NHS care is only ‘free’ if patients can afford to attend, argues Jean Gray

Outpatient visits can be as important as time spent in hospital. But for many people, getting to and from these appointments is difficult and expensive.

Around 30 out of 100 renal dialysis patients at Ipswich Hospital in Suffolk are losing their free transport because the hospital says it has to follow latest national guidelines.

Patient Kevin McGrath visits the hospital three times a week for dialysis. Although he only lives a mile away, he is too weak to make the journey alone.

According to a recent BBC report, Mr McGrath has signed petition calling on the hospital to reinstate the funding because of the drastic effects the new policy has on him.

Another patient, Ann Bell, told the East Anglian Daily Times that a taxi to her three weekly appointments would cost around £13 a time. She cannot drive and the bus stop is a long walk from her home.

Considering the hospital has recently been fined £1.2 million for failing to meet targets, it is unlikely to rethink this decision. But if hospital stays are to reduce, ensuring people can get to regular appointments becomes increasingly important.

Inflexible criteria to qualify for free transport have been inappropriate, and such a rigid approach can cost the NHS money – one hospital estimates that a quarter of non-attendance is due to lack of transport.

No one who is seriously ill should have to wonder how they are going to get to hospital. Care free at the point of delivery is meaningless if patients cannot get to the hospital to receive it.

Jean Gray is editor in chief at RCN Publishing

An open environment

Every NHS organisation should have a patient safety ombudsman, writes Delilah Hesling

What is happening to NHS care?
Why do some health workers avert their gaze when they see poor care and fail to advocate for patients?

It is widely believed that the NHS itself is terminally ill. The diagnosis is apathy, brought on by the absence of moral or ethical leadership, and compassion appears to have been driven out in favour of balancing the books.

Some managers and directors on hefty salaries, often with no clinical experience, are known to engage in unsavoury tactics to suppress would-be whistleblowers. They seem to think that care can be managed like a factory, with finance being the driving force.

Such a culture has been exposed by several recent inquiries into many parts of today's NHS, including poor patient care at Mid Staffordshire NHS Foundation Trust and Winterbourne View care home in Bristol. Revelations of the appalling neglect and abuse of people with learning disabilities at Winterbourne View resulted in a court case last August which saw 11 former members of staff found guilty of offences against residents.

If nurse Terry Bryan had not blown the whistle on Winterbourne View,

Answer this
Jane Bates carries out a patient survey

‘Oh no, not really,’ the patient answered. It was not what I wanted, or expected, to hear. Especially when she had said the same thing in response to every question I had asked.

I was carrying out a patient survey as a quality assurance exercise; standards of cleanliness, privacy and dignity not only need to be high, they must be seen to be high.

In addition, I was inquiring about the approachability and helpfulness of staff, and the availability of written