having to wait for weeks before they received payment. Since these costs can sometimes be quite high – for instance if they need to use a taxi – the impact can be severe on those with very little income.

### **Case Study 1**

Mrs D lives in a rural area of the Cotswolds with no public transport access to hospital. She does not have a car. She is in receipt of several benefits including Pension Credit. Recently she had to attend hospital for a scan and transport was provided for her by a volunteer driver from Cotswold Volunteers. She subsequently received an invoice for these transport costs of £36.20, a very large sum for someone on a low income, causing her stress and worry. She did not feel able to make a claim for hospital travel costs.

Since she does not have access to a computer or the internet, Citizens Advice helped Mrs D to obtain a paper HC5(T) form to claim back her travel costs and she received a payment about four weeks later.

In many areas of the country, the system for claiming travel costs to and from hospital appointments involves taking proof of these costs, of entitlement and of the appointment to the Cashier's office on the day of appointment. Claimants are then reimbursed straight away. This was the system previously operated by Gloucestershire Hospitals NHS Foundation Trust, but in June 2014 the system

changed. The reason given for these changes was that the previous system was open to fraud<sup>2</sup>.

The new system is based on a national system, operating in many areas of the country. It requires claimants to fill out form HC5(T) which, in Gloucestershire, must then be sent by post to one of a variety of agencies/addresses, depending on which benefit the claimant is already getting. After being checked nationally, payment is then made by cheque or BACS via the local NHS Trust.

We believe that the increase in clients seeking advice regarding the refund of travel costs is connected to the introduction of the new system. We therefore decided to try to gather more information about this issue so that we can do something about it.

## **2. METHODOLOGY**

We gathered information for this report in a variety of ways:

- **We studied information available** in leaflets and forms and on various relevant websites in Gloucestershire and in other areas of the country. This included looking at national NHS guidance on entitlement, looking at information provided by Gloucestershire Hospitals NHS Foundation Trust about the local scheme, and looking at schemes elsewhere in the country.
- **We contacted the local agencies to gather further information.** We contacted Gloucestershire Hospitals NHS Foundation Trust; Gloucestershire Clinical Commissioning Group; Healthwatch; PALS; Stroud Jobcentre Plus; Stroud Food Bank; Cotswold Volunteers. We asked them for data about the scheme; for their understanding of the scheme, how they perceived it was operating, and any problems that they had identified.
- **We acted as mystery shoppers** at hospitals in Stroud, Gloucester, Cheltenham and Cirencester. We looked for any displays of information and asked for help at reception points. We also contacted hospitals by phone.

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<sup>2</sup> Letter from Rayna Kibble, Gloucestershire NHS Counter Fraud Specialist, 10<sup>th</sup> June 2015.

- **We asked our clients at Stroud and Cotswold Citizens Advice to fill out a questionnaire.**<sup>3</sup> The questionnaire was given to clients waiting in reception for a drop-in appointment. The questionnaire was filled out by people who self-identified as having recently attended hospital appointments, and therefore might be entitled to help with travel costs.
- **We interviewed some clients** who had reported problems with reimbursement of travel costs, to produce in-depth case studies. Our advisors gathered these details during advice sessions.
- **We drew on research** about causes of ill-health and about social exclusion due to difficulty in travelling to health services.

### **3. TRANSPORT EXCLUSION AND IMPACT ON HEALTH**

There is clear evidence that reimbursing travel costs for people on benefits and low income will have a positive impact on health outcomes. The White Paper on “Our health, our care, our say” identified that 1.4 million people nationally do not attend health appointments because of transport problems.

The national guidance on the Healthcare Transport Scheme states that *‘for some patients, travel to receive healthcare can present difficulties – the journey may be lengthy or complex, costly, or there may be poor access to public transport. In particular, patients on benefits or low incomes can find it difficult to meet the cost of travelling to hospital or other healthcare premises for treatments or diagnostic tests. This can widen health inequalities and potentially have serious consequences for the health of the patient’*.<sup>4</sup>

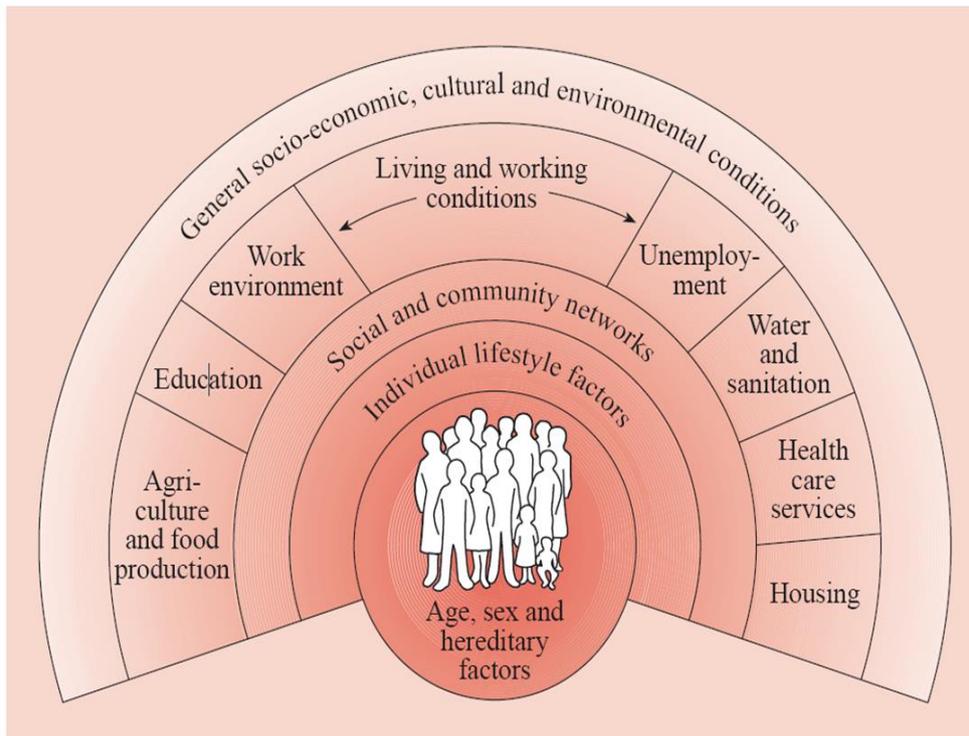
Research on the determinants of health show that socio-economic conditions such as those identified above surround and affect all other health determinants (see Figure 1)

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<sup>3</sup> See Appendix 1.

<sup>4</sup> NHS Healthcare Travel Costs - national guidance P.7.

**Figure 1. Determinants of Health (Dalgren and Whitehead, 1991)**



The number of people experiencing social exclusion because of transport problems is significant. The National Travel Survey in 2005 'identified that 8% of adults surveyed had a mobility issue that caused difficulty in travelling to their doctor or a hospital'.<sup>5</sup> It is likely that that this figure has increased with the growing number of elderly and disabled people in our population.

Locally, evidence from MAIDeN (Gloucestershire's Multi-Agency Information Database on Neighbourhoods) shows that this problem is particularly prevalent in the Cotswold District (see Figure 2). Many areas there do not have any access to outpatient/hospital facilities using public transport. A study commissioned by Cotswold District Council of community transport in the district<sup>6</sup> found that:

- 9,000 residents are over 75 years old (10.5% of the population)
- 13% of households have no car
- 2,800 pensioners claim Pension Credit
- 5,400 people have a long-term health problem or disability

<sup>5</sup> NHS Healthcare Travel Costs - national guidance P.26

<sup>6</sup> Cotswold Community Transport Study, Paul Beecham & Sian Thornthwaite, June 2015

- 21% of households in Cotswold are not able to access their nearest primary centre within 45 minutes during the core commuting period

**Figure 2: Information from MAIDeN showing areas of high transport exclusion**

Ward	Rank	Post office		Supermarket		Library		Primary School		Secondary School		Children's Centre		GP		Pharmacy		A and E or MIU		Fitness Facility	
		Drive	Bus/walk	Drive	Bus/walk	Drive	Bus/walk	Drive	Bus/walk	Drive	Bus/walk	Drive	Bus/walk	Drive	Bus/walk	Drive	Bus/walk	Drive	Bus/walk	Drive	Bus/walk
Tetbury	5	1.5	9.2	1.5	8.1	1.6	10.9	1.7	9.8	3.2	12.4	1.6	11.2	1.5	7.8	1.7	8.4	2.3	13.7	1.4	7.4
Cirencester Park	14	2	9.0	1.8	9.7	2.6	13.0	2	7.2	3.4	11.1	2.8	14.8	1.8	9.1	1.6	6.6	3.1	12.2	1.9	8.1
Cirencester Watercourse	15	2.6	10.2	2	9.7	2.5	11.6	1.8	8.3	3.6	12.1	1.8	8.1	2	8.8	2	10.2	3	13.9	2.2	10.1
Moreton-in-Marsh	63	1.4	9.8	1.4	9.7	1.5	11.6	1.5	11.0	11.5	31.1	7.5	29.1	1.3	9.2	1.4	9.5	2.1	11.3	2.2	13.0
Cirencester Chesterton	67	3.9	20.3	2.1	10.8	4.7	21.5	1.7	9.4	3.3	14.7	3.3	19.8	2.1	9.2	2.1	11.6	3.5	15.1	3	19.2
Cirencester Beeches	80	3.2	18.8	2.1	15.5	2.3	16.2	3.1	15.4	3.5	13.4	3.1	20.5	2.9	20.1	3.1	15.1	4.3	21.2	3.2	13.1
Cirencester Stratton-Whiteaway	84	1.9	8.0	3.2	19.7	3.5	17.0	1.8	9.2	5.1	30.6	4.5	21.7	3.9	17.5	3.5	16.9	5.1	21.7	2.5	9.3
Bourton-on-the-Water	93	2.6	16.3	3.1	19.2	2.6	14.5	2.6	18.6	3	17.9	7.4	32.9	2.5	18.0	2.4	15.6	12.3	33.9	2.8	17.4
Northleach	97	1.9	9.1	10.5	33.2	9.8	24.8	1.8	13.4	10.7	30.1	1.8	10.4	2.3	13.9	1.6	11.0	17.7	39.8	1.9	10.8
Water Park	102	3.2	19.3	7.6	35.7	8	24.6	3.2	16.4	8.8	25.7	7.5	28.6	3.5	14.8	4	18.1	8.5	30.5	4.4	15.6
Hampton	109	2.4	14.7	6.8	23.9	6.7	25.3	2.5	15.5	8.9	35.1	6.9	25.6	6.7	30.0	6.8	27.5	11.9	49.2	5.8	23.6
Churn Valley	113	3.6	22.2	7	36.6	8.1	38.0	3.3	20.5	8.8	48.1	8.7	37.2	3.9	17.5	7.8	33.8	9.5	37.5	3.6	19.6
Fairford	116	2.7	13.3	2.7	40.3	2.7	41.0	3.9	19.5	5	48.2	2.7	41.0	2.9	14.9	2.8	32.0	16.2	56.5	2	32.5
Avonage	117	5.8	28.7	6.2	57.1	6.4	31.8	2.6	21.6	7.9	32.0	6.4	38.7	6.2	31.2	6.3	31.5	7.5	35.0	4.4	19.9
Thames Head	119	4.1	20.2	7.2	80.3	8.6	61.3	3.3	11.9	6.3	20.5	8.1	35.9	4.4	20.1	7.3	29.5	7.4	25.7	5.7	32.4
Campden-Vale	125	2.8	31.0	5.1	39.8	3.9	28.1	2.2	35.9	4.5	40.7	9.7	155.0	3.2	28.6	4.1	28.7	12.4	49.3	3	17.2
Amplewell-Cole	126	3.7	26.2	7.7	65.6	8.7	41.6	3.2	26.8	8.9	36.5	8.8	38.3	8.6	87.5	8.6	43.3	11.1	48.0	4.3	21.7
Sandywell	127	4.1	51.4	8.9	65.2	9.3	50.0	3.4	31.8	9.6	48.7	9	60.3	8.1	60.0	8.3	32.3	11.5	37.7	3.9	34.3
Kempsford-Lechlade	128	1.9	11.8	7.7	56.6	3.9	49.8	2.2	13.9	9.1	63.6	7.5	58.3	3.8	50.6	3.9	50.6	18.5	94.2	4.3	50.7
Blockley	130	3.2	24.5	7	33.2	7	33.2	3.4	31.9	9.1	75.3	11.7	176.4	3.2	28.9	6.9	57.7	8.1	35.8	3.8	32.0
Beacon-Stow	131	1.5	18.9	3	68.5	3.1	69.0	2.1	43.5	7.9	72.2	3	69.3	3.7	68.8	3.4	41.6	8.1	50.6	3.1	68.5
Bissingtons	133	6.9	35.4	3.3	26.9	7.7	43.7	5.6	60.9	9.6	88.1	9.3	63.6	8.3	44.3	7.9	49.9	13.9	83.5	8	44.9
Errisni	136	7.2	87.8	9.9	95.0	10.8	50.3	5.5	86.2	11	103.5	11.2	89.8	9	52.4	10.6	44.3	12.6	54.5	5.9	40.5
Fosseridge	137	4	50.9	5	88.1	5.1	87.9	4.1	67.1	10.4	107.7	7.2	93.0	5.5	92.2	5.4	51.5	6.5	56.0	5	64.3
Grumbold's Ash	138	6.2	84.0	6.9	134.4	7.1	78.7	5.4	53.2	8.9	87.5	7.2	135.2	6.8	76.4	6.9	84.7	8.1	85.1	5	58.7
Chedworth	140	8.5	65.8	12.2	142.6	13.1	86.0	3.2	29.1	13.4	117.6	10.5	69.0	10.1	101.7	10.3	141.1	15	119.5	3.5	23.9
Three Rivers	141	4.1	82.6	8.5	126.5	8.7	120.7	5.2	64.0	10.5	91.4	9.3	129.5	9.2	127.4	8.7	90.8	14.2	76.5	6.2	76.9
Riversmeet	142	3.4	44.2	12.1	189.6	11.8	131.7	4.1	31.8	13.4	155.2	10.2	152.2	9.1	85.6	8.9	127.9	20.2	86.6	5.2	57.8

Although these issues affect more people in the Cotswold District, there are many people in Stroud District and other areas of the county who also face real transport problems both in terms of access and affordability. A well-operated and effective Healthcare Travel Cost scheme is therefore essential to ensure that they have equal access to health services.

#### 4. NATIONAL POLICY

##### The NHS Health Care Travel Costs Scheme

The Health Care Travel Costs Scheme (HTCS) is a national mandatory scheme. The National Health Service (Travel Expenses and Remission of Charges) Regulations 2003 (“the 2003 Regulations”), as amended, place a legal requirement on PCTs, NHS trusts and NHS Foundation Trusts to pay the NHS travel expenses of eligible patients through HTCS.

The National guidance on the scheme requires *‘that health providers develop and implement robust systems to deliver HTCS, including:*

- *ensuring facilities are in place to pay NHS travel expenses immediately and in cash on the day of travel, at any time of the day;*
- *ensuring that the cashier’s office and any alternative payment locations are clearly signposted and accessible to all patients;*
- *ensuring that a robust process for providing advance payments to patients exists;*
- *holding adequate supplies of HC1 and HC5(T) forms, and making these readily available to patients;*
- *providing any support that patients may require with completing the HC1 or HC5(T) claim forms. They should promote the form completion service provided by the NHS Business Services Authority, which is available by telephoning 0845 850 1166;*
- *providing information on HTCS to patients and the public*
- *ensuring front-line staff are aware of the scheme and how it is administered within the provider unit.<sup>7</sup>*

Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Care Services NHS Trust and the Gloucestershire Clinical Commissioning Group are therefore expected to operate a system that meets these criteria.

The document further states that:

*‘Patients need to have a clear and easy-to-use process through which they can obtain any payment of NHS travel expenses to which they are entitled, in a way that suits their needs. This process needs to reflect the fact that illness and treatment can leave people feeling vulnerable and in need of greater support.*

*HTCS provides three acceptable payment methods for patients:*

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<sup>7</sup> Page 18 <https://www.gov.uk/government/publications/healthcare-travel-costs-scheme-instructions-and-guidance-for-the-nhs>.

- *at the provider unit on the day of travel (where a cashier's service exists);*
- *retrospectively through a postal claim on form HC5(T);*
- *in advance of travel.*

*In general, provider units are responsible for paying patients their NHS travel expenses under HTCS where a payment is made on the day of travel or a payment is requested in advance (...)*

*Where payments are to be made retrospectively through the post it is the responsibility of the Prescription Pricing Division of the NHS Business Services Authority to confirm the patient's eligibility and inform the provider unit (...) that a refund of NHS travel expenses is due to the patient.*

*It is then the responsibility of the provider unit (...) to calculate the amount payable and to make payment.'*

*(...)*

*To claim a payment on the day of their appointment, patients will need to provide evidence of their entitlement (...) and appropriate travel receipts. Where these requirements are met patients should be paid the appropriate cost of travel immediately and in cash.*

*Provider units should ensure that they have facilities to make these payments to patients as and when required, including ensuring that:*

- *the Cashier's Office and alternative payment locations are clearly signposted;*
- *payment locations are accessible to all patients.*
- *patients have access to payments at any time during the day – either through the Cashier's Office or through other arrangements outside of this office's opening hours;*

*(...)*

*Patients on low incomes or benefits may not have ready access to the money required to travel to their healthcare appointment, which can be a significant barrier to accessing healthcare. In such cases, an advance payment may be more suited to their needs than a retrospective payment. This issue was highlighted as a major concern for patients in the HTCS consultation.*

*Where required and appropriate, advance payments should be made to patients to assist them in attending their health care appointments.*

In this report we consider whether Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Care Services NHS Trust and the Gloucestershire Clinical Commissioning Group are meeting this statutory guidance.

## **5. FINDINGS**

### **5.1 Lack of information for patients**

We found that many people do not know about their entitlement to claim back travel costs. Through our survey of clients, we found that 62% of those surveyed said they did not know about the NHS travel costs reimbursement scheme, yet 85% of these were in receipt of benefits, which entitled them to claim.

Information at GP surgeries about the scheme is variable – Gloucestershire Clinical Commissioning Group told us that, although they can tell GPs about the scheme, it is the GP’s responsibility to keep up-to-date forms and publicise the scheme.

We found that publicity and information about the scheme is poor in hospitals, on the website, and in some cases inaccurate or contradictory.

Of four hospitals surveyed, only one had a small poster displayed advertising the scheme in just one area of the hospital. Receptionists at two hospitals were not familiar with the scheme, but eventually found HC5(T) forms after some prompting. In each case, out-of-date HC5(T) forms were given (2012 in Stroud and 2010 in Cirencester). There was no information about the scheme at several of the outpatient clinics which our clients attended at Gloucester Royal Hospital.

Hospital appointment letters have recently been changed and now contain a sentence on the back of the letter about the scheme, with contact telephone numbers. This is a significant improvement. However, some people told us that they had not noticed this information, for instance, if they had been going for regular appointments for some time and thought they were familiar with the information on the back of the letter (See Case Study 2). This illustrates the challenge facing the NHS in ensuring their information reaches their patients.

### **Case Study 2**

Mr B is being treated for cancer at both Cheltenham and Cirencester hospitals, and has been to hospital 44 times in the last four years. He is on a low income, claiming several benefits and has no savings. His wife works part-time and cares for him. Money is short and they recently had to cancel their telephone landline because they could not afford it.

Before coming to Citizens Advice, Mr B did not know that he could apply for help with travel costs. The first time he received information about it was on the reverse of his appointment letter in June 2015 but, because he is a regular attender, he had not turned over the letter to read the small print. Previous appointment letters, for instance in March 2015, contained no information about entitlement to travel costs. Over the four-year period, no one had told him of his possible entitlement.

Under the terms of the scheme, Mr B was only able to back-claim travel costs for the last 3 months, and he has therefore missed out on potential reimbursement for a period of 3 years and 9 months.

Many people will look for information on-line, but the information about this scheme on websites is also problematic.

The main guidance about the local scheme on the Gloucestershire Hospitals NHS Foundation Trust is a PowerPoint slide, which is difficult to open and access on some computers and on some smart-phones.<sup>8</sup> The information is also inaccurate and confusing for patients. For instance, the instructions on where to send form HC5(T) are not consistent with those on the actual form but no explanation is given for this variance; and they incorrectly refer to the section of the HC5(T) form that concerns benefit claims as 'Part 3'. Part 3 of the HC5(T) form actually relates to the provision of information regarding the referring doctor, dentist or consultant.

Furthermore, although the Gloucestershire NHS Foundation Trust website provides a link to national NHS guidance on reclaiming travel costs, its own scheme does not adhere to this guidance and does not provide information on where the differences lie. This contradiction between local and national policy

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<sup>8</sup> <http://www.gloshospitals.nhs.uk/en/Patients-and-Visitors/Travel-and-Parking/> reproduced as Word Document in Appendix 2.

causes confusion for patients, particularly in relation to claiming back costs in advance and on the day, of which no mention is made in the local PowerPoint guidance. Also, the national guidance states that, *“Where a provider unit considers the use of a private motor vehicle is reasonable, they should pay the full estimated cost of fuel actually used in making the journey. (...) Where the patient is being reimbursed for the cost of travelling in a private motor vehicle, the 2003 Regulations stipulate that they may also be reimbursed for car parking and road and toll charges.”* Yet the local scheme makes no mention of either travelling by private car or of reimbursement of car parking charges – a major issue for patients at both Gloucester Royal and Cheltenham General hospitals.

In order to clarify the information provided by Gloucestershire Hospitals NHS Foundation Trust, a number of calls were made between March–June 2015 to the contact numbers provided on the trust’s website. When asked about the possibility of claiming travel costs on the day of an appointment, Cheltenham General Hospital replied ‘you have to send it by post now I’m afraid’ and Gloucestershire Royal Hospital answered ‘We don’t pay it on the day anymore. You have to fill in an HC5 form and send it to Newcastle’. This is in contradiction with national guidance and was the only information we could find on claiming before, or on the day of, an appointment.

Gloucestershire Clinical Commissioning Group (GCCG) provide hardly any information on their website, as can be seen in Figure 3. They refer patients to national guidance rather than to a local source of further information.

### Figure 3. Excerpt from GCCG website<sup>9</sup>

#### Refunds of hospital transport costs

You may be able to claim a refund for the cost of transport to hospital or other NHS premises through the Healthcare Travel Cost Schemes (HTCS).

There are conditions you must meet to be eligible for a refund under this scheme. For more information see [NHS Choices – Healthcare Travel Costs Scheme \(HTCS\)](#)

Healthwatch Gloucestershire also provide information about travel costs on their website.<sup>10</sup> They also do not provide any links to the local scheme; instead

<sup>9</sup> <http://www.gloucestershireccg.nhs.uk/your-services/patient-transport/>.

<sup>10</sup> <http://findaservice.healthwatchgloucestershire.co.uk/view/healthcare-travel-costs-scheme/2489>.

they have links to the national NHS guidance and to National Policy. This national guidance implies that travel costs can be claimed both before an appointment and on the day of an appointment. It is not being followed by Gloucestershire NHS Foundation Trust, adding to the confusion.

Stroud Jobcentre Plus told us that they do not display information about claiming health travel costs, but that they do give out form HC1 to clients together with an envelope for clients themselves to send in direct to the relevant Benefits Delivery Centre. In effect, they may be giving out the wrong form. HC1 is for people who are not on qualifying benefits – whereas most people coming to the Jobcentre Plus qualify and should be given the HC5(T) form. The Gloucestershire NHS Foundation Trust’s website recommends that claimants on certain benefits take the HC5(T) form to the Jobcentre Plus to get it stamped, but the Jobcentre Plus do not recall ever having been asked to stamp a form and told us ‘Our only involvement is to give out forms’.

It is clear from our research that information about reclaiming travel costs is patchy, confusing and inconsistent, and does not meet national policy guidelines.

## **5.2 Complexity of form and inconsistency in operation of system**

11% of respondents to our questionnaire said that they knew about their entitlement, but found it too complicated to apply. Our research backs up this finding.

Firstly, there seemed to be no help offered in filling out the forms, in contravention of national guidance. We were told that General Offices have posters saying that their staff can help patients complete the forms, but we saw absolutely no evidence of these. In addition, there is no monitoring information about whether help is being given and if so how frequently.

The HC5(T) claim form is confusing and bureaucratic, and can be quite intimidating for a patient to complete, especially if they are already stressed because of ill-health or are elderly. Part 4 is particularly challenging (see Figure 4).

Part 4 lists four potential places to send the form depending on which benefit the patient is receiving - Newcastle, Blackpool, your local Jobcentre Plus (no address given) or Pension Centre (no address given). Our Citizens Advice

advisors, who are used to dealing with bureaucratic processes, have reported that they find this over complicated, resulting in additional work to ensure we send the form to the correct address.

**Figure 4. Extract from Form HC5(T) - Part 4**

Part 4		PATIENT'S INCOME WHEN THE TRAVEL COSTS WERE PAID	
Tick whichever box below applied when the travel costs were paid and give the information we ask for.			
Group 1	<input checked="" type="checkbox"/>	I have a War pension No. <input type="text"/>	and I am being treated for my accepted disablement
Send this form to: Service Personnel and Veterans Agency, Norcross, Blackpool FY5 3WP.			
Group 2	<input checked="" type="checkbox"/>	My name was on an NHS certificate HC2 or HC3 No. <input type="text"/>	
If you are 16, 17 or 18 in full-time education, go to Group 4 below.		The person holding the certificate was:	<input type="text"/>
	Send this form to: NHS Business Services Authority, Sandyford House, Newcastle-upon-Tyne NE2 1BF.		
Group 3	<input checked="" type="checkbox"/>	I was getting one of the benefits/credits listed below.	
	<input checked="" type="checkbox"/>	I am the partner or a dependant child/young person of somebody who was getting one of these benefits/credits.	
		The person getting the benefit/credit was:	<input type="text"/>
		If this person was not the patient, please tell us either	<input type="text"/> / <input type="text"/> / <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
			their date of birth                      their National Insurance number:
	<input checked="" type="checkbox"/>	Income Support – send this form to your local Jobcentre Plus office	
	<input checked="" type="checkbox"/>	Income-based Jobseeker's Allowance – send this form to your local Jobcentre Plus office	
	<input checked="" type="checkbox"/>	Income-related Employment and Support Allowance – send this form to your local Jobcentre Plus office	
	<input checked="" type="checkbox"/>	Pension Credit Guarantee Credit – send this form to the Pension Centre who dealt with your claim (Pension Credit Savings Credit on its own does not count)	
	<input checked="" type="checkbox"/>	Named on or entitled to an NHS Tax Credit Exemption Certificate No. <input type="text"/>	
Send this form to NHS Business Services Authority, Sandyford House, Newcastle-upon-Tyne NE2 1BF			
Group 4	<input checked="" type="checkbox"/>	I am not in groups 1 to 3, but wish to claim a refund for travel costs paid.	
	<input checked="" type="checkbox"/>	I am aged 16, 17 or 18 in full-time education and wish to claim a refund for travel costs paid.	
Send this form to NHS Business Services Authority, Sandyford House, Newcastle-upon-Tyne NE2 1BF. You will also need to fill in an HC1 claim form which is normally available from a Jobcentre Plus office or NHS hospital, your doctor, dentist or optician may have one too. If you are unable to obtain a form you can get one by calling 0845 850 1166 or visiting <a href="http://www.nhsbsa.nhs.uk/healthcosts">www.nhsbsa.nhs.uk/healthcosts</a> .			

In reality, there are many different practices happening in relation to sending in forms, making the operation of the system very inconsistent. For instance, Cotswold Volunteers advise their clients to send the form to the hospital they attended for their appointment. On their website, the Gloucestershire Hospitals NHS Foundation Trust advises patients to send the form to Newcastle, or to take it to their Jobcentre Plus for stamping.<sup>11</sup> Jobcentre Plus said that if someone brought a form in, they would just send it on to the relevant benefit delivery centre, and they don't deal with the form directly at all.

Applicants who fall into Group 4 (see Figure 4 above) also have to complete an HC1. These forms were not generally available at the hospitals we visited. Staff had very little knowledge of them.

The process once the forms have been sent appears to be even more chaotic. If a patient has an appointment at Gloucester Royal or Cheltenham General hospitals and then sends their HC5(T) form to Newcastle, Newcastle checks that the patient is on a qualifying benefit and should then send the authorisation

<sup>11</sup> See Appendix 2.

back to the hospital where the outpatient appointment was. That hospital will then check that the patient attended the appointment and calculate the amount to pay and raise a cheque through their Finance Team at Victoria Warehouse, which will then be sent to the patient.

If the patient has an appointment at Tetbury, Cirencester or Stroud hospitals, they are advised to send the form to Newcastle, who then should send authorisation to the Gloucestershire Clinical Commissioning Group. The GCCG will then check with the hospital/clinic that the patient attended the appointment and raise a cheque request, which is sent to Wakefield. Wakefield input this onto the GCCG Oracle computer system. It then goes back to the CCG who budget code it. A manager at the GCCG will then authorise the payment and it then goes to the Shared Business Service to raise a cheque to post to the patient.

We have not managed to obtain information on processes followed when forms are sent to the other possible places listed in the form, such as the Pensions Service.

The systems are complex and errors often occur. For instance the Newcastle office sometimes returns the form to the wrong organisation in Gloucestershire. This causes complications, since the computer system used by Gloucestershire Hospitals NHS Foundation Trust does not talk to the one used by the GCCG. If a form is wrongly sent to the GCCG, they then have to forward it the Hospitals Trust and vice-versa.

Other frequent issues include people sending the form to the wrong address or forms getting lost between Newcastle and Gloucestershire. This generally means that the patient has to go through the whole process of applying again, including obtaining new receipts and invoices. This can be very stressful. It is not surprising that some patients are experiencing massive delays in receiving payments, as our case studies show.

### Case Study 3

Mrs J is elderly and disabled and unable to get out without assistance, so when she had to attend a number of hospital appointments, transport was arranged through the local Volunteer Bureau. Mrs J was not informed that there would be a charge for this, nor was she informed by the NHS that, because she is on Pension Credit, she could claim back her travel costs from Gloucestershire NHS Foundation Trust. She was shocked and distressed when she was presented with a bill for nearly £30, which is a considerable sum for her. She was unable and unwilling to pay this until she received reimbursement from the NHS. She contacted Citizens Advice for advice.

An advisor from Citizens Advice visited Mrs J at home and helped her to fill out form HC5(T) to reclaim her expenses. The form is challenging, not least because there are several options for where to send the completed form, depending on which benefit you are on, and no addresses are provided. Since Mrs J is in receipt of Pension Credit, the form was sent to the Pension Centre who dealt with her claim, and the advisor helped to identify this address.

Over a month later, the Citizens Advice advisor contacted Mrs J to check whether she had received payment. She had not. The advisor phoned the Pensions Service, being passed round to three separate people before finding someone who knew about the claim. They said the delay was with Cheltenham General Hospital, so the advisor rang the hospital and left a message explaining the issue and asking them to return her call. No one ever contacted her.

Another three weeks passed and the advisor once again made contact with Mrs J. Payment had still not been received. After being passed around a couple of times, the advisor spoke to someone at Cheltenham General who said payment could not be made because they did not have a copy of the invoice from the Volunteer Bureau. This was despite the fact that this invoice had previously been sent in with form HC5(T). The advisor managed to raise a duplicate invoice and the hospital agreed to pay as soon as possible.

Payment was finally made by cheque three months after the original visit. Mrs J had to wait until someone could then take her to her bank to put in the cheque (many older people do not have access to computers nor do they use BACS) creating further worry and delay.

Claiming travel costs should be a simple, straightforward procedure. Mrs J would have been unable to negotiate the complex system without help from her

advisor, and even with this support, her repayment took an unacceptable 3 months.

The health bodies themselves seem inclined to blame the patient for any delays. The counter-fraud officer stated that *“As regards the length of time for reimbursement this is wholly dependent on whether the individual has opted for BACS or cheque refund or if (there is) any other information that may need to be gathered. We strongly recommend BACS as this further relieves delays. I am not aware of any claim that has taken this time to process, however there will always be that risk.”*<sup>12</sup> Many patients may well not have a bank account, let alone be conversant with BACS systems.

GCCG stated that *‘The speed of the claim will of course partly depend on how quickly the patient completes the form and sends it to Newcastle’.*<sup>13</sup> Although true, this is avoiding the much more important issue of delays within the system, and also brushes over the reasons why a patient might delay claiming – namely the complexity of the process and lack of information and support.

Even if everything goes smoothly, some of our clients reported, and Cotswold Volunteers told us, that it takes on average six weeks for payment to arrive. This is an unacceptably long time for someone on benefits to be out of pocket, or for a community transport provider to be awaiting payment.

#### **Case Study 4 - Cotswold Volunteers: Voluntary Car Scheme**

Cotswold Volunteers run a volunteer car service, providing clients with transport to hospital appointments. Users of their service pay a mileage charge, but many cannot afford to pay their invoice until they get reimbursement of these costs. Cotswold Volunteers tell clients when they book about the fact that they can claim back charges. However they see the form HC5(T) as a problem and it seems to them to be designed ‘to make it as difficult as possible so that people don’t claim’.

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<sup>12</sup> Letter from Rayna Kibble, Gloucestershire NHS Counter Fraud Specialist, 10<sup>th</sup> June 2015.

<sup>13</sup> Email from Gill Bridgland, Commissioning Implementation Manager.

They partially fill out Form HC5 and send it to the client along with their invoice so that the client just has to complete the form and send it off. They tell clients to send the form to the hospital they attended for their appointment.

Clients typically have to wait six weeks for repayment. The problem for Cotswold Volunteers is that some clients might have three or four appointments a month, making it a significant bill, so the wait for payment really affects their cash flow.

One client recently submitted a claim but after several weeks had not received payment. When she contacted the hospital they said they couldn't trace the form and she had to reapply. She contacted Cotswold Volunteers to ask for help – but that is not their role.

A couple of clients have been told that their claim is 'too expensive'. Cotswold Volunteers then have to phone and explain their costs – which for instance have to include VAT but are still significantly cheaper than a taxi. This situation adds to the stress experienced by their clients.

### **5.3 Claiming on the day and in advance**

It would appear that Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Care Services NHS Trust follows some aspects of the guidance but not all. So they have adopted systems for paying in retrospect (systems which are exceedingly bureaucratic), but we have seen no evidence that they have systems in place to pay travel costs in advance or on the day, as required. The 'How to make a Travel Claim' information does not provide any specific guidance about how the patient can claim travel costs in advance or on the day of the appointment.<sup>14</sup> We were told verbally that, in exceptional cases, payment could be made on the day but that *'this is not publicised for fear it will be abused'*. This is no justification for not following legal requirements.

The system of retrospective claims is particularly burdensome on people who attend multiple appointments - see Case Study 5.

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<sup>14</sup> See Appendix 2.

### **Case Study 5**

Mrs S, who lives in Tetbury, had a stroke 11 years ago and has attended regular and frequent hospital appointments since then – she went to Gloucester Royal Hospital three times in June 2015. She is in receipt of means-tested benefits and DLA Mobility, which she uses to pay for a car under the Motability Scheme, but, because of her disabilities, she cannot drive the car herself. She has a carer, who drives her to hospital when needed, and she pays £10 in fuel costs for each trip.

In her 11 years of going to hospital, she has never once seen any notice advertising the NHS Travel Cost Scheme, nor has she been informed of it verbally, or knowingly received any written information about it. Recently Citizens Advice helped her to submit a claim and she was reimbursed £28.44, seven weeks after submitting the application.

Under the old system, because she has an NHS HC2 certificate, Mrs S. would have been able to show this to the Cashier in order to receive reimbursement straight away. Now however, as a frequent attender at hospital, she will have to go through the complex, bureaucratic process of sending in a claim form each time.

### **5.4 Monitoring**

We asked the Gloucestershire Hospitals NHS Foundation Trust for monitoring information to assess the impact of their new Travel Costs system. We wanted to know:

- How much money was paid out under the scheme during the financial years 2013-14 and 2014-15?
- During the financial years 2013-14 and 2014-15, what percentage of applications were successful?
- During the financial years 2013-14 and 2014-15, what was the average waiting time for patients receiving travel cost reimbursement under the scheme?

They only provided an answer to the first question, and stated that, *'Despite having checked with all relevant personnel, I cannot trace any (other) information in respect of healthcare travel costs.'*<sup>15</sup>

They paid out the following amounts under the scheme:

2013/2014 - £58,535.81

2014/2015 - £42,956.19

This shows a substantial reduction of 26.6% in the service, once claiming in advance and on the day was stopped and the new system for dealing with reimbursement of travel costs was introduced. It raises the question as to whether this reduction was an intentional outcome. It is also worrying to discover that there seems to be no real monitoring of the scheme, and therefore no information on the consequences of the change to patients. Finally, it would be interesting to estimate the cost of the very bureaucratic process for authorising and making payments. We suspect that any savings in support for patients is being lost in additional administration costs.

### **5.5 Practice elsewhere**

We researched areas near to Gloucestershire to see whether other healthcare trusts were operating the same, or better healthcare travel cost schemes. We found the following examples:

**Oxford University Hospitals NHS Trust** provides payment on the day of appointment.<sup>16</sup> Their guidance explains how to claim - see Figure 5.

#### **Figure 5. Extract from Oxford University Hospitals NHS Trust's Healthcare Travel Costs Scheme**

On the day you come to hospital, you or your representative can take the following documents to the Cashiers Office.

✓ Completed HTCS claim form, obtained from and signed by a member of staff in the clinic, department or ward.

<sup>15</sup> Letter from Caroline Pennels 13<sup>th</sup> July 2015 in response to our Freedom of Information Request.

<sup>16</sup> <http://www.ouh.nhs.uk/patient-guide/transport-costs/documents/travel-cost-scheme.pdf>.

- ✓ Proof of entitlement (as described in the previous section). The Cashiers Office will tell you if you need to bring this with you on other occasions.
- ✓ Valid receipts for public transport and/or car parking.

**Bristol Clinical Commissioning Group's(BCCG)** policy was ratified in September 2014.<sup>17</sup> Although the BCCG itself does not have cashiers facilities, these exist in some of the hospitals dealt with. Also, BCCG has a policy for paying travel costs in advance, and its guidance is very explicit about the options available - see Figure 6.

### **Figure 6. Extract from Bristol Clinical Commissioning Group's Healthcare Travel Costs Scheme**

It is important to note that retrospective payment is the expected route and payment in advance will only be made in exceptional circumstances. Payments in advance can be made if the individual cannot afford the initial outlay for travel costs. The CCG will exercise discretion on whether a payment in advance is appropriate, it will not be based on the value and frequency of the journey.

The individual must still be in receipt of the eligible benefits and must complete a HC5 (T) form.

For payments in advance the following procedure must apply.

The individual must send a brief covering letter to the CCG detailing where the appointment is, date of the appointment, how they are planning to travel there and the estimated costs of travel. A HC5T form must be included with this letter. Advance payments will only be made for one journey per claim.

Bristol CCG has no cashier facilities available and as such, all reimbursements of travel costs will need to be paid for retrospectively unless prior agreements have been made (See Section 12: Advance Travel Payments).

The exception to this is where a patient's appointment takes place at an NHS Hospital where cashier facilities exist. To claim a payment on the day of the appointment, patients will need to provide evidence of their entitlement (...) and appropriate travel receipts.

<sup>17</sup> [https://www.bristolccg.nhs.uk/media/medialibrary/2014/10/patient\\_travel\\_expenses\\_policy.pdf](https://www.bristolccg.nhs.uk/media/medialibrary/2014/10/patient_travel_expenses_policy.pdf).

Where these requirements are met patients should be paid the appropriate cost of travel immediately by the Hospital cashier facilities and in cash.

We phoned the Cashier's Office at Wiltshire and Swindon's **Great Western Hospitals NHS Foundation Trust** and they told us that Healthcare Travel Costs can be reimbursed on the day of an appointment. The claimant needs to bring proof of the benefit that is being received and proof of their appointment. Their scheme is advertised on their website and in their guide for outpatient appointments (neither goes into great detail but they are clear about entitlement).

### **Figure 7. Extracts from Great Western Hospitals NHS Foundation Trust's Guidance**

#### **Fare and mileage reimbursement**

You may be entitled to help with your NHS travel expenses if you are attending an NHS appointment at GWH and are receiving certain qualifying benefits or are eligible under the NHS Low Income Scheme. You will need to supply proof of your appointment and proof of a qualifying benefit or entitlement: the NHS travel expenses that may be covered are those which you necessarily incur in attending an appointment here for NHS services, for which you have been referred by a doctor or a dentist.<sup>18</sup>

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#### **Coming to Outpatients**

If you receive Disabled Persons or Family Tax Credit, Income Support or Job Seekers Allowance, you will be automatically entitled to have refunds for public transport fares (buses or trains) or petrol/parking costs. Taxi fares will be paid only where the consultant confirms that there is a clinical need and other transport is not available. Please ask a Receptionist how to make a claim and bring with you any tickets or receipts as well as proof of entitlement, such as your benefit book.<sup>19</sup>

<sup>18</sup> <http://www.gwh.nhs.uk/patients-and-visitors/cashiers-office/>.

<sup>19</sup> [http://www.gwh.nhs.uk/media/138102/coming\\_to\\_outpatients\\_v8\\_230811.pdf](http://www.gwh.nhs.uk/media/138102/coming_to_outpatients_v8_230811.pdf).

**Royal United Hospital in Bath** also pay cash on the day. When we phoned, they told us that the cashier's office is in the main reception area and is open from 7:30 am to 8pm. They require current proof of the benefit (all four pages) plus the appointment letter.

It is clear that other Trusts are adhering to the national guidance in ways that Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Clinical Commissioning Group are not.

## **6. RECOMMENDATIONS**

**RECOMMENDATION 1: There should be better information at different points in the patient journey.**

- **There should be more posters in hospitals, GP surgeries, outpatient clinics and Jobcentre Plus, and publicity about the scheme should be distributed through a wide range of channels.**
- **HC5(T) and HC1 forms should be readily available at all the above points.**
- **Accurate, consistent and easily-accessible information should be provided on all local websites explaining the scheme and how to apply.**
- **Each health body should appoint an officer who is accountable for ensuring that information is displayed and updated and for ensuring staff awareness of the scheme.**

**RECOMMENDATION 2: Assistance should be provided at hospitals, GP surgeries, outpatient clinics and Jobcentre Plus to fill out forms.**

- **There should be staff training about the scheme at Jobcentre Plus, GP Surgeries, Health Centres and Hospitals, so that staff can help patients to claim.**
- **Staff should signpost patients requiring additional support with their claim to their local CAB..**
- **Posters advertising that help is available for filling out forms should be displayed in all relevant health settings.**

**RECOMMENDATION 3: Claim forms should be improved.**

- **Clear guidance should be provided locally on where to send forms. Stamps or stickers saying where to send form HC5(T) should be attached to them.**
- **Local health providers should lobby the National NHS to ask for improvements to the form, particularly to Part 4. Part 2 should also ask method of transport, and what proof is required for each method e.g. parking ticket and a petrol receipt etc.**

**RECOMMENDATION 4: A clear policy and procedures should be developed for paying travel costs in line with the requirements of the national NHS guidance.**

- **Payment in advance or on the day of appointment should be reinstated, on condition that patients have suitable proof of receipt of benefits - e.g. a current bank statement.**
- **A solution should be found for paying on the day in health settings where there is no cashier's service.**
- **Systems for paying in advance or on the day should be publicised on websites, posters etc.**
- **At a minimum, patients in receipt of Pension Credit Guarantee should be allowed to claim in advance or on the day, as their financial circumstances are the least likely to improve.**
- **The policy, and information publicising it, should make clear that patients can claim for use of their private car and car parking charges.**
- **The DWP should implement a system that makes it easy for patients to provide proof that they are in receipt of Income Support, Income Related Jobseekers Allowance, Income Related Employment Support Allowance, Pension Credit Guarantee or Universal Credit. This would**

**enable cashiers to easily assess and validate claims and a cash-on-the-day system could be reinstated.**

**RECOMMENDATION 5: Payment systems should be reviewed and rationalised to reduce unnecessary bureaucracy and speed up the payment process.**

- **The number of steps/number of departments dealing with the claims should be reduced**
- **A clear system needs to be agreed between the Gloucestershire Hospitals NHS Foundation Trust and Gloucestershire Clinical Commissioning Group for when the Newcastle office returns forms to the wrong place.**
- **A simple system should be devised to pay the travel costs of patients who have frequent appointments, so that do not have to fill out all the paperwork on each occasion that they claim.**

**RECOMMENDATION 6: Gloucestershire Hospitals NHS Foundation Trust, Gloucestershire Care Services NHS Trust and Gloucestershire Clinical Commissioning Group should monitor their healthcare travel costs scheme to ensure that it meets the needs of patients and does not contribute to health exclusion.**

**Healthcare Travel Costs Questionnaire - Stroud CAB**

**Did you know that you might be eligible to claim your travel costs to and from hospital and treatment centres?** If you meet the criteria (see question 4 below), you can claim bus, taxi and fuel costs.

For more information see Department of Health leaflet HC11, 'Help with health costs' at: [www.nhs.uk](http://www.nhs.uk). Or ask your hospital for Form HCS to claim.

If you have travelled to a hospital or treatment centre in the last year, we would be grateful if you could please take the time to fill in the following survey regarding your personal experience of claiming healthcare travel costs.

1. Did you claim travel costs?

No  (Please just complete question 2 only)

Yes  (Please go to question 3 and complete all questions)

2. If **No**, why didn't you claim?

Not eligible (see eligibility criteria in Question 4)

Didn't know I could

Too complicated

3. If you answered **Yes** to Question 1, please tell us the name of the hospital or treatment centre that you were attending:

.....

4. You are eligible for Healthcare Travel Costs if you meet the following criteria. Were you eligible because you received:

Income Support?	<input type="checkbox"/>	Pension Credit – Guarantee Credit?	<input type="checkbox"/>
Income-based Jobseekers' Allowance?	<input type="checkbox"/>	Income-based Employment and Support Allowance?	<input type="checkbox"/>
Working Tax Credit with Child Tax Credit?	<input type="checkbox"/>	A low income?	<input type="checkbox"/>
Working Tax Credit with a disability or severe disability element?	<input type="checkbox"/>	Other (please state).....	
Child Tax Credit?	<input type="checkbox"/>	.....	

5. Did you submit your claim for your healthcare travel costs:

Before the day of your appointment?

On the day of your appointment?

After the day of your appointment?

\*If you have answered 'after your appointment', how long (in days) after?.....

6. How much money did you claim for your healthcare travel costs?

Less than £10

£10-£20

£20 -£40

Over £40

7. Did you receive payment for your claim?

Yes, in full

Yes, in part  Why? .....

No  Why? .....

8. If yes, how long did it take for your healthcare travel costs to be refunded?

Before the day of the appointment <input type="checkbox"/>	8 - 14 days <input type="checkbox"/>
On the day of the appointment <input type="checkbox"/>	15-21 days <input type="checkbox"/>
1 - 7 days <input type="checkbox"/>	More than 3 weeks <input type="checkbox"/>

9. How often do you attend appointments that require you to claim healthcare travel costs?

Weekly or more frequently <input type="checkbox"/>	Every 6 months <input type="checkbox"/>
Fortnightly <input type="checkbox"/>	Yearly <input type="checkbox"/>
Monthly <input type="checkbox"/>	Less often than yearly <input type="checkbox"/>
Every 3 months <input type="checkbox"/>	

Thank you very much for taking the time to fill in this survey. Your input is very much appreciated.

## **APPENDIX 2 - GLOUCESTERSHIRE NHS FOUNDATION TRUST POLICY ON HEALTH CARE TRAVEL COSTS**

### **How to make a Travel Claim**

Travel costs to and from Hospital are paid on travel by the **cheapest means of public transport available**.

1. Collect HC5 forms from General Office
2. Send completed HC5 forms to Newcastle, ensuring you enclose any relevant documentation and receipts.
3. If you claim benefits under Part 3, the HC5 can be taken to your local job centre to be stamped, please then return the stamped HC5 form to General office. Continue to process claim from point 5.
4. Newcastle notify patients directly of unsuccessful claims, successful claim forms are returned to General office for processing.
5. Appointments and documentation verified, the HC5 forms are sent to Creditor Payments for payment.

### **Documents to Enclose**

1. If additional payments for Carer / Escort or if public transport is not appropriate a letter from the consultant or GP confirming the additional requirements.
2. Relevant receipts.

Patients may make a claim up to **three months** after the journey has taken place.

1. **Voluntary Car Users**
2. Patients who use the services of any Voluntary Car Organisation can be reimbursed for the cost if they can provide proof of eligibility as above. **A valid receipt from the driver must be produced. Payment cannot be made direct to the driver.**
3. **Payment will be made by cheque unless a BACS form is completed, once completed please return to General Office at Gloucestershire**

Royal Hospital Great Western Road, Gloucester,  
GL1 3NN or Cheltenham General Hospital, Sandford Road,  
Cheltenham, GL53 7AN.

4. Collect a BACS form from General Office.

Stroud and District Citizens Advice Bureau Ltd.  
Registered Office: Unit 8, Brunel Mall, London Road, Stroud GL5 2BP  
Authorised and Regulated by the Financial Conduct Authority (FRN: 617757)  
Charity Registration No: 1096398      Company Registration no: 4389411

