

**Prior Approval Application Form for**

**Waiting List Reimbursement Scheme (WLRS)**

**GUIDANCE NOTES**

Applications must be authorised by the Department of Health (DoH) **in advance** of travelling outside of Northern Ireland (NI) for treatment.

**Retrospective applications will not be considered. All treatment is to be undertaken outside of NI. No reimbursement will be made for any treatment which has taken place in NI (including pre/post-surgery assessments, scans and treatment).**

In choosing to access healthcare outside of NI, the patient is stepping outside of the Health and Social Care (HSC) system and using their rights under the Waiting List Reimbursement Scheme to seek healthcare elsewhere.

At this point, **the patient is taking individual responsibility** for ensuring that the service they obtain is appropriate and safe within the laws of the country where treatment is being provided (i.e. not under UK legislation). The DoH, under the temporary administrative arrangements, will not be formally commissioning services from providers abroad and therefore will not be liable for the outcome of the treatment provided.

There are commissioning restrictions and treatments which are subject to conditional access for which an individual patient may not qualify.

The DoH operates a **prior approval** process to:

* ensure that such patients meet the same thresholds and qualifying criteria as those seeking treatment in the HSC; and
* protect the patient from the financial consequences of purchasing treatment for which they may not receive reimbursement.

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**The DoH will reimburse treatment costs under the Waiting List Reimbursement Scheme planned treatment route provided:**

1. The patient is an ordinary resident of NI and entitled to the full range of HSC services;
2. The patient has been diagnosed by an HSC Trust consultant as having a clinical need for the treatment **AND** has been placed on the HSCNI surgery/treatment waiting list for 1 year or more;
3. The treatment for which the patient is seeking reimbursement is one which is commissioned by the DoH for their diagnosis;
4. The patient requires the treatment purchased based on DoH criteria i.e. the treatment is one the patient would have received within the HSC in the same clinical circumstances;
5. The treatment will be paid for by the patient and the cost reclaimed from DoH retrospectively;
6. No other source of reimbursement (e.g. via Global Health Insurance Card or through Department Works and Pension) has been sought;
7. The patient has sought prior approval for the treatment under the scheme and treatment is carried out outside of NI.

**What you need to submit with this application form:**

A copy of clinical correspondence from an HSC Trust confirming that you are on the waiting list for the treatment/surgery you are seeking.

* Please note: DoH can only process claims for people ordinarily resident in Northern Ireland and legally entitled to HSC services. Reimbursements will only be granted for eligible treatment costs (i.e. not travel and associated accommodation). The maximum reimbursement is at the HSC equivalent cost of treatment i.e. the cost to HSC for providing the required treatment within local HSC services. (Note: private treatment can cost more than HSC equivalent cost and consequently there can be a significant shortfall between the cost a patient incurs and that reimbursed).

The applicant is responsible for providing accurate and complete information with the application. This will form the basis of the decision-making process. Incomplete applications will cause delay in approving and processing your submission.

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| **Part 1: Applicant** | | | | | | | | |
| Are you (the applicant) also the patient? |  | | | | | | | |
|  |  | Yes | | | | | |
|  | | | | | | | |
|  |  | No (Also complete parts 4 & 5) | | | | | |
|  | | | | | | | |
| **Part 2: Patient Details and Entitlement** | | | | | | | | |
| Surname: |  | | | First Name(s): |  | | | |
| Date of Birth: |  | | | Gender: |  | | | |
| Contact number: |  | | | HSC Number: |  | | | |
| N.I. Number: |  | | | Email Address: |  | | | |
| Permanent Address in Northern Ireland (Inc. Postcode): |  | | | | | | | |
| By ticking this box, I confirm that I am ordinary resident of NI and entitled to the full range of HSC services | | | | | |  |  |  |
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| **Part 3: Treating Northern Ireland Consultant and Health & Social Care Trust** | | | | | | | | |
| 3a. | Name of patient’s NI Consultant: |  | | | | | | |
| 3b. | Contact number for NI treating Consultant: |  | | | | | | |
| 3c. | Health and Social Care Trust (HSCT): |  | | | | | | |
| Please include a copy of correspondence from the HSC Trust confirming that you are on the waiting list for the treatment/surgery you are seeking reimbursement for. | | | | | | | | |
| Have you included an HSC Trust letter? | | | Yes |  |  | No |  |  |
|  | | | | | | | | |
| 3d. | Describe the TREATMENT(S) the patient is planning to receive: |  | | | | | | |
| 3e. | Month and year the patient was added to the Trust inpatient waiting list for surgery/treatment: |  | | | | | | |

To enable us to process your application we require confirmation that you have been diagnosed by an HSC Consultant as having a clinical need for the treatment *AND* have been placed on the HSC Trust inpatient waiting list for the surgery/treatment.

**Inpatient waiting list** – The surgical waiting list for patients who following clinical assessment by an HSC consultant are awaiting a date for surgery.

**Applications for patients who are on the outpatient waiting list only will not be processed.**

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| **Part 4: Declaration by the Applicant** | | | | | | | | | | | |
| I declare that all the information I have provided is correct and complete. I understand and accept that if I knowingly withhold information or provide false or misleading information, I may be liable to prosecution and/or civil proceedings. I consent to the disclosure of all information relating to my application to and by the Strategic Planning and Performance Group of the Department of Health, the Business Services Organisation, the Department of Work and Pensions, Electoral Office, Home Office, Passport Office, and other HSC (NI) bodies including NHSBSA, necessary for the processing and verification of this claim and the investigation, prevention, detection and prosecution of fraud.  I understand that the SPPG is not liable for the care/treatment received outside of NI when funded under the temporary administrative Waiting List Reimbursement Scheme. | | | | | | | | | | | |
| By ticking this box, I confirm that the patient is normally resident in NI and entitled to receive Health and Social Care (HSC) services. | | | | | | | | | ☐☒ |  |  |
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| I declare that I am the patient / I am acting with the consent of the patient / I am legally empowered to act on behalf of the patient (delete as appropriate). | | | | | | | | | | | |
| Name of applicant: | |  | | | | | | | | | |
| Signature of applicant: | |  | | | | Date: | |  | | | |
| **Part 5: Details of the Applicant (if different from the patient)** | | | | | | | | | | | |
| Surname: |  | | | First name(s): |  | | | | | | |
| Relationship to patient: |  | | | Title: |  | | | | | | |
| Telephone number: |  | | | Email: |  | | | | | | |
| Applicant’s address:  (for correspondence) |  | | | | | | | | | | |
| **Part 6: Declaration by the Patient (required if different from applicant)** | | | | | | | | | | | |
| I hereby give permission for the person identified as the Applicant in Parts 4 and 5 of this form to make this application on my behalf. I understand that the SPPG is not liable for the care/treatment received outside of NI when funded via the temporary Waiting List Reimbursement Scheme.  Please note that reimbursement will only be made to the patient or their parent/guardian. Reimbursement will not be made to a third party or service provider. | | | | | | | | | | | |
| Name of patient: | | |  | | | | | | | | |
| Signature of patient: | | |  | | | | Date: |  | | | |

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| **Part 7: Application Checklist (You must complete this section prior to submitting your form)** |
| Checklist and other information to be submitted with this application form. |
| **Clinical Supporting Letter, noting boarded on HSC treatment waiting list for two years or more (Please tick)** |
| **All sections of the application form completed. (Please tick)** |
| **I consent to DoH contacting me regarding feedback. (Please tick)** |
| **Signatures (patient/applicant): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

\*\*Please note that this application cannot be processed until all of the necessary supporting information above has been received. Incomplete applications will be returned or put on hold. Processing time commences when all supporting documentation is received by the Strategic Performance Planning Group \*\*

**Supporting documentation**

The supporting documentation above can be copies. Please **do not** send original correspondence as we cannot accept responsibility for documents lost in transit. However, we will require **original receipts** as proof of payment after you have been approved by the SPPG and had the treatment.

It can take up to 4 weeks for a fully completed application to be processed and a decision to be made. Please note, the processing time may vary depending upon the volume of applications received and the resources available to process. You will be informed of the outcome of your application via letter once a decision has been reached. This letter will include details of the level of reimbursement you can expect to receive.

**You should not arrange appointment or treatment dates until your application has been approved as your application may not be approved and you will not receive any reimbursement of costs.**

**Claim for reimbursement after treatment**

The reimbursement process can take 6-8 weeks from proof of payment has been received by the National Contact Point team.

This timeframe may increase depending on the volume of claims received and the resources available to process. It is advised that you keep a copy of receipts for your records and send originals by recorded delivery to the address detailed below.

Email: [NationalContactPoint@hscni.net](mailto:NationalContactPoint@hscni.net)

Or

National Contact Point  
Strategic Planning and Performance Group

Patient Travel  
3rd Floor, 12-22 Linenhall Street  
Belfast BT2 8BS  
T: +44 (0)28 95368 303

**Please send your completed form and accompanying documents to the following address:**