

Falkland Islands Government



Health and Social Services Medical Treatment Overseas Policy

Author: Director of Health and Social Services
Issue Date: July 2024
Review date: July 2029 (or sooner if circumstances require)
Version: 4.4

Amendment History

Version	Status	Summary of changes	Date of issue
0.0	Draft	Summary of previous policy documents into one policy	April 2005
0.1	Final Draft	Revised following ExCo MTO policy decisions	August 2006
1.0	Final	Minor Changes following consultation and HMSC	October 2006
1.1	Revised	Clarification of internal travel, reimbursement, flights and holidays	May 2007
1.2	Revised	Additional points of clarification added	June 2008
2.0	FINAL	RATIFIED BY DoHE	October 2011
2.1	Revised	Full clarification of all parts of policy	July 2013
3.0	FINAL	APPROVED BY ExCo December 2013	January 2014
3.1	Revised	Amendments to Funding and Accommodation Standards	September 2015
4.0	FINAL	APPROVED BY ExCo March 2016	March 2016

4.1	Revised	General amendments and clarification of policy	July 2019
4.2	Revised	General Amendments and clarification of policy	June 2022
4.3	Revised	General amendments and clarification of 1) complaints and appeals process, 2) escort entitlement and 3) Long-term MTO support	July 2023
4.4	Revised	Assisted conception section updated following ExCo decision 14/24 to reflect current policy. Wording on companion eligibility updated to make clearer the criteria in use. Re-arrangement of some sections of policy so information flows in a more logical manner, without any substantive change to the text itself. Version control numbering updated to ensure consistency.	July 2024

Policy and Procedure for Medical Treatment Overseas (MTO)

1. Introduction

In such a small community, the range of health treatments available is limited. The risks involved in the management of some treatments are such that they cannot be readily mitigated within our remote location while some others require expensive and highly technical equipment or expertise which it would not be cost effective or operationally viable, to provide in the Islands and therefore referral overseas for treatment is necessary.

The King Edward VII Memorial Hospital's (KEMH) primary concern is the appropriate care and treatment of the patient.

The decision to refer a patient overseas for medical treatment is a clinical one. Patients may be referred for the purposes of diagnosis, specialist assessment, treatment, and, very occasionally, for long-term care. Decisions about overseas treatment are emotive, as they concern both the immediate and long-term health and well-being of individuals. They may also entail considerable upheaval and financial burden in the individual's life and that of their family. It is important therefore, that decisions about referrals, and associated funding, are transparent and fair.

2. Aim of this Policy

To provide a clear set of guidelines in relation to referral for medical treatment overseas. Specifically, it aims to clarify and make explicit the funding arrangements for overseas treatments, so that decisions are seen to be **fair, equitable and consistent** while meeting an individual's clinical needs.

3. Scope of this Policy

The policy applies to all patients eligible to receive treatment overseas funded by FIG. It also applies to all staff who are involved in the decision-making process for MTO (see MTO Group below), or are otherwise involved in the implementation of this policy.

4. Definitions

'Overseas treatment' refers to any treatment undertaken outside the Falkland Islands and includes diagnostic examination and procedures, assessments and long-term care.

'MTO Group' refers to the group responsible for evaluating requests for overseas treatment against this policy, and taking a decision as to whether the referral is approved, or not. This group consists of all available GPs, the resident Surgeon, Anaesthetist, Chief Medical Officer (CMO), Specialist Liaison Nurse, Hospital Manager and MTO Manager and any other appropriate healthcare professional as required to review individual cases.

5. Responsibilities

The MTO Group are responsible for evaluating each individual patient's referral request and making a decision as to whether it is approved for FIG-funded overseas treatment. The MTO Group will meet weekly (where the caseload requires) to consider all potential referrals.

Decisions to approve individual patients' referral overseas for treatment will be made jointly by the MTO Group. If the MTO Group fail to reach a consensus about whether or not a referral should be approved, the CMO, in consultation with the Director of Health and Social Services (DHSS), will make the final decision. In the CMO's absence, this responsibility will be delegated to a nominated 'lead' clinician.

In evaluating, and reaching a decision on each individual patient's case, the MTO Group will consider the specifics of the case against this policy.

In the case of emergency, life-saving treatment that requires urgent aeromedical evacuation, the decision to refer will be made by the treating clinician, in conjunction with the CMO. Formal approval by the MTO Group will not apply in this circumstance, however the other provisions of this policy will still apply.

Clinicians should not commit to sending a patient overseas until it has been approved by the MTO Group. This is important so as not to raise the patient's expectations around referral.

6. Eligibility for Medical Treatment Overseas

The following categories of people who are ***ordinarily resident*** in the Falkland Islands are eligible to be considered for overseas treatment funded by Falkland Islands Government (FIG):

- Falkland Islanders within the meaning of the Immigration Ordinance 1999;
- Persons who have leave to enter the Falkland Islands under section 15 of the Immigration Ordinance 1999 (refugees etc.)
- Persons with the following categories of permit:
 - (a) a permanent residence permit;
 - (b) a work permit and section 44(2)(e) of the Public Health Ordinance 1894 does not apply;
 - (c) an accompanying dependent permit and section 44(2)(f) of the Public Health Ordinance 1894 does not apply;
 - (d) a dependent permit; or
 - (e) a carer permit.

7. Criteria and stipulations for FIG Funded Referral

The decision to send a patient overseas, will be based upon three key criteria:

- **Necessity** whether an MTO is necessary in accordance with this policy and other local treatment guidelines;
 - **Urgency** whether the condition requires swift and decisive intervention, or 'watchful waiting' may be advised; and
 - **Appropriateness** based on clinical factors making a particular treatment suitable for the individual patient.
- FIG will only pay for treatments overseas if all of the following also apply:
 - the treatment is necessary on clinical grounds;
 - the referral is deemed appropriate when evaluated against the criteria for a specific treatment stipulated by the NHS. Only in exceptional circumstance would the MTO Group recommend a treatment that is not routinely provided by the NHS. Additional approval to fund this procedure must be obtained from the Chief Medical Officer and Director of Health and Social Services.
 - the treatment complies with any current local treatment and referral guidelines;
 - there is no satisfactory alternative treatment available in the Falkland Islands and none is likely to become available within a timescale that is acceptable on clinical grounds; and
 - not to refer would have a serious detrimental effect on the patient's health and well-being.

FIG may fund some dental cosmetic and routine orthodontic treatment (for example where there is significant functional or psychological impairment) where this has been agreed by the Senior Dental Officer.

Location of FIG-funded referral

In an urgent situation in which a referral overseas requires emergency treatment, the KEMH will ordinarily refer patients to a hospital in South America.

The FIG has a reciprocal healthcare agreement with the United Kingdom. For this reason, routine elective treatment will ordinarily be referred to the UK NHS by default. However, in the case of arthroplasty (hip and knee replacements only), the FIG has a contract with a private provider in the UK to which the KEMH may refer in place of the NHS. Although referring elective treatment to the UK NHS is the default position the MTO Group may exercise discretion in referring elective treatment to South America on a case-by-case basis in exceptional circumstances. This will be guided by the following criteria:

- The referral is for diagnostic purposes only, and there is a clear benefit in terms of timeliness and the costs of the referral will not cause undue pressure on the MTO budget when compared against the cost of referral to the UK.
- The patient is unable to be moved to the UK due to being unable to satisfy the medical requirements of the RAF to travel on the MoD airbridge, including those requirements for RAF aeromed flights
- The patient's immigration status or other circumstances make a referral to the UK unviable, or a clear rationale exists as to why a referral to South America is preferable, when clinical outcomes are balanced against cost.

In any scenario in which a patient is initially referred to South America for treatment, the KEMH may elect to move the patient for further treatment in the UK, once it is appropriate and safe to do so and where the patient's immigration status or other circumstances do not make a referral to the UK unviable. This will be based on it being anticipated that this will either result in the best clinical outcome, or on economic grounds.

8. Logistics and Financial arrangements

This section must be read in conjunction with sections 9 'limitations and exclusions', as the financial arrangements may not apply in full to all circumstances as is outlined.

8.1 Airfares

- KEMH will book and pay for the return airfares for the patient, **once their appointment date is known**.
- When availability permits, the patient will be booked on the penultimate flight before their appointment date.
- Once given a discharge date, the patient is expected to liaise with the Falkland Islands Government Office (FIGO) if in the UK, or KEMH directly if in South America, in order for their return flight to be booked. Communication and contact will be via recognised FIG telephone numbers and e-mails, not via social media.
- Patients are expected to return to the Falkland Islands on the **first flight available** after they have been declared fit to fly, and no accommodation will be paid for after this date; unless the flight is subsequently delayed. If a patient wishes to be seen overseas during leave or holiday which has already been booked, KEMH will not retrospectively cover or refund the flight costs.

8.2 Internal Travel

KEMH will determine the type of transport necessary to transport the patient and provide this transportation to and from the Mount Pleasant Complex (MPC) airport; this will usually be via a local bus company.

KEMH will pay any other costs directly associated with transport

- between the airport and place of accommodation
- between the accommodation and place of treatment for admissions and outpatient appointments, providing that the accommodation is within a reasonable distance.

KEMH will make a standard advance payment for internal travel costs, the amount of which shall be agreed during the annual FIG Budget process. Receipts will be required on return to the Islands.

Where the patient has chosen for personal reasons to travel further, there will be no additional travel allowance.

If the patient travels by taxi between the airport and their recognised accommodation, FIGO will make the booking and pay for this and no advance will be made to the patient.

Travel should normally be by public transport to and from appointments, except where there are particular medical needs. **All travel by taxis or hire cars must be pre-agreed with the KEMH/FIGO in advance.** Where private transport is used (e.g. transport by a family member/hire car) standard mileage allowance reimbursement and car parking fees at the hospital will be made available.

Patients must keep tickets and receipts for all internal travel. On return to the Falkland Islands, these must be brought to KEMH, along with a completed travel expenses form and any remaining advanced travel money. This must be done within 1 month of your return from overseas treatment, otherwise no reimbursement will be considered.

When overseas for longer periods of time re-imbursement will be made based on scanned, faxed or emailed images of receipts.

Where patients are receiving overseas treatment during a holiday, KEMH will not normally make advances but will reimburse for internal travel to the hospital, up to the agreed limit identified on the schedule of allowances for medical treatment overseas. Receipts must be produced.

8.3 Accommodation – see appendix 1

KEMH will arrange, and cover the cost of, accommodation for the patient being referred. **In most cases**, this will be for bed and breakfast style accommodation only (*please see attached document defining suitable levels of patient accommodation*). It will be the patient's responsibility to pay for all other food and living costs. It is the patient's responsibility to comply with the rules of the accommodation and meet the costs if these are not met (for instance extra cleaning charges if there has been smoking on the premises etc.)

Only in exceptional circumstances will a flat/house be arranged. ("exceptional circumstances" means all standard accommodation is booked and therefore unavailable or there are clear medical needs agreed by the MTO Group for a flat).

Accommodation will only be funded from the date which KEMH nominates as the necessary arrival date until the first available departure flight after the patient is declared fit to fly. If the patient chooses to travel on an earlier or later flight, they will be responsible for all additional accommodation costs. **Patients must comply with all accommodation check-in and check-out times.**

If patients wish to upgrade their accommodation it will be at the patient's own expense and the KEMH will only refund the equivalent of the cost of standard KEMH

accommodation (*for clarification of this matter please see the attached document defining suitable levels of patient accommodation*).

Where a patient elects to stay with friends or relatives, or in a property which they own, the householder or patient may submit a claim for subsistence to FIGO or KEMH. This arrangement must be agreed in advance with the MTO Manager or FIGO. The prevailing rate for subsistence that is approved at the time will be paid.

Occasionally, patients who are staying in the UK for an extended period may choose to visit friends or relatives elsewhere between appointments. However, to do this:

- The patient must inform FIGO, at least 2 days before they leave for the visit, in order that their accommodation can be cancelled.
- The patient must remove their belongings from their room in the accommodation and either take them with them or organise for them to be stored whilst they are away.
- The patient must make and pay for their own travel arrangements.
- In circumstances where a room has been vacated with no prior agreement KEMH will seek re-imbursement from the patient for the total cost of the room during the vacated period.

Should any additional fees in respect of the accommodation be made to FIG in relation to damages or an unacceptable level of cleanliness e.g. professional cleaning is required, the KEMH will charge these fees to the patient.

8.4 Daily Living Allowance

A daily living allowance is paid to all patients who travel overseas for treatment. In cases where an adult is accompanying a child who is receiving overseas treatment, both child and adult will be paid the applicable daily allowance. This allowance is reviewed annually in the FIG budget setting process, and will be paid at the published rate that is applicable at the time.

Patients are otherwise responsible for their own expenses and financial affairs whilst overseas for medical treatment. However, it is recommended that patients are assessed against the criteria for Income Support to see if they are eligible. This **MUST** happen before leaving the islands, and can be arranged by contacting the Social Services Department. This process must be initiated by the patient or authorised representative. If the patient is already in receipt of Income Support the payments will continue, as long as they continue to meet the eligibility criteria. This applies to accompanying family members also.

8.5 Companions/Escorts

KEMH will fund flights and accommodation for an escort using the following criteria:

- a minor i.e. a child under the age of 18 – **one** parent or guardian will be sponsored
- a woman undergoing a high-risk pregnancy – her chosen support will be sponsored
- a critically ill child with an immediately life-threatening condition - **both** parents or guardians will be sponsored.
- in the event of an air ambulance transfer for a critically ill patient with a life-threatening condition, an accompanying companion will be sponsored.
- in the event of an air ambulance transfer for a non-critical patient, if there is space available in the aircraft, an escort may accompany the patient. However, at the destination the escort is responsible for all ongoing costs and return airfares if they are not approved as a recognised companion.

Additionally, the KEMH may fund a companion in the following circumstances,

- Patients with care and support needs, who would be unable to manage the tasks of

daily living without assistance provided by a companion. This would include patients with known care and support needs, which are already documented, or where there is uncertainty this will be subject to a review by the MTO group.

- Patients, who do not have existing care and support needs, but as a result of the treatment planned to be undertaken, are likely to require care and support once discharged from hospital in order to be able to manage the tasks of daily living. This will be considered on a case-by-case basis, considering the patient's individual circumstances, but examples of treatment for which it may be anticipated that the patient will be unable to adequately care for themselves post-discharge includes major surgeries likely to result in significant incapacitation during recovery and highly-emetogenic chemotherapy regimens.
- For patients on long-term MTO, anticipated to last in excess of 3 months, which is being provided in an inpatient-setting, the individual circumstances of each case will be considered. Consideration will be given to funding a companion either intermittently, or for the duration of treatment depending on the individual circumstances.
- The patient's prognosis deteriorates during the MTO, and although it was originally assessed that their care and support needs would not include assistance with the tasks of daily living, that this situation has changed.
- In exceptional circumstances where a patient receiving treatment overseas becomes so unwell that they cannot travel home and are expected to die, up to three relatives/family members will be sponsored to travel to be with their loved one and support will include accommodation expenses.
- In circumstances that do not easily fit into the above criteria, but there is nonetheless an assessed medical need for a companion, the MTO Group may use its discretion to fund a companion having considered the case fully.

It is recognised that even where a companion is approved in accordance with the above criteria, it may not always be possible for the companion to be sent as depending on the companion's nationality / passport, they may not be eligible to enter the country to which the patient has been referred.

8.6 Information Sharing

In order to book travel to overseas appointments, inevitably, the hospital has to contact the Falkland Islands Company (FIC), and International Tours and Travel (ITT). No confidential medical information will be provided to these organisations without the prior consent of the patient, but they will be aware that the passage has been booked by the hospital. Where an aeromedical evacuation is necessary, certain medical information has to be provided to the relevant agencies in order to secure permission for the patient to fly.

In addition, it will be necessary to share information with the Falkland Islands Government Office (FIGO) in London, when a referral to the UK is made.

In all instances, clinical information will need to be shared between the receiving hospital and the KEMH. In doing so the KEMH will comply with its *Code of Confidentiality* and the FIG *Data Protection Policy*.

8.7 Wellbeing

The KEMH are committed to ensuring the welfare and wellbeing of patients and their companions referred for MTO are promoted. Whilst the MTO Manager is contactable by patients whilst they are overseas, it is recognised that the support that can be provided remotely is limited, and this is not a 24/7 service.

The Specialist Liaison Nurse is available to support patients who are approved for MTO, including pre-travel support as is needed, as well as helping the patient to understand their likely treatment pathway. The Specialist Liaison Nurse should be the point of contact for clinical queries whilst the patient is overseas.

For patients referred to the UK, FIGO play a crucial role in ensuring patient's non-medical needs are attended to, and can be contacted to provide support when needed.

The KEMH also work closely with Embassy staff in South America to ensure patient needs are attended to.

For those patients who have a nationality that does not have consular/ embassy representation in South America, the standard of welfare support is likely to be far less, or absent entirely. This may be compounded by the fact that the patient may have been unable to take a companion with them owing to the visa restrictions mentioned in 8.5.

8.8 Insurance

All patients travelling overseas for medical treatment are advised to take out travel insurance to insure against loss, damage and (new episodes of) ill health arising whilst out of the country. This is because the KEMH will not be liable for any other treatment or loss of property etc. that the patient may incur.

9. Limitations/Exclusions

Persons **not exempt** from the approved charges for medical care and medical evacuation are not eligible to treatment overseas at FIG's expense.

In the case of emergency medevac for patients not eligible for FIG-funded referral, the KEMH may assist, as far as is reasonable and proportionate, in facilitating administrative processes e.g. liaising with the patient's insurance company to arrange an aeromedical evacuation. Payment for the aeromedical evacuation is however the responsibility of the insurance company.

Persons, who are only exempt from the approved charges for medical care and medical evacuation applicable in the Falkland Islands by virtue of the UK/Falkland Islands Reciprocal Healthcare Agreement, are not eligible for referral for overseas treatment at FIG's expense.

Persons wishing not to travel on the penultimate flight before their appointment, but rather the last flight, will be responsible for making their own flight arrangements. They must accept that the risk if their appointment is missed that they may experience a delay whilst it is re-arranged (if it can be). If they elect to stay in the UK during this time, and their appointment has been missed as a result of a refusal to avail themselves of the penultimate flight before their appointment, they will be responsible for their own accommodation costs.

Persons wishing to travel in advance of the penultimate flight before their appointment, or remain overseas after they are confirmed fit to fly, may do so, but KEMH will not cover accommodation costs, or provide any allowances that the patient was entitled to during their MTO. The patient will be entirely responsible for making their own arrangements during these periods, including ensuring that they have a suitable insurance policy in place.

MOD contractors and those with a work permit which requires medical insurance as a condition of its issue (issued when a self-declaration medical is completed see point (b)

in section 6) are not eligible for treatment overseas at FIG's expense.

FIG will not refer overseas when a visiting specialist will be able to undertake the necessary treatment in a clinically acceptable time.

Termination of pregnancy is eligible for full funding for treatment overseas, but only where the procedure cannot be performed in the islands.

FIG will not ordinarily pay for private treatment in the UK other than in exceptional circumstances; including where a package of support is approved via ExCo.

9.1 Independently-arranged overseas treatment

Once a patient has been approved for overseas referral by the MTO Group, the patient may elect to make their own independent arrangements for overseas treatment should they wish to do so.

In this scenario FIG will fund the cost of airfares (to the value of a return UK airbridge), and the patient will be eligible for the daily living allowance and accommodation expenses as per the prevailing rates applicable at that time.

It is the responsibility of the patient to make the arrangements and payment directly with their chosen treatment provider.

In the case of independently arranged arthroplasty (hip and knee joint replacement only), as per ExCo paper 78/23, FIG will reimburse patients to the value that would be payable to their preferred contracted provider. This amount will only be reimbursed to patients who have been approved for MTO through the usual process, prior to undertaking treatment

9.2 Holiday MTO

Patients who are approved for non-urgent elective treatment, and already have a planned overseas trip will be funded through this route where it is possible to do so. This ensures efficient use of the MTO budget, but also helps to avoid unnecessary additional trips for the patient.

Holiday MTO funding includes limited expenses (usually accommodation expenses for the day before and the day of the appointment with the specialist, daily living allowance for the same two days, and internal transport expenses to reach the appointment). Flights and other expenses are not included, as these will form part of the patient's pre-planned and funded trip.

9.3 Assisted Conception

A contribution towards funding assisted conception treatment is limited to a maximum of six couples per year and is set at £10,000 per couple per year. Couples eligible to undergo such treatment may have to wait; such treatment will be based on a first come, first served basis in each financial year and is dependent on strict eligibility criteria whereby one of the couple must have Falkland Islands status.

Approved couples are expected to make their own arrangements for travel, accommodation and treatment, and will be reimbursed on the production of receipts or invoices up to the £10,000 maximum.

9.4 Long-term MTO

In exceptional circumstances where continuous long-term treatment or therapy is needed, FIG may approve MTO support for up to a maximum of three years. This limit is per referral; should the patient be discharged from treatment and be able to return to the Falkland Islands and later require a new referral, the previous referral will not be counted towards the three-year limit.

If treatment is expected to last beyond three years, fair warning will be given to the patient that FIG support will cease at the end of the third year. The KEMH will write to those individuals expected to remain longer-term in the country they have been referred to on or before the first anniversary of their MTO, to highlight this aspect of the policy and support the patient in beginning to plan to make longer term arrangements. At the end of the third year the patient will be expected to make their own arrangements for continued healthcare, which will generally be expected to be in their country of citizenship. For British citizens this will be in the UK.

Additionally, FIG **will not pay** for:

- any treatment undertaken without explicit prior approval by the MTO Group.
- the costs of any treatment required by people who are already overseas, either for business or pleasure unless treatment has been agreed via the *holiday MTO route*.
- treatment for any problem unrelated to the original reason for referral, unless re-agreed through the MTO Group.

Inevitably, there will be individual cases that do not comply with the rules for referral overseas for treatment. There may also be occasions where the cost of treatment is extremely high. In these circumstances, the Chief Medical Officer will discuss the case with the MTO Group in the first instance and, where required, the Director of Health and Social Services, for budgetary approval. If necessary, where the case falls outside of the usual criteria for overseas medical referral or the cost is either prohibitively high or cannot be managed within the existing MTO budget, the case may be referred to Executive Council for decision. It may also be necessary to seek legal advice regarding the implications of either approving or not approving referral in these instances.

10. Review and Appeal

If patients are dissatisfied with the outcome of the MTO Group decision, they can request the case is reviewed a second time by the group. This can be done by contacting the MTO Manager in the first instance.

Patients who remain unhappy about decisions taken in relation to this policy may complain through the normal hospital complaints procedure. The complaint should be addressed to the Healthcare Governance Manager, who will then process the complaint.

The following process will be followed if a patient chooses to challenge the decision of the MTO Group:

1. Request a review of the initial decision is made by the MTO Group by contacting the MTO Manager.
2. If still dissatisfied a formal complaint may be made to the Healthcare Governance Manager (HGM).
3. The case is reviewed by the CMO and Director of Health and Social Services (DHSS) and the decision and reasons for it will be shared with the HGM who reports back to the complainant within 5 working days of the decision.
4. If the patient is still not satisfied, the complaint may be escalated via the DHSS, to

the Chair of HMSC (MLA, Portfolio Holder) for review in the exempt section of the Health and Medical Services Committee (HMSC) - where all cases are anonymised and the members of HMSC will be bound by the rules of confidentiality. The decision of the HMSC is final and will be reported to the complainant by the DHSS.

Appendix 1.

Medical Treatment Overseas (MTO) – Accommodation Standards

The Health and Social Services Department (H&SS) understands that being away from home to undergo medical assessments or treatments can be unsettling for some patients especially if they are travelling alone and/or to an unfamiliar area or country. They may well feel fearful and vulnerable about the outcomes of their assessments and treatments. Having a safe, comfortable environment to stay in whilst away from home can help to make the experience more bearable.

The H&SS Department understands the need to be as cost conscience as we can and not spend excessively on accommodation but we also have a duty of care to our patients. We have to try and ensure that our fiscal duties and our patient's wellbeing and safety are met in equal measure.

In an effort to make the provision of accommodation fair and equal for everyone who is sent overseas for assessments or treatment the H&SS Department propose use of the following types of accommodations/minimum standards. The standards have been based after reviewing the FIG Accommodation Standards document and every effort will be made to meet these agreed standards. From time to time, due to accommodation shortages overseas, there may be occasions where it is not possible to meet these standards. If this is the case, regular reviews of available accommodation will be made and the patient will be moved to more appropriate accommodation when available.

The choice of accommodation booked for a patient will be based on where they are going, the length of time they are expected to be away from the Falkland Islands and availability of accommodation. If this period of time lengthens for any reason a change of accommodation type may be considered if the patient wishes to be moved.

Length of time a patient is overseas for treatment with accommodation types and minimum required standards:

NB in all cases, patients may elect to arrange their own accommodation; see *self-arranged accommodation* on page 13 for further details.

Up to 2 months– Bed and breakfast/ hotel style accommodation with:

- Breakfast available daily;
- A bedroom with en-suite bathroom facilities;
- Where required accessible – i.e. ground floor or with a lift
- A TV in their room;
- WI-FI/Internet access
- Beverage making facilities – either in their room or readily available in a communal area;
- A separate area to sit either within the bedroom or preferably elsewhere e.g. a communal lounge area.

Over 2 months, to a maximum of three years:

Self-contained apartment type accommodation may be funded for patients when, after initial hospital investigations or treatment, it is discovered that they need to be away from the Islands for an extended period of time i.e. for chemotherapy or other protracted treatments. Individual's

circumstances will need to be taken into consideration in order to make an informed decision whether this type of accommodation is appropriate not only to fund but whether it is the best option for the patient's wellbeing.

General considerations when choosing accommodation for placing patients in:

Cost should not always be the overriding factor when choosing accommodation although it is prudent to choose the most economical option when faced with a choice of locations each offering the suitable minimum standards we require.

In some circumstances the physical needs of the patients will need to be taken into consideration as well i.e. can they manage stairs or safely get into a bath or shower?

Other considerations may be about the amenities available in the location of the accommodation; for instance, shops or reasonably priced food outlets being close at hand or easily accessible by convenient public transport. This may be more important for those in bed and breakfast/ hotel type accommodation where going out for lunch and dinner will most likely be required.

It should also be considered whether certain patients will benefit from the support that is available from staff in a bed and breakfast or hotel, rather than the possible isolation in a flat or apartment.

Self-arranged accommodation:

If a patient decides to find their own accommodation (either of a lower or higher standard than that provided by the KEMH), then the patient will be reimbursed up to the maximum daily rate that is applicable at the time; please contact the MTO Manager for further details. If a patient decides to book their own accommodation they will be liable for all costs and arrangements for that booking and the KEMH does not accept any responsibility for further issues relating to that accommodation.