

England Infected Blood Support Scheme (EIBSS) Discretionary one-off payment application form: Hospital Travel Costs

Notes to applicants

Discretionary one-off payments are a form of financial support that beneficiaries may apply for to cover the cost of certain essential health related items or services.

You must apply for payment before committing to payments of any services or expenditure. Please note any payments you make before approval may not be paid.

Failure to provide requested further information within a one-month period will result in a new application being required.

Who can apply

To apply for the Hospital travel costs discretionary one-off payment, the applicant must be:

- An infected beneficiary registered with EIBSS
- An intermediate family member of an infected beneficiary who has been hospitalised

What you can apply for

A discretionary payment of up to £1,800 per year towards hospital travel costs is available for an infected beneficiary. There are two ways in which you can claim hospital travel costs.

Healthcare Travel Costs Scheme (HTCS)

You may already be eligible for support for travel costs under the *Healthcare Travel Costs Scheme (HTCS)*. If you are eligible you may be able to claim travel costs at the hospital on the day of your appointment and will not require you to apply through EIBSS. If you have any queries about claiming through the Healthcare Travel Costs Scheme, please contact us.

EIBSS Hospital Travel Costs Discretionary payments

You can claim for hospital travel costs through EIBSS if you are not eligible for Healthcare Travel Costs Scheme (HTCS). All applications must be made within three months of the date that the charges were paid.

If the applicant travelled by car and the claim is approved, they will be reimbursed for the cost of fuel at the current NHS rate of 37 pence per mile. Taxi fares will only be approved where it has been agreed in advance with EIBSS before travel. Transport costs can be claimed for an escort, where this is confirmed as being medically necessary by a medical professional.

Hospital travel costs for family during a period of hospitalisation

Immediate family can also claim visiting costs where the infected beneficiary is hospitalised. A discretionary payment of up to £250 per month towards hospital travel costs is available during a period of a beneficiary being hospitalised.

How to apply

To apply through EIBSS, the applicant must send:

- A completed Hospital travel costs discretionary one-off payment application form;
- A copy of the appointment letter or card;

and where appropriate:

- Details of any car journeys and number of miles being claimed
- Copy of any public transport or parking receipts
- Confirmation of medical need for an escort.

Hospital travel costs for family during a period of hospitalisation

To apply through EIBSS, the intermediate family member must send:

- A completed Hospital travel costs discretionary one-off payment application form
- Confirmation of dates of hospitalisation

and where appropriate:

- Details of any car journeys and number of miles being claimed
- Copy of any public transport or parking receipts

Sending your application form to us

Please send the application form and the requested information, by post or email to:

FREEPOST EIBSS (valid within the UK only) or at EIBSS, NHSBSA, Bridge House, 152 Pilgrim Street, Newcastle-upon-Tyne, NE1 6SN or by email to: eibss@nhsbsa.nhs.uk

Sending personal information via e-mail in transit over the internet is at risk of being intercepted. Please visit the below web link for guidance on sending the information to us securely.

<https://www.nhsbsa.nhs.uk/our-policies/privacy/information-security>

What you can expect from us

We will normally deal with your claim within 30 working days of receiving your form. If we need more information, we will write to you to ask for it.

If you need any assistance with completing your application form please contact us at eibss@nhsbsa.nhs.uk or on 0300 330 1294, Monday to Friday between 9am and 5pm.

Your claim will be assessed by the NHS Business Services Authority, England Infected Blood Support Scheme.

Your personal information will only be used by the NHSBSA on behalf of the Department of Health and Social Care to check your eligibility and to administer your application. Information about the NHSBSA's privacy policy is available at www.nhsbsa.nhs.uk/yourinformation. All personal information will be transferred and stored securely in compliance with Data Protection law.

If we are unable to approve your application for the discretionary one-off payment, we will provide you with the reasons why this has been declined. You can appeal our decision by writing to us within 3 months.

Further details on other discretionary one-off payments that are available are detailed in the [England Infected Blood Support Scheme \(EIBSS\) Discretionary Payments Guidance Document](#).

Section 1a - Applicant's details

Title:	Address (including postcode):																			
First name:	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>																			
Last name:																				
Date of birth:	Postcode <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																			
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EIBSS reference number (if applicable):	Landline number:																			
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Marital/civil partnership status:																				

If applying on behalf of a beneficiary, what is your relationship to them?

We will ask you to supply relevant supporting evidence if you are applying on behalf of an applicant. For example, this may include a Power of Attorney or a signed letter from a GP. If you're unsure what evidence to supply please contact us.

Section 1b - Beneficiary's details (if different than applicant)

Title:	Address (including postcode):																			
First name:	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>																			
Last name:																				
Date of birth:	Postcode <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																			
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Section 2 - Contact preferences

Please indicate your preferred method by which we may contact you with essential information about the Scheme by ticking the relevant box(es) below:

I prefer to be contacted by: Letter Telephone Email

If you are happy for us to write to you, where would you like us to send any letters?:

My home address

An alternative address (please provide below)

Postcode									

Please let us know if you need your letter in a specific format:

If you have indicated that you are happy for us to contact you by telephone or email, please provide the details you'd like us to use here:

Landline telephone number:

Mobile telephone number:

Email address:

Section 3 - Data Protection

By submitting this form to the NHS Business Services Authority (NHSBSA), you confirm that you have read and understood the privacy notice at the end of this form.

Your personal information will only be used by the NHSBSA on behalf of the Department of Health, to check your eligibility for a payment and to administer your application. In the event that you appeal a decision, your information may be disclosed to a panel of experts. Information about the NHSBSA's privacy policy is available at www.nhsbsa.nhs.uk/our-policies/privacy. All personal information will be transferred and stored securely in compliance with Data Protection law.

By submitting this form to a medical professional, you consent that your medical details necessary to evidence your application will be supplied to the NHSBSA for the purpose of administering your application. If your application is deemed to be ineligible, the scheme will keep your application form on file for up to ten years so that it has a full historical record in the event that you lodge an appeal or if you reapply for a payment. If you have any questions regarding the use of your information, please contact the scheme administrator, by telephone on 0300 330 1294, by email to eibss@nhsbsa.nhs.uk, or in writing to FREEPOST EIBSS (valid within the UK only) or to EIBSS, NHSBSA, Bridge House, 152 Pilgrim Street, Newcastle-upon-Tyne, NE1 6SN.

Section 4 - Applicant Declaration (to be completed by you/your representative)

Declaration: I confirm that the information given in this application form is, to the best of my knowledge and belief, correct and complete. I understand and consent to the sharing of information relating to my medical condition with assigned expert group members of the NHS Business Services Authority for the purposes of applying for increased annual payments and with the NHS Counter Fraud Authority for the purposes of verification of this claim and the investigation, prevention, detection and prosecution of fraud. I understand that if I knowingly give false information, support will be stopped and I may be asked to return any financial support given to me as a result of this application and that I may be liable for prosecution and civil recovery proceedings.

Please note: Failure to provide requested further information within a three-month period will result in a new application being required.

Signature of applicant:

Date:

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Section 5 - Details of request (Hospital travel)

What is the value of the one-off payment you are applying for? £

How did you travel?

Car

Public transport

Taxi (must have been agreed in advance with EIBSS)

If you travelled by car, please provide details of the car journey(s) and number of miles being claimed:

Please provide copies of any public transport, taxi, or parking receipts. These must show the date of travel.

Did you require an escort to accompany you?

Yes

No

If you ticked yes, please provide confirmation from a medical professional that an escort was required. We will also require any public transport or taxi receipts for your escort.

England Infected Blood Support Scheme - Privacy notice

The NHSBSA will process the information supplied by the charities who previously provided the service for the purposes of administering payments under the EIBSS.

The NHSBSA is providing this service, as it is legally obliged to do so under the NHS Business Services Authority (Awdurdod Gwasanaethau Busnes y GIG) (Infected Blood Payments Scheme) Directions 2017.

The NHSBSA can be contacted at the following address: FREEPOST EIBSS (valid within the UK only) or at EIBSS, NHSBSA, Bridge House, 152 Pilgrim Street, Newcastle-upon-Tyne, NE1 6SN.

Data sharing

Your information may be shared with other people/organisations including, but not limited to, the following:

- Administrators of other Infected Blood Support Schemes in the UK to ensure you are directed to the correct scheme.
- Medical professionals for the assessment of any future applications/appeals made.
- The Department of Health for planning and information purposes.

The information may be shared for the purposes of preventing fraud and error.

By accepting this information and continuing with your claim you consent to the disclosure of relevant information to the NHSBSA and any other relevant parties they may share it with as outlined above.

Your information will not be transferred outside the EU unless you, at any time, reside outside of that area and the transfer is required in order to write to you regarding the service and/or to make payments to the appropriate bank.

How long we will keep your information

Your information will be retained for seven years following the date of the final payment being made to you or any of your dependents.

Your rights

Information you provide to the NHSBSA will be managed as required by relevant Data Protection law including the General Data Protection Regulation (GDPR).

You have the right to:

- Receive a copy of the information the NHSBSA holds about you.
- Request your information be changed if you believe it was not correct at the time you provided it.
- Request that your information be deleted if you believe the NHSBSA is processing it for longer than is necessary to make payments under the EIBSS.

Details of how the NHSBSA processes your data are shown on our website at <https://www.nhsbsa.nhs.uk/our-policies/data-protection>

To make use of these rights please contact the NHSBSA Data Protection Officer:

Data Protection Officer
NHS Business Services Authority
Stella House
Goldcrest Way
Newburn Riverside
Newcastle upon Tyne
NE15 8NY

dataprotection@nhsbsa.nhs.uk

If you have any concerns about the processing of your information you have the right to contact the Data Protection Regulator:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

<https://ico.org.uk/global/contact-us/email/>
<https://ico.org.uk/>