

Select Committee on Transport and Access to Healthcare

Background

The availability of transport is a key factor in people's ability to use healthcare services.

A 2003 report by the government's Social Exclusion Unit, found that there were five main transport-related barriers to accessing public services:

- 1) availability and physical accessibility of transport;
- 2) cost of transport;
- 3) services and activities located in inaccessible places;
- 4) safety and security;
- 5) lack of information / limited "travel horizons".

According to the report:

- 1.4 million people a year in England go without medical help because of transport problems;
- a third of people without a car have difficulty travelling to their local hospital;
- in one market town, half of those without a car never go to the dentist;
- in London, the majority of older people travelling to hospitals and dentists experience difficulty getting there;
- a quarter of mental health service users have restricted access to services for financial reasons – mostly to do with transport.

Issues around transport to health services are a factor in health inequalities. According to Tudor Hart's "Inverse Care Law" those who most need healthcare, who tend to be the poorest and most socially excluded, also have the greatest difficulty in obtaining it. Lack of access to transport among more disadvantaged social groups is a significant limitation on their ability to access healthcare.

Inadequate access to appropriate transport can also curtail access to healthcare for minority groups with special needs, such as people with learning, physical or other disabilities, frail older people and people with mental health problems.

Transport issues are not solely relevant to disadvantaged people and other minority groups. Where there are poor road connections to healthcare facilities, or inadequate (or prohibitively expensive) parking facilities, this can impact adversely on a very large proportion of patients (and visitors). The same is true where healthcare facilities are too distantly located.

Transport-related difficulties in accessing healthcare can represent significant costs for the NHS, individuals, communities and society as a whole:

- Missed appointments cost the NHS money, as well as wasting the time of clinicians and other staff.
- Providing outreach services (i.e. services that travel to the patient) can be costly and time-consuming for clinical staff, representing an uneconomic use of their time.
- If patients do not present at an earlier stage of their condition, they will present at a later stage (possibly as an emergency case), requiring a more costly medical intervention and with the likelihood of a worse clinical outcome.
- Rural communities can be made less sustainable by the difficulty of accessing healthcare and other vital services.

Proposed Terms of Reference

To consider:

- transport issues affecting the ability of deprived communities in Kent to access healthcare;
- transport issues affecting the ability of rural communities in Kent to access healthcare;
- the scope and content of Kent's second Local Transport Plan (LTP2), covering the period 2006–7 to 2010–11, with reference to integrated accessibility planning with the NHS and how far issues relevant to health inequalities are being addressed by LTP2;
- what scope there is for more and better joint accessibility-planning involving KCC, the NHS, district councils, transport providers, the voluntary sector and other stakeholders, through means such as sharing data, developing site-specific travel plans, commissioning and providing transport services, and integrating services;
- the possible impact on accessibility of plans to provide some aspects of healthcare "closer to home" while providing others at specialist centres;
- how inequalities in access to transport affect the impact of Patient Choice on the NHS;
- the role of NHS Patient Transport Services and whether these might be used to a greater extent to help overcome transport-related problems in accessing healthcare services;
- whether current and planned healthcare facilities in Kent are in optimal locations from the point of view of transport;
- the role of volunteer drivers in facilitating access to healthcare services in Kent and whether the best use is being made of this resource;

- car-parking arrangements (including charges) for patients and visitors at NHS premises in Kent, particularly the planned new Pembury Hospital;
- what examples of good practice are present locally and elsewhere in the UK and Europe, and how these can be replicated around Kent.