

Service Users and Carers – Guidance on Reimbursement of Out of Pocket Expenses

This guidance, as a supplement to 'Interim Service User, Carer and Stakeholder Reimbursement Guidelines and Procedures for Health and Social Care Organisations', sets out if and how you can claim reimbursement for out of pocket expenses when involved with HSC organisations. Information is given on the following 3 areas:

- Can I claim reimbursement for expenses?
- What expenses can I claim reimbursement for?
- How do I claim?

Can I claim reimbursement for expenses?

- Health and Social Care organisations will pay out of pocket expenses to service users, carers and stakeholders who have:
 - Agreed to become involved and participate in service commissioning development and improvements such as:
 - Regular meetings
 - Discussion forums
 - Focus Groups
 - Training Events
 - Interview panels
 - Defined task or programme
- Expenses will **NOT** be routinely reimbursed where a service user, carer or stakeholder:
 - Chooses to attend an open meeting
 - as an individual by their own choice or
 - wanting to express their own views or experiences or
 - not as a service representative
 - Takes part in a large research study or consultation
 - Are employed elsewhere and the costs are met by their employing organisation as part of their role.

What expenses can I claim reimbursement for?

The following gives details on the type of out of pocket expenses which are Service Users or Carers are eligible for reimbursement.

The Service User / Carer should discuss with the HSC Officer, the type of expenses they are likely to incur prior to involvement and ensure they are eligible in line with this guidance. The claimant has a responsibility to ensure that these costs can be disregarded for benefit purposes.

The following out-of-pocket expenses will be reimbursed:

- **Replacement Care / Personal Support** (invoices / receipts required)
 - Personal Support
 - E.g. Interpreters
 - Signers for those with hearing impairments
 - Personal care assistants or support person
 - Childcare - When provided by registered child minder or family member not required to be registered, to a maximum of rate Trust would pay for similar service e.g. NI Child minding Association rates. Invoices or Receipts must be provided.
 - Respite with payment by one of following methods:
 - Direct Care provision (arranged by Trust)
 - Care purchased from independent sector (arranged by Trust)
 - Direct payment (carer can purchase their own care provision)
 - or
 - Refund of respite costs if unable to access via Trust on provision of invoices and or receipts.
- **Travel**
 - Car Mileage – paid at public transport rate
 - Bus / Rail Fare – ticket must be provided
 - Taxi Fare – Will be paid in exceptional circumstances at the discretion of and by prior approval of Health & Social Care organisation

- **Subsistence**

- Claimants can be reimbursed the cost of refreshments or meal if the involvement is over a lunch or evening period and these have not been provided. Subsistence will have to be agreed in advance, receipts produced and payment capped in line with the amount payable under Agenda for Change Handbook – Annex N (Health & Social Care manager can advise)

- **Other**

Other costs incurred in relation to service user / carer / stakeholder involvement can be reimbursed with prior agreement. Examples of such are:

- Administration
 - Stationery purchased
 - Postage
 - Photocopying
 - Telephone calls

How do I claim?

Please complete a claim form attaching any necessary receipts. Send the claim form to the HSC Officer responsible for your meeting. The claim forms are available from your meeting organiser.



Health and Social Care

SERVICE USER, CARER or STAKEHOLDER CLAIM FOR REIMBURSEMENT OF EXPENSES

Name of Claimant

Address

.....

.....

Date of Meeting

Place of Meeting

Purpose/Group/Project

I wish to claim:

| Expense Type: | Detail: | £ |
|--|---------|---|
| Replacement Care / Individual Support: | | |
| Carer's / Personal | | |
| Other (please specify) | | |
| Travel: | | |
| Car Mileage | | |
| Bus / Train Fare (attach ticket) | | |
| Taxi Fare (attach receipt) | | |
| Subsistence: | | |
| Other (please specify): | | |
| Total | | |

Signature of Claimant

Date

For Official Use Only

Approved by Date

HSC Officer

Cost Centre

Account / Activity Code

HSC Officer – Please send to BSO travel with any receipts attached

EXAMPLE



Health and Social Care
in Northern Ireland

SERVICE USER, CARER or STAKEHOLDER

CLAIM FOR REIMBURSEMENT OF EXPENSES

Name of Claimant ...Paul Smith.....
Address ...22 The Meadow
...Belfast
...BT1 5PB.....
Date of Meeting ...3rd May 2013.....
Place of Meeting
Purpose/Group/Project ...Adoption Support Group.....
I wish to claim:

| Expense Type: | Detail: | £ |
|--|----------------|--------------|
| Replacement Care / Individual Support: | | |
| Carer's / Personal | | |
| Other (please specify) | Signer | 15.00 |
| Travel: | | |
| Car Mileage | 15 miles* | 3.60 |
| Bus / Train Fare (attach ticket) | | |
| Taxi Fare (attach receipt) | | |
| Subsistence: | | |
| Other (please specify): | | |
| Total | | 18.60 |

*Example based on public transport rate of 33p, this may change

Signature of Claimant
Date

For Official Use Only

Approved by Date
HSC Officer
Cost Centre
Account / Activity Code:

HSC Officer – Please send to BSO travel with any receipts attached