

Inquiry into the Blue Badge Scheme in Wales: Eligibility and Implementation, March 2019

Tenovus Cancer Care is Wales' leading cancer charity. Our aims are simple. We want to help prevent, treat and find a cure for cancer.

We do this by offering support, advice and treatment to cancer patients and their loved ones. We also promote healthy lifestyles and fund cancer research to find new ways to prevent it, diagnose it, and treat it.

We welcome the opportunity to respond to this important consultation.

1. The impact of extending the eligibility criteria for a Blue Badge in Wales, and whether further extensions to the criteria are needed

Parking is always a significant problem for our clients. It is particularly acute when accessing treatment in the hospitals. Car parks tend to be far from hospital entrances with significant pressure on available spaces. This is one of the reasons why Tenovus Cancer Care operates a network of Mobile Support Units, delivering cancer treatments *closer to home*¹, in convenient locations - often in supermarket car parks. Being able to have a Blue Badge enables clients of Tenovus Cancer Care to be that much closer to facilities they need, not just hospitals, and with less stress at what is already a stressful time.

Acute mobility issues. Recent UK Government proposals regarding the Blue Badge Scheme in England² to replace the existing 'permanent' disability criteria with 'enduring and substantial' were welcome. For many of our clients who are undergoing cancer treatment the issues that might lead to their requiring a Blue Badge, such as limited mobility or incontinence, are primarily acute in nature, rather than chronic. However these may well develop into chronic conditions as a result of their treatment. As a result, consideration of temporary mobility issues would be highly desirable.

Attendance Allowance. Currently, those in receipt of the higher rate of the mobility component of Personal Independence Payment (PIP) and its Disability Living Allowance (DLA) equivalent are automatically entitled to a Blue Badge. However, those receipt of the higher rate of Attendance Allowance are not. While Attendance Allowance itself does not have a mobility component, the highest rate is often awarded for those who have significant mobility issues. Therefore, although we accept the logistical and capacity issues involved, ensuring automatic eligibility for those in receipt of the higher rate of Attendance Allowance could be a positive step as those in receipt normally have significant mobility needs, alongside their personal care needs.

Incontinence. Consideration of continence issues and the need for urgent access to toilets is also an issue for many of our clients, for whom the limitations on mobility and anxiety that results from the need to urgently access toilet facilities are significant. Many ask our Cancer Support Advisors (CSAs) to apply for a Blue Badge

¹ Tenovus Cancer Care. *Closer to Home*. Available at: <https://tenovuscancercare.org.uk/how-we-can-help-you/mobile-cancer-support/treatment-closer-to-home/>

² UK Government. *Blue Badge consultation: summary of responses and government response*.

Available at: <https://www.gov.uk/government/publications/blue-badge-disabled-parking-scheme-eligibility-consultation-summary-of-responses-and-outcome/blue-badge-consultation-summary-of-responses-and-government-response>

on their behalf on this basis. Tenovus Cancer Care believes that extending eligibility to this demographic in a coherent, dignified way would be very beneficial and respectful to our clients.

Anxiety. Greater consideration may need to be placed on the eligibility of those who have non-physical conditions, such as social anxiety. An often over-looked aspect of a cancer diagnosis and treatment are the impacts upon an individual's mental health. Tenovus Cancer Care provides 365 days-a-year advice and support through our Support Line,³ and further support through the innovative *ACTivate Your Life – Affected by Cancer*⁴ courses which seek to help those who have experienced cancer take positive action, practice mindfulness and take committed action based on their values. Regardless of mobility status, enabling people who struggle to deal with crowds feel they can escape quickly through provision of a Blue Badge, would be welcomed.

Given the above, extending Blue Badge eligibility to cancer patients *in general* could be considered, subject to receipt of a satisfactory covering letter from a GP or Clinical Nurse Specialist (CNS).

2. The practical implementation and consistency of the Blue Badge scheme across Wales, including assessments, fees and enforcement.

Our clients are currently being let down by the significant variation in the administration of the Blue Badge scheme across Wales.

It is disappointing to see the huge variation, from Council to Council, in the assessment and administrative processes of the Blue Badge Scheme - which result in significantly negative impacts for clients of Tenovus Cancer Care. Some insist on clients making an appointment to complete an application, other areas allow our CSAs to send in an application on a client's behalf. Some have paper based applications available online, others don't. Some insist on assessments, others don't. Some accept covering letters from CNSs, others don't. Some accept covering letters from GPs, others don't. As a result of the variance our CSAs have had to set up a spreadsheet to help them work out what is needed in each Local Authority.

Examples include:

Conwy Council will allow for an application to be made online and ID subsequently taken into an office. There is then no assessment for temporary badges and it is issued straight away.

Gwynedd Council has a similar approach to that of Conwy Council except there is an assessment, conducted by Occupational Therapists, who come out to the applicant's home.

Flintshire Council requires prescriptively worded letter from a CNS related to how the individual is impacted. These prescriptive requirements place pressure on the CNSs. The medical evidence has to be taken into Council Officers in person. Only if this is satisfactory an assessment is considered.

Neath Port Talbot Council requires an individual to attend the Council offices in person to apply. No online or remote paper based application is permitted. This is not appropriate for those undergoing chemotherapy, with suppressed immune systems and those who are simple too unwell.

³ Freephone 0808 808 1010

⁴ Tenovus Cancer Care. *Activate Your Life*.

Available at: <https://tenovuscancercare.org.uk/how-we-can-help-you/activate-your-life-affected-by-cancer/>

Carmarthen Council's implementation of the application process is frustrating. For example, many haematology patients undergo treatments that essentially render them without a functioning immune system. As a result a common cold would be very serious for them and as a result their consultants advise them to avoid public places. However the Council insist that they attend the Council offices in person for an assessment. They would not accept medical evidence from a CNS, or another health professional.

RCT Council has a wait of around 4 weeks for a Blue Badge to be issued, compared to 1 week for neighbouring Cardiff.

Cardiff, the Vale of Glamorgan and Torfaen Councils are recognised among our CSAs as sensible and easy to work with – due to clear and efficient administrative systems that avoid many of the arbitrary and inefficient steps detailed elsewhere.

Bridgend Council provides a good example of varying practices, good and bad within the same authority. *For terminally ill patients* – Tenovus Cancer Care's Cancer Support Advisors have an agreement where, so long as an oncology consultant has confirmed the client is DS1500 eligible, our CSAs can claim on a client's behalf. In this instance there is no ID requirement which is very welcome.

For non-terminal patients – the situation is less straightforward. The client is required to attend Council Offices in person to apply – or an appointment needs to be made for an officer to see the patient face to face even if they are not fit enough, or are neutropenic. The compromise is that the officer will come out of the office and see the client sat outside in their own car. Our CSAs have, on occasion, managed to arrange for Occupational Therapists to the client's house to perform the assessment. However, this can be a lengthy and onerous process, leading to untimely delays in clients receiving their Blue Badges.

As detailed above the requirement for a letter from a medical professional confirming what treatment the client is receiving and further confirming that the client's mobility will be affected for at least 12 months is troublesome. Furthermore we have documented examples where clients have been refused a Blue Badge by Bridgend CBC because the letter was from a Clinical Nurse Specialist (CNS) at the Royal Glamorgan Hospital, as opposed to Velindre. In addition to being unduly bureaucratic this also demonstrates an alarming lack of information on the part of the Council Officer as treatment centres are not restricted to Velindre. As a result of this GPs in Bridgend are reluctant to write supporting letters since it's widely accepted that Bridgend CBC will not accept them.

Tenovus Cancer Care continues to support the absence of an application fee in Wales, which compares favourably to the situation in England. However we believe that although the £10 fee for replacement fee is understandable, guidance could be issued on discretionary waivers, for example in the instance of theft (subject to provision of a Crime Reference Number).

Consideration could and should be paid as to how best practice could be aggregated and implemented across the disparate schemes. A whole-system review would be welcome, looking at how waiting times could be minimised, the Scheme implemented more efficiently and future-proofed given the expected rise in applicants resultant from anticipated demographic changes.

3. The support and information that is available to Blue Badge applicants in Wales.

Tenovus Cancer Care feels that the system is currently too fragmented, with patchy implementation and significant variation in user experiences across Wales' 22 local authorities for a scheme many would expect to be universal. The reliance upon online provision, and patchwork provision of myriad paper-based application forms, is unhelpful for an audience that is statistically more likely to be older and less digitally engaged.

As with many services nowadays, there is strong dynamic encouraging residents to access and apply for services online. The Blue Badge system is no different. However the amount of information available is lacking in certain areas and is often resolved by a physical visit to the Council offices. However this is not only often medically inadvisable but also perverse given that those, by the nature of needing to interact with the Scheme, will be of limited mobility in the first instance.

The shortage of information available to applicants further compounds myths that surround the Scheme. For example it is not uncommon for Tenovus Cancer Care to be supporting applicants who are unaware that they may have to be assessed - believing rather that having certain disabilities and/or long term health conditions automatically qualifies them for a Blue Badge. Upon discovery that assessment is needed further stress and strain is added to an already stressful period.