



**Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive**

Your ref: HQS/INQ/774

Hilary Coates,
Head of Operations, Safety and Learning
Health Information and Quality Authority
George's Court,
George's Lane,
Dublin 7

28th June 2012

**Re: HSE Report on progress on the implementation of recommendations
arising from the HIQA Report of the
Inquiry into the failed transportation of Maedhbh McGivern**

Dear Hilary,

Your correspondence dated 8th June 2012 in relation to the above refers. As requested, the HSE has reviewed the previous progress report submitted with particular emphasis on the Recommendations referred to in your correspondence. In this regard, the following narrative now constitutes the latest position on progress in relation to HIQA's recommendations.

The HSE would be grateful if HIQA could confirm that our action plan is acceptable. In this regard, the HSE intends to make the enclosed information publicly available through our website www.hse.ie by Friday 29th June 2012.

Finally, this office can confirm that since the Maedhbh McGivern Report, all aeromedical transfers for transplant abroad co-ordinated by the HSE have been done successfully and in line with the recommendations set out by HIQA.

Please do not hesitate to contact me with any queries that may arise

Yours sincerely

A handwritten signature in black ink, appearing to read 'Laverne McGuinness'.

Laverne McGuinness
National Director
Integrated Services Directorate

Inquiry Recommendation G.1

The HSE should, as a priority, review the governance and systems in place for the funding of travel and transport arrangements for treatment abroad including the welfare, psychosocial and financial needs and supports for the patient and their families and implement the findings.

Funding

The HSE operates a Treatment Abroad Scheme (TAS), for persons entitled to treatment in another EU/EEA member state or Switzerland under EU Regulations and in accordance with Department of Health and Children Guidelines. Within these governing EU Regulations and the Department of Health and Children's Guidelines, the TAS provides for the cost of approved treatments in another EU/EEA member state or Switzerland through the issue of form E112 (IE).

Governance

The governance and systems of the Treatment Abroad Scheme as provided for in EU Regulations 1408/71 and 574/72, and the Department of Health and Children Guidelines (Sept 2008) have been revised nationally over the past two years. A comprehensive suite of policies and procedures are in place and updated from time to time as appropriate. Appropriate governance for such documents is adhered to and the documents are signed off at Assistant National Director level. The HSE has established a Memorandum of Understanding with Our Lady's Children's Hospital, Crumlin which addresses the issues of responsibilities and accountabilities associated with the referral of patients abroad for organ transplantation. (Please see attached as Appendix I)

Travel and Transport

The Treatment Abroad Scheme (TAS) has a National Travel Policy (see attached as Appendix II) in place for TAS patients. The TAS funds air ambulance requirements where they have been procured through the agreed protocol. This protocol reflects the recommendations contained within the HIQA Report. The legislation does not mandate TAS to provide funding for other travel arrangements, however, TAS does make discretionary provision for applicants. The focus of such support is to provide assistance towards reasonable economic air or sea travel fares for patients, and a parent/guardian.

Welfare and financial needs and supports for patients and families

Prior to their transfer to the Dept. of Social Protection, Community Welfare Services may have assisted patients and families with welfare and financial needs through Exceptional Needs Arrangements under the Supplementary Welfare Assistance Scheme. The HSE Advocacy Unit is leading on contacts with the Department of Social Protection with a view to addressing inconsistencies in the operation of the Scheme across the country.

Additionally, Our Lady's Children's Hospital, Crumlin, through a Memorandum of Understanding with the HSE, are required to advocate for and assist their patients and their families with how to access such supports in advance of actually receiving a call to travel to the UK. To support this work further:

1. The HSE Advocacy Unit in conjunction with the TAS is currently conducting a survey of TAS patients in order to evaluate the extent of such needs. Preliminary results of this survey are attached to this Report as Appendix III.
2. The TAS has been working with the Children's Liver Disease Ireland (CLDI) and has identified a list of areas which would be encompassed in the recommendation above.
 - It is not possible under current financial regulations for the HSE TAS to provide advance payments towards air or sea fares. However, the Children's Liver Disease Ireland (CLDI) intend establishing a small fund to assist patients who experience difficulty e.g. those who do not have credit cards. The TAS will immediately refund all travel costs in line with the TAS National Travel Policy to this fund.
 - Passports – we have confirmed with the Department of Foreign Affairs that there is no legal requirement for Irish citizens to use a passport for travel between Ireland and the UK. Alternative Photo ID is acceptable e.g. driving licence. Furthermore, children under 16 years of age do not require Photo ID for travel between Ireland and the UK when accompanied by a parent or guardian. Certain airlines require passengers to present a passport for travel to the UK but again the HSE has confirmed that the national carrier (Aer Lingus) does not have this requirement. In the Information Leaflet prepared in consultation with the Children's Liver Disease Ireland (CLDI), we are recommending that patients should obtain a passport in any case.
 - Additional luggage – The TAS made contact with a company based in Dublin Airport that can forward the additional luggage for the patient's family – this process has now been established and the relevant information included in the Information Leaflet for patients and their parents/guardians.
 - Air Corps – The TAS held a formal meeting with the Air Corps to establish the limits for the service with specific reference to luggage and passengers. A formal position is now established.
 - An Garda Siochana – The TAS has met with the Regional Traffic Division of An Garda Siochana regarding the custom and practice of Garda assistance with the transfer of patients and families from home to airport. Work is progressing to formalise arrangements and in the interim, custom and practice arrangements remain in place.
 - Subsistence – While not mandated to do so by EU Regulations and DoHC guidelines, TAS does make discretionary provision for payment towards transport costs only. The focus of such support is to provide assistance towards reasonable economic air or sea travel fares for patients, and a parent/guardian.

Psychosocial supports for patients and families

The HSE through the operation of a MoU with the relevant service provider, provides advocacy and navigation support for patients (and their parents/guardians) whom need financial and/or welfare assistance. Primarily, such support is operationalised through Medical Social Work and Counselling Services. It is normal practice in the care of patients that the treating Hospital, through its Social Work and Patient Advocacy Departments, would address the extended needs of families i.e. psychosocial supports. For example, this issue is addressed in a Memorandum of Understanding appended to Our Lady's Children's Hospital, Crumlin Section 38 SLA.

Additional information to assist families is now available in coming to terms with and understanding the issues that may impact on normal life, i.e. planning for their child's treatment abroad. This information is based on multi stakeholder engagement to ensure it is fit for purpose.

Inquiry Recommendation G.2

In advance of the findings of the review (G1) the HSE should put in place clear governance arrangements to ensure the pre-authorised and emergency funding of transport and travel arrangements for treatments not available in Ireland. Appropriate support arrangements should be put in place for families which also consider welfare and social support requirements.

Governance arrangements for pre-authorised and emergency funding of transport and travel arrangements for treatments not available in Ireland have been established in the TAS pre-dating 2010. The Treatment Abroad Scheme (TAS) funds air ambulance requirements where they have been procured through the agreed protocol. This protocol reflects the recommendations contained within the HIQA Report. TAS, in line with its National Travel Policy, also makes discretionary provision for those families in need on a case by case basis. The focus of such support is to provide assistance towards reasonable economic air or sea travel fares for patients, and a travelling companion where appropriate.

Our Lady's Children's Hospital, Crumlin, as outlined in the Section 38 SLA between the Hospital and the HSE is responsible for providing services as set out in the SLA including the provision of appropriate paediatric hepatology services to the children of Ireland as a tertiary centre.

Included in the provision of paediatric hepatology services is the provision of appropriate referral of patients who require liver transplant treatment. Our Lady's Children's Hospital, Crumlin will refer patients in accordance with the provisions of the TAS, to King's College Hospital in the UK for the provision of liver transplant treatment.

The HSE funds this service via its TAS office and in line with the provisions of the governing EU Regulations and DoHC guidelines.

In the case of a Priority One call (emergency liver transplant transfer), once the Irish Air Corps (IAC) and the Irish Coast Guard (IRCG) have confirmed their non-availability, funding for a private air ambulance is automatically pre approved for payment by the Treatment Abroad Scheme (TAS) and consequently, the National Aeromedical Coordination Centre (NACC) can proceed to source a Private Air Charter. (The paper work consisting of an email to confirm the procedures were adhered is addressed retrospectively – it is not required in advance of or at the time of the booking of a private air ambulance in an emergency situation)

In order to ensure patients (and their parents/guardians) are fully informed about all aspects of the Treatment Abroad Scheme, the TAS compiled an Information Leaflet in 2010 and this leaflet has recently been updated following consultation with the Children's Liver Disease Ireland (CLDI) advocacy group. Furthermore, information on the TAS is available on the HSE website.

The HSE has led a multi stakeholder engagement to develop a comprehensive Patient Information Leaflet which will be published by the HSE in the near future. In the interim, the document is being made available to families as a Working Draft. Please see attached as Appendix IV.

Inquiry Recommendation G.3

The HSE should ensure that service level agreements are in place with all providers, State and private, for the provision of aeromedical services. These agreements must be revised to clearly stipulate the roles and responsibilities of each party and take into account the recommendations of this Report.

Existing or new SLAs have been reviewed to ensure there are clear arrangements in place.

Inquiry Recommendation G.4

The HSE should establish a National Aeromedical Coordination Centre within the National Ambulance Service, with the support of the Air Corps and Irish Coast Guard, within the next two months.

The Centre should be accountable for the implementation of the agreed process as outlined in Figure 4 and the overall coordination of land and air logistics (including all State assets and private charters) for patients requiring transportation outside of Ireland for transplant surgery (including the logistics plans for each patient) and also for patients requiring emergency aeromedical transportation within and outside of

Ireland. This should be provided on a 24-hour basis with the appropriately skilled staff trained in aeromedical logistics.

The HSE has established a National Aeromedical Coordination Centre within the National Ambulance Service (NAS), with the support of the Irish Air Corps and Irish Coast Guard. NAS operates the agreed process as outlined in Figure 4 of the HIQA Report and the overall coordination of land and air logistics (see attached SOPs as Appendices V and VI) (including all State assets and private charters) for patients requiring transportation outside of Ireland for transplant surgery (including the Transport Logistics Plans for each patient) and also for patients requiring emergency aeromedical transportation within and outside of Ireland.

This is provided on a 24-hour basis with the appropriately skilled and experienced staff trained in aeromedical dispatch. To date, 16 staff have completed Aeromedical Dispatch training and further training is planned.

The HSE has identified the requirement to recruit additional staff to provide additional capacity in the NAS Control and Performance function so as to facilitate long term operation of a 24/7 National Aeromedical Coordination Centre. Six additional staff are due to commence employment with NAS on the 2nd July next following which, formal training will commence and be completed within a six week timeframe. In the interim, existing staff whom have completed a specially developed Aeromedical Dispatch Course continue to operate a National Aeromedical Coordination Centre.

Inquiry Recommendation G.5

In advance of the establishment of the National Aeromedical Coordination Centre, the HSE should liaise with all of the respective providers to plan for the implementation of the new agreed process as outlined in Figure 4.

Prior to establishment of a National Aeromedical Coordination Centre, a National Aeromedical Coordination Group consisting of stakeholder nominees, chaired by Dr. Cathal O'Donnell, NAS Medical Director, met to agree and risk assess the process to be operated prior to implementation.

Inquiry Recommendation G.6

As part of the National Aeromedical Coordination Centre, the HSE should establish a 'live' information management system which interfaces with each State provider of aeromedical assets. This system should provide real time information in relation to the availability of each asset. The accountability and management of this system should rest with the National Aeromedical Coordination Centre with support and input from the Air Corps, Irish Coast Guard and any other relevant service provider.

Following a review of ICT systems currently operated by disparate agencies, it is not technically feasible to achieve the necessary integration to provide automated live updates. In any event, any automated update would be dependent on human data entry within each agency's systems.

In order to overcome the issue, the relevant stakeholders have agreed to share asset availability twice daily at 09.00 hours and 17.00 hours. In addition to these daily cross checks, any unscheduled change in aircraft availability is notified as soon as known to the NACC in addition to scheduled updates.

The HSE as part of its NAS Control Centre Reconfiguration Project will be procuring a new Computer Aided Dispatch System (CAD). The user specification for the CAD has been amended to reflect the need for live information exchange between disparate ICT systems.

Inquiry Recommendation G.7

The HSE should establish a National Aeromedical Coordination Group with the relevant State agencies and service providers. This Group should oversee and evaluate the implementation of the agreed process (Figure 4) to ensure its effectiveness on an ongoing basis. It should develop, audit and monitor a series of key performance indicators for the provision of aeromedical and land logistics for patients, review the effectiveness of the information management systems, undertake root cause analyses of adverse events and continually review the quality and safety of the provision of the service. This Group should meet within four weeks from the publication of this report and then at a minimum every two months for the first year.

The HSE has established a National Aeromedical Coordination Group (NACG) with the relevant State agencies and service providers. This Group has overseen and evaluated the implementation of the agreed process (see attached as Appendices V and VI). In order to monitor its effectiveness on an ongoing basis, the National Aeromedical Coordination Group (NACG) has developed key performance indicators for the provision of services to patients. Work has recently been completed to ensure that the data collation necessary to facilitate audit and monitoring by the National Aeromedical Coordination Group (NACG) is now in progress (see attached as Appendix VII).

The National Aeromedical Coordination Group (NACG) has also agreed to adopt the HSE's Incident Management Policy and Procedures for the investigation and management of adverse events. The National Aeromedical Coordination Group (NACG) last met on the 20th June 2012 to review progress on implementation, monitor performance to date and consider any issues for attention. The National Aeromedical Coordination Group (NACG) has set out a schedule of meetings to ensure regular examination of KPI data.

Inquiry Recommendation G.8

The National Aeromedical Coordination Group, together with the relevant Government departments, should undertake a review of the aeromedical assets in Ireland, including the consideration of an additional dedicated resource.

The National Aeromedical Coordination Group (NACG) has examined the availability of air assets within the State. All State assets (Irish Air Corps (IAC) or Irish Coast Guard (IRCG)) are primarily tasked to their organisations primary's missions and are consequently available to the HSE on an "as available" basis in line with clear SLAs. In this context, the availability of air assets remains fluid on a daily basis. Therefore, in line with Recommendation G.6, the relevant agencies have developed a proforma to notify the availability status of air assets on a daily basis (see attached as Appendix VIII). The availability of Private Air Charters, primarily sourced in the UK, remains extremely fluid, given the demands pertaining in that jurisdiction, consequently, it is not possible to have a fixed list of assets as to do so may create a false sense of availability.

All of the agencies involved in the aeromedical transfer of patients abroad for treatment have worked collaboratively to implement HIQA's recommendations and in so doing, have significantly mitigated the risk central to this report, i.e. the timely transfer of a patient to receive treatment abroad.

The outcome of the review by the National Aeromedical Coordination Group (NACG) has considered the necessity or otherwise of a dedicated aeromedical resource for urgent organ transplant patient transfers. In particular, the National Aeromedical Coordination Group (NACG) has adopted the following view:

1. Existing state air assets (Irish Air Corps and Irish Coast Guard) remain under the control of their respective tasking bodies and have primary roles that may preclude them from being immediately available for the purposes of an organ transplant patient transfer.
2. Both the Irish Air Corps and the Irish Coast Guard acknowledge the critically important nature of these transfers and have committed to making their assets available to NACC for this purpose when ever possible.
3. In the unlikely event that no existing state assets were available for a mission of this nature in the time frames required, the National Aeromedical Coordination Centre (NACC) would source a private air charter to effect the transfer. A panel of such providers are available to the National Aeromedical Coordination Centre (NACC) and procedures to urgently source one of these providers on a 24/7 basis are in place

4. The NACG have in the last 12 months overseen the implementation of a number of measures designed to mitigate the risk of a failed organ transplant patient transfer. The costs associated with putting in place a further dedicated aeromedical resource on top of existing resources would be significant.

Accordingly the National Aeromedical Coordination Group (NACG) has concluded that the measures in place currently for organ transplant patient transfer, in conjunction with the risk mitigation measures already mentioned, are such that the likelihood of a future failed transfer is exceedingly small, and may not justify the procurement of an additional dedicated resource. However the group also acknowledged that circumstances might arise (very unlikely) that Irish Air Corps, Irish Coast Guard and Private Air Charter services may all be unavailable at the same time. In this regard, the Irish Coast Guard has undertaken to formally raise this matter with the UK's Royal Air Force and Maritime and Coastguard Agency and report back to the National Aeromedical Coordination Group (NACG) before issuing a final recommendation for Government consideration.

Inquiry Recommendation G.9

Service providers should ensure that up-to-date transport logistics plans for all patients awaiting organ transplantation are developed in conjunction with the National Aeromedical Coordination Centre and communicated with the relevant parties. These plans should be detailed, flexible, adaptable and subject to regular review and should include a number of travel options for each individual including contingency arrangements and requirements for medical escorts.

Service providers now ensure that up-to-date Individual Transport Logistics Plans for all patients awaiting organ transplantation, developed by the National Aeromedical Coordination Centre, are communicated to patients and their families by the relevant hospitals.

These plans are detailed, flexible, adaptable and subject to regular review and reflect a number of travel options for each individual including contingency arrangements. (see attached as Appendix IX). OLCCH has developed a KPI focussed on ensuring that the contents of a Transport Logistics Plan, has been communicated to each patient and their parents/guardians (see attached as Appendix X).

In addition to monitoring the effectiveness of Individual Transport Logistics Plans, Service Users are encouraged to provide feedback on their experience. (see attached as Appendix XI)

A Communications Plan setting out how to ensure patients and their parents/guardians are fully informed about their Individual Transport Logistics Plan has also been developed. (See attached as Appendix XII)

Based on a review by the National Aeromedical Coordination Group (NACG), feedback from hospitals and Service Users, the National Aeromedical Coordination Group (NACG) has recently agreed to review and revise the current format of the Individual Transport Logistics Plan to ensure they provide more details on travel arrangements and specify a clear point of contact for patients and their families.

Inquiry Recommendation G.10

The HSE, with the advice of King's College Hospital (KCH), should review the processes in place for the transition of adolescent children on the transplant list to the adult services transplant list in Ireland. The review should include the establishment of an integrated care plan for children to ensure that any risks to such a transition are managed effectively and safely.

Following consultation between clinicians in Our Lady's Children's Hospital, Crumlin, St. Vincent's University Hospital and King's College Hospital, London, guidance is now in place to ensure that patients under the age of 16 years presenting for potential liver transplantation to Our Lady's Children's Hospital should be referred to King's College Hospital, London. Patients over the age of 18 years presenting to Our Lady's Children's Hospital with potential need for transplantation should be referred to St. Vincent's University Hospital, Dublin. Between 16 and 18 years is a grey area where individual children may be suitable for one or other service and this decision will be made in the usual way on the basis of not only numerical age but also body habitus, maturity etc. and clinical condition.

Inquiry Recommendation G.11

The HSE should ensure that there are formalised senior manager on call arrangements in place at all times for ambulance services including Ambulance Control.

The HSE has developed formalised senior manager out of hours arrangements for the National Ambulance Service as requested by HIQA. The HSE has initiated discussions with the Dept. of Public Expenditure and Reform in respect of associated remuneration arrangements for additional out of hours commitments. Progress will be influenced by the outcome of the Government's Review of Allowances in the Public Sector.

Inquiry Recommendation G.12

The HSE should coordinate an overall National Implementation Plan for these recommendations, which is signed off by the Authority. Progress made against its implementation should be monitored by the National Aeromedical Coordination Group and periodic updates should be provided to the Minister for Health and the Authority and be made publicly available.

The HSE has coordinated an overall Draft National Implementation Plan for these recommendations, which has been presented to HIQA. The National Aeromedical Coordination Group (NACG) has monitored progress against those recommendations which fall within its intended remit, i.e. those recommendations related to the role and function of the National Aeromedical Coordination Centre (NACC). Progress made against those recommendations not relevant to the National Aeromedical Coordination Group (NACG) have been monitored by the relevant national lead with progress against all recommendations monitored and overseen by the National Director nominated by the CEO.

Periodic updates have been provided to the Minister for Health and HIQA as requested. The HSE now intends to make this report available, subject to HIQA confirming acceptance of the HSE's Implementation Plan, by Friday 29th June 2012 on www.hse.ie (see attached as Appendices XIII and XIV).

Inquiry Recommendation PCC.1

Service providers should ensure that clear communication processes are put in place for providing parents with information on the specific details of their child's transport logistics plan.

Hospitals, following development of an Individual Transport Logistics Plan by the National Aeromedical Coordination Centre (NACC), ensure that patients and their families are provided with clear information on the specific details of their child's Individual Transport Logistics Plan.

Inquiry Recommendation PCC.2

The HSE, in conjunction with OLCCH and KCH, should ensure that processes are in place to involve parents of potential liver transplant recipients in discussions regarding the logistical suitability of allocating a 'non-heartbeating' liver to their child. Particularly if the potential recipient is living more than three hours' travel time from the UK hospital where the transplant operation is proposed to be undertaken. This information should be provided to parents and patients to ensure they consider the implications, contribute to the decisions at an early stage of transplant planning and make informed decisions in relation to their possible relocation.

King's College Hospital's Department of Hepatology have considered the issues of allocation of Non Heart Beating Donor Livers (NHBDL) in Ireland. Based on consultation with King's College Hospital, London, guidance in place now advises:

- Patients living in isolated places or with any other potential transport difficulties will be flagged by the Hepatology Team at Our Lady's Children's Hospital, Crumlin at referral for transplant

- These patients can be listed as 'not for Non Heart Beating Donor Livers (NHBDL)' and consented as such
- When called for transplant, special attention will be paid to issues of transport at both ends, Dublin and London.
- If transport is in doubt, or if there is a delay in transporting the patient, a back-up patient can be brought in to receive the organ before it deteriorates significantly
- As is the current practice, if the patient's condition was so severe that any additional delay could be life threatening s/he would need to be admitted to hospital in Dublin or London earlier than the clinical condition would otherwise warrant

Inquiry Recommendation PCC.3

The HSE, in collaboration with OLCHC and KCH, should discuss with the parents/guardians of children who are escalated on to the KCH priority transplant list the consideration of relocation of the patient and their parents/guardians to Dublin or London. If this is deemed to be appropriate, and requested by the parents/guardian, then the HSE should, in conjunction with OLCHC and KCH, facilitate this.

Based on consultation with King's College Hospital, London, guidance in place now advises:

- In general, children in their local hospitals who are unwell should be transferred to Our Lady's Children's Hospital, Crumlin and children who are extremely unwell and needing urgent transplantation should be transferred to King's College Hospital, London. This is current practice.
- If an exceptional circumstance did arise where a child could be at home (i.e. not requiring hospitalisation) but was felt to require accommodation near the transplant centre, this decision would be taken by the transplantation group in King's College Hospital, London and communicated to the Hepatology Services at Our Lady's Children's Hospital, Crumlin. In addition, see PCC.2 above point in relation to Non Heart Beating Donor Livers (NHBDL).

Inquiry Recommendation SC.1

A checklist, similar to the surgical checklist*, should be developed by all the agencies involved in the transfer and transport process to ensure that the possibility of errors at critical points are reduced or prevented. (This should incorporate mandatory information, including the required time of arrival at KCH.) The implementation of this should be audited for compliance by the National Aeromedical Coordination Group.

A checklist has been developed by all the agencies involved in the transfer and transport process to ensure that the possibility of errors at critical points are reduced or prevented. (This incorporates mandatory information, including the required time of arrival at King's College Hospital, London) (see attached as Appendix XV)

Inquiry Recommendation SC.2

The National Aeromedical Coordination Group should develop an agreed terminology for use by all agencies involved in liver transplant transportation.

The National Aeromedical Coordination Group (NACG) has developed an agreed terminology for use by all agencies involved in liver transplant transportation (see attached as Appendix XVI)

Appendices

- Appendix I – MoU between HSE and Our Lady’s Children Hospital, Crumlin
- Appendix II - National Travel Policy of the TAS
- Appendix III – Preliminary Survey Results – Support Needs
- Appendix IV - Patient Information Leaflet
- Appendix V – Priority 1 Protocol
- Appendix VI – SOP Transport for Infant/Children (at Home) called for Transplant Abroad
- Appendix VII – NACC KPI Organ Transplant Transfers
- Appendix VIII – Air Ambulance Availability Check
- Appendix IX – Template Individual Transport Logistics Plan
- Appendix X – OLCCHC KPI Transport Logistics Communication
- Appendix XI – NACC Service User Feedback
- Appendix XII – Communications Plan – Parents – Transport and Logistics Plan
- Appendix XIII - Draft HSE Overall Implementation Plan
- Appendix XIV – Draft HSE Action Plan
- Appendix XV – NACG Safety Checklist
- Appendix XVI – Glossary of Terms
- Appendix XVII - E112 National Application Cover Letter - August 2011
- Appendix XVIII - E112 National Application Form
- Appendix XIX - E112 National Approval Letter
- Appendix XX - E112 National Decline Letter
- Appendix XXI - Medical Assessment of Overseas Treatment Applications – Dr. Crimmins
- Appendix XXII - Medical Assessment of Overseas Treatment Applications – Health Intelligence Unit (including protocol of automatic approval for specified treatments)
- Appendix XXIII - Medical Assessment of Overseas Treatment Applications – National Cancer Control Programme
- Appendix XXIV - E112 National Appeals Procedure
- Appendix XXV - E112 Second Opinion Protocol
- Appendix XXVI - E112 Treatment Abroad Scheme Information Document