

# Circular



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Contact: John Bethune 616 8200  
Distribution: Public Hospitals, Geriatric  
Hospitals, Psychiatric Hospitals,  
Ambulance Services

Subject: **AMBULANCE FEES FOR INTER-HOSPITAL TRANSFERS,  
TRANSPORTS TO EXTERNAL DIAGNOSTIC FACILITIES, AND  
HOSPITAL BASED OUTPATIENT CLINICS**

Introduction of casemix funding and the need to put both hospitals and ambulance services on a more business like basis has led to a review of the funding basis for ambulance services.

The first outcome of that review is to restructure certain fees for ambulance services to facilitate structural reforms to services and to ensure better management and priority setting for ambulance services.

... particular, the Department has decided to: -

- . deregulate the setting of fees for inter-hospital transfers and transports to external diagnostic facilities.
- . allow Ambulance Services to introduce charges to hospitals for the transport of persons attending outpatient clinics.

These changes will take effect on the 1 September 1993.

Whilst fees are to be deregulated, hospitals will still be responsible for meeting Ambulance charges for transports arranged by them. Negotiations should now commence between hospitals and services with respect to the fees to be charged.

Where a hospital contracts with alternative providers, the Hospitals will remain responsible for ensuring that patient care standards such as patient comfort and the provision of appropriately qualified escorts are maintained. Hospitals' Public Liability/Malpractice Policy will continue to provide indemnity, as per its terms and conditions, for claims which arise out of the patient transport.

Indemnity is only provided to the Hospital and does not extend to other providers of transport services. These providers must effect their own insurance cover.

With respect to the introduction of charges for outpatient clinic transport, an amount of money representing current ambulance costs will be transferred from the ambulance budget to the additional throughput pool for hospitals. This will, in effect, reduce the overall cuts to be made on hospitals by that amount. The change will thus be cost neutral to hospitals.

  
**S J DUCKETT**  
DIRECTOR  
ACUTE HEALTH SERVICES

(amb93011)