I am writing to you in your capacity as Parliamentary Under-Secretary of State with responsibility for accessibility to highlight an issue that has been brought to my attention regarding hospital transport and older people.

Research from Age UK shows that 40% of people aged over 65, and nearly half of those aged 76 and older, have a health condition which requires them to attend hospital appointments. Currently, 1.45 million people aged over 65 find it ‘difficult or very difficult’ to travel to these appointments.

The research suggests there are three major transport problems faced by older people and their families when trying to get to and from hospital for non-emergency appointments:

- hospital-provided patient transport is of variable quality;
- public transport journeys are long and uncomfortable; and
- the costs can be hard to bear.

A lack of access to decent, reliable and affordable non-emergency patient transport is an issue that disproportionately affects older people. A quarter of bus journeys taken by people aged 65 and over are for medical appointments, yet bus services to and from hospitals are inaccessible or irregular. Journeys involving two or three changes of buses and distant stops can make it even harder for people with mobility issues. Some 16% of older people surveyed by Age UK report having missed hospital appointments because of issues with public transport.

It has been brought to my attention by AGE UK come that the issue of hospital transport does not rest with one particular Minister in the Department for Health, nor has there been a review of eligibility criteria for free, non-emergency patient transport since 2007. It is also suggested the Department for Transport and the Department of Health have not yet worked together to find effective solutions to this issue.

In your position as Department for Transport Minister responsible for accessibility, I urge you to begin exploring an approach to joint-working with the Department of Health on these issues. To this end, I have written to my counterpart on the Health Select Committee.
I look forward to hearing from you.

Best wishes

Lilian Greenwood MP
Chair of the Transport Select Committee
Dr Sarah Wollaston MP
Chair, Health Select Committee
House of Commons
London, SW1A 0AA

29 November 2017

Dear Sarah,

I am writing to you to highlight an issue that has been raised to me regarding hospital transportation for older people. Non-emergency patient transport is an issue that does not rest solely with the Department for Transport or the Department of Health, but rather something that requires a cross-departmental approach.

As an issue that clearly covers both of our briefs as chairs of the relevant select committees, I wanted to put down my concerns about the situation in a letter to you, and suggest the clerks from our committees meet to discuss next steps.

Research from Age UK shows that four out of ten people aged 65+ and nearly half of those aged 76+ live with a health condition which requires them to attend hospital appointments. Currently, 1.45 million people aged 65+ find it ‘difficult or very difficult’ to travel to hospital appointments.

There are three major problems that older people and their families say they face when trying to get to routine hospitals that fall under the jurisdiction of transport and health, these include:

- Hospital-provided patient transport is of variable quality
- Long and uncomfortable public transport journeys to and from hospital
- The cost to older people and their families

Around 25% of bus journeys taken by people aged 65+ are for medical appointments yet many struggle with inaccessible or irregular bus services. Public transport issues have forced older people to cancel, refuse or miss their much needed hospital appointments, with up to 16% of the people surveyed by Age UK reporting this. As you will be aware, this represents a significant cost to the NHS and older people’s health which is why a joined up approach is needed.

It has also come to my attention that the issue of hospital transport does not rest with one particular Minister in the Department for Health, nor has there been a review of eligibility criteria for free, non-emergency patient transport since 2007. You
will be aware that, as budgets are placed under increasing pressure, often non-emergency patient transport is the first service to be cut. I believe a comprehensive review of hospital transportation is needed, along with clear lines of accountability at a national and local level.

I look forward to hearing from you, and to working with you on this issue going forward.

Best wishes

Lilian Greenwood MP
Chair of the Transport Select Committee
Dear Jeremy

You may be aware that my colleague Lilian Greenwood, Chair of the Transport Committee, has recently written to Paul Maynard, the Minister in the Department for Transport with responsibility for accessibility, concerning problems experienced by many older people in accessing non-emergency hospital transport. She notes in that letter that there has not been a review of eligibility criteria for free, non-emergency patient transport since 2007. She also suggests that the Department for Transport and the Department of Health have not yet worked together to find effective solutions to this issue.

Lilian has written to me to draw my attention to the issue and to suggest that our two committees work together on it. As Lilian notes in her letter, some 16% of older people surveyed by Age UK report having missed appointments because of public transport issues. Missed appointments represent a substantial cost to the NHS. Furthermore, I am aware from issues in my own constituency that in many areas, particularly rural areas, hospital transport is essential for many people because there simply is no public transport option at all.

The Transport Committee recently completed an inquiry into community transport and the Department’s forthcoming proposals for change in the sector, which many fear is under significant threat. The Committee has urged the Department for Transport to maintain and foster the UK’s unique approach to community transport, and protect its very considerable social value. A number of community transport organisations already deliver non-emergency hospital transport. Given the current challenges faced by the sector, now may be an ideal time for the Department for Transport and Department of Health to work together to build a more comprehensive framework of hospital transport delivered via the community-based, not-for-profit transport sector, plugging gaps where commercial markets have failed or do not exist.

I would be grateful if you would let me know what attention is being paid to this issue in the Department of Health, and what plans you have to work with your counterparts in the Department for Transport to find sustainable long-term solutions. In particular, given the
growing problems with accessibility via public and community transport, what plans do you have to review the eligibility and provision of hospital transport to ensure that this does not become an increasing source of health inequality.

Yours sincerely,

Dr Sarah Wollaston MP
Chair of the Committee
POC_1116500

Dr Sarah Wollaston
Chair, Health Select Committee
House of Commons
London
SW1A 0AA

25 JAN 2018

Thank you for your letter of 9 January 2018.

I am pleased to hear of your engagement with the Transport Committee on accessibility to healthcare appointments. Reliable transport is most important in a health context, not only for patients, but also the wider NHS in avoiding the expense of missed appointments. I understand that the Department for Transport (DfT) is now considering consultation responses to its draft Accessibility Action Plan, which seeks to remove barriers to independent travel faced by vulnerable groups. I have instructed my officials to work with DfT on the development of this plan to ensure that the best outcomes for healthcare accessibility are reached.

You also raise the eligibility requirements for Patient Transport Services (PTS) provided by local NHS Clinical Commissioning Groups (CCGs). I must point out that PTS is provided on the basis of medical need, regardless of location. Well-established national guidance makes clear that medically eligible patients must reach appointments in reasonable time and in reasonable comfort, without detriment to their medical condition. Where services fall short of this standard, we expect CCGs to take swift action through their contract management structures. We also assure the quality of PTS through the Care Quality Commission (CQC), the independent regulator of health services.

For patients who are not eligible on medical grounds for PTS, but have a low income and receive a qualifying benefit or allowance, refunds for the cost of travelling to hospitals for treatment may also be claimed under the ‘Healthcare Travel Costs Scheme’ (HTCS). Further details about this scheme can be found at the following link:

Thank you once again for your attention to these matters, and I hope you are reassured by the work being undertaken to address them.

JEREMY HUNT
Dear Lillian

Thank you for your letter of 29 November 2017 to Paul Maynard, about hospital transport and older people. I am replying as the Minister responsible for this issue.

The Government’s ambition is to ensure that older and disabled people have the same access to transport and opportunities to travel as everyone else. This includes transport to attend non-emergency hospital appointments. I agree that it is always frustrating when people have to miss their hospital appointments owing to transport difficulties.

Last August, the Department for Transport published its draft Accessibility Action Plan (AAP) for consultation. The draft Plan is a significant step towards removing the barriers that prevent millions of older and disabled people from being able to travel independently and confidently. The draft Plan set out proposals for addressing the gaps in existing provision of transport services and included consultation questions on future policy developments. For example, stakeholders’ views were sought on how the Department for Transport might further support community transport operators who play a significant part in supporting personal independence for older people, including providing transport to hospital.

Age UK have also raised the important issue of older people and hospital transport directly with the Department in their submission to the draft AAP consultation and I can confirm my officials are considering these points during their analysis of responses.
The Government will publish its response to the draft AAP consultation early this year and a final AAP in the summer. The final Plan will include our updated proposals for improving passenger transport across all modes so that older and disabled people can travel to the destinations and appointments they need to. I have asked my officials to work with other government departments, including the Department of Health as part of their development of the final Action Plan.

I agree that a co-ordinated, cross-Departmental approach is required to successfully tackle this issue, and as you suggest I will write to the Department of Health to see how we can work more closely together in future.

Yours sincerely

NUSRAT GHANI