Dear Minister,

We are writing to you as a coalition of charities, think tanks, academics and Select Committee Chairs ahead of the publication of your department’s upcoming Inclusive Transport Strategy. We welcome the strategy, and the leadership your department is showing in driving this important agenda forward, and particularly your commitment to the concessionary bus pass for older and disabled people.

Public and community transport allows people the freedom to reach work, school, to socialise and to reach important appointments, medical or otherwise, and the Government’s commitment to removing the barriers facing many disabled, older people and their carers is commendable.

Currently, around 25% of bus journeys taken by people aged 65+ are for medical appointments, yet many struggle with inaccessible or irregular bus services. Whilst this is an issue that predominantly affects suburban and rural areas, it can also affect inner cities where public transport to hospitals and GP surgeries can also be patchy. Any strategy must support local authorities and service providers, who are often working within very tight budgets, to make travelling to hospital accessible and affordable for older and disabled people and their carers if they need to go with them.

To this end, we are presenting our recommendations for the strategy, as follows:

1. Require local transport plans to ensure bus routes go via local hospitals wherever possible and bus routes to hospitals aren’t cut without careful consideration or alternative provision, and are refreshed whenever hospital services are consolidated or re-configured.

2. Bus stops at hospitals must be placed carefully to ensure disabled or older people could access the entrance easily from the stop.

3. The strategy must recognise the unique value and contribution of community transport, particularly in rural areas, and support providers with clear, fair and workable rules and guidance.

4. The strategy should look for ways to enable hospitals to set up more voluntary driver schemes to take people to and from hospital.
5. The Department for Transport must work with the Department of Health to ensure that, whenever possible, appointments are made at times that patients can make using whatever form of transport they have available.

6. A recognition that community and public transport to hospitals and routine medical appointments will have an positive impact on reducing the levels of nitrogen dioxide by reducing the amount of people travelling by car, thus improving air quality, health and wellbeing in these areas.

7. Older and disabled people who would struggle to get to their appointments without support, particularly those undergoing regular treatments such as dialysis and chemotherapy, should be able to travel with companions to routine medical appointments at no extra cost.

8. A recognition that community and public transport to hospitals and routine medical appointments will have a positive impact helping to support people living independently and well at home, and ensuring people have access to the care and support they need can help reduce unnecessary hospital admissions.

Once again, we welcome the upcoming strategy and look forward to its release in the summer. We believe these points should be key outcome measures for the strategy, as well as highlighting the issues and barriers facing many older and disabled people when travelling for any reason, whether this is to enable them to access essential services or to take part in wider society on an equal basis with the population as a whole.

Yours sincerely,

Lilian Greenwood MP, Chair of the Transport Select Committee
Dr Sarah Wollaston MP, Member of Parliament for Totnes
Clive Betts MP, Chair of the Housing, Communities and Local Government Committee
Neil Parish MP, Chair of the Environment, Food and Rural Affairs Select Committee
Roger MacKett, Professor of Transport Studies at University College London
Dr Charles Musselwhite, Associate Professor in Gerontology at the Centre for Innovative Ageing