

Plas Menai Health Centre

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Author:
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Date Ratified:
TBC
Document Reference:
PMS/PROJECT/VTS/03
Document Version:
Vo.1

 Canolfan Iechyd

Plas Menai

Health Centre

Plas Menai Voluntary Transport Scheme

Registering to Use the Scheme

Introduction

This Plas Menai Health Centre Voluntary Transport Scheme [VTS] is aimed at assisting '*individual patients who genuinely are unable to transport themselves to the health centre due to health related matters or circumstances in which the GP Partners believe that a voluntary driver scheme would aid their necessary attendance at the health centre at a given time*'.

The Voluntary Transport Scheme does not cater to the EMERGENCY needs of any patient.

The scheme is provided at the *discretion* of the Plas Menai Health Centre GP Partners. Those patients who are accepted onto the scheme will be accepted **ONLY** on the authority of the GP Partners.

Patients who wish to register for the VTS can do so by:

- ✓ **Self-referring** – To do this please complete this registration document and submit it to the Health Centre, FAO: The Business Manager;
- ✓ Speaking with your GP who will consider placing you onto the scheme;
- ✓ Speaking with a Health Professional such as the District Nurse team or a member of the Social Services team who may assist you in completing the registration form and submitting it to the Health Centre should they believe that your need of the VTS is genuine;
- ✓ A family member on your behalf should you provide consent.

The VTS is a not profit making scheme which will require funding to be maintained and developed. The required funding will be raised through the charge placed with each VTS registered patient as and when they use the scheme. Each journey undertaken by the registered patient through the VTS will be from door [Home] to door [Plas Menai Health Centre unless an exceptional journey from a different location to the Health Centre is agreed.

All patients who register to the VTS to so agreeing the terms provided within the Voluntary Transport Scheme Policy.

All details presented to the Plas Menai Health Centre will be provided in confidence understanding that they will be protected. **ONLY** those individuals with a need to know the patient information will be permitted to do so in their VTS related duties. These include, GPs, Plas Menai staff and the voluntary drivers of the VTS.

Richard

Business Manager

On behalf of the GP Partners of the Plas Menai Health Centre

Application to Register to the VTS

Personal Details:

Full Name:

Date of Birth:

Present Address:

Post Code:

Contact Telephone Number:

Email Address:

Source of Referral:

This is a **SELF** referral made by me, the patient:

This is a **GP** referral made by my GP:

Name of GP:

This is a referral made by a **HEALTH PROFESSIONAL** or **SOCIAL SERVICES**:

Name of Professional:

This is a referral made by a family member on my behalf, the patient:

Name of family member:
Relationship with patient:

Reason for Registering with the VTS:

I wish for the GP partners of the Plas Menai Health Centre to consider my registration to the Voluntary Transport Scheme on the following grounds:

Please use a separate sheet of paper if required

Is your application to the scheme a temporary application or a request to be registered as a permanent user? Temporary: Permanent:

If your registration is temporary, please provide the length of registration you are seeking:

The VTS Register will be routinely be assessed to determine whether patients should be retained.

Applicant Questionnaire

To support your application and allow the GP Partners to assess your suitability for the scheme we would ask you to reply to the following questions:

Do you hold a valid driving licence? Yes: No:

Do you have the means to independantly travel to the Health Centre? Yes: No:

How often have you been to the Health Centre in the last 3 month?

Less than five occasions: More than five occasions:

Regarding your visit to the Health Centre; would you prefer:

An appointment first thing in the morning? A late morning appointment?

An early afternoon appointment? A late afternoon appointment?

Do you have access to a computer? Yes: No:

Declaration:

I wish this application to be accepted as my application to become registered onto the Plas Menai Voluntary Transport Scheme. I accept that the GP Partners will consider my application and that they will determine whether my reasons to register with the scheme are acceptable. I accept by signing this declaration that I consent to my data being held by the Health Centre.

Signature:..... Date Signed:

Authorising a 3rd Party to Act on my behalf

I wish to provide my consent that the following 3rd party may act on my behalf in matters concerning the Plas Menai Health Centre Voluntary Transport Scheme:

Personal Details:

Full Name:

Relationship with applicant:

Contact Telephone Number:

Email Address:

Declaration:

I understand that by acting on behalf of this applicant I may have access to patient data relating to the applicant. I declare that I will be mindful of the sensitivity to that data and that I will take all reasonable steps to protect it

Signature of 3rd party:..... Date Signed:

Office Use:

Date Application received:

Person Assessing Application:

Accepted onto scheme: Yes No:

Date applicant informed: