

Road Traffic Act fees a summary

It is a curious anomaly that victims of Road Traffic Accidents have to pay a flat rate fee for NHS treatment after an accident. Governments of all colours seek to ameliorate the costs to taxpayers of the NHS but the only area where it has felt able to charge is that of victims of road traffic accidents where that victim has gone on to successfully claim in respect of personal injury.

For over 60 years Registered Medical Practitioners have been able to levy a fee for "examination, medical treatment or surgical treatment" if they are the first doctor to see a patient following a Road Traffic Accident even if the victim is one of their NHS patients.

In the July 1997 budget the Chancellor of the Exchequer announced that, steps would be taken to improve the collection of fees for treatment of road accident victims seen at accident departments or admitted to hospitals where that victim has gone on to successfully claim in respect of personal injury. This was enacted through the Road Traffic (NHS Charges) Act 1999 and the practical effects of this Act were summarised in HSC 1999/007.

The fees payable in law as a simple contract debt are if the **first** doctor to attend a RTA victim is seen

Outside hospital by a legally registered medical practitioner the sum is £21.80p
plus 41p per mile

(The so called "158 RTA fee")

As an outpatient at hospital a flat rate of £354.00p

As an in patient at a hospital a daily rate of £435.00p

All fees are subject to a £10000 ceiling

These changes have caused confusion within the insurance industry with some firms refusing to recognise valid claims from registered medical practitioners under s.158 Road Traffic Act because the claim does not arise through the DSS Compensation Recovery Unit. **Their refusal is erroneous-the right to charge under s158 Road Traffic Act 1988 remains.**

General Practitioners holding a GMS (not PMS) contract for general medical services can, if they fail to obtain settlement of their account, claim under the emergency treatment provisions of GMS. As emergency treatment fees comes out of the "pool" claiming such a fee merely reduces income for all the other work which GPs undertake. If the new GMS contract is accepted then this route will no longer exist.

Claiming the fees

Those of you who are BMA members can obtain a standard proforma from the regional offices to use when billing victims.

- You **MUST** be the **FIRST** doctor to attend the victim

- Tell the victim
 - that these services are not part of the NHS
 - that they are covered by all UK motor insurance policies
 - Payment does NOT constitute any admission of guilt
 - Payment of such fees per se does not count against no claims bonuses
 - The driver of the vehicle is responsible for paying the fee irrespective of who is to blame for the accident
 - The fee is set by parliament
 - Failure to pay the fee may result in civil proceedings for recovery of debt
 - That they (or the driver) should submit the bill without delay to the insurance company

Remember

- You do NOT have to attend the victim at the roadside - you may claim if you are the first doctor to attend the patient
- You can claim even if the victim is your NHS patient
- The details of the driver, registration number of the vehicle if not known can be requested from the police under **s.156** of the Road Traffic Act 1988
- You must render the account within seven days of attendance
- **You cannot charge the fee if you are working in an A&E department as an employee**

The "158 fee" is unfortunately set by regulation and not indexed by the Doctors' and Dentists' Review Body. For reasons of political expediency ministers have been loathe to increase the fee for over ten years, however a review of the act is due in 2004 and your professional representatives will see to it that approaches are made to restore its value.

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