BLUE BADGE SCHEME IN WALES: CHANGES TO THE ELIGIBILITY CRITERIA
2013

Welsh Government

Response from BMA Cymru Wales

8 January 2014

INTRODUCTION

BMA Cymru Wales is pleased to give consideration to the Welsh Government’s consultation on changes to the eligibility criteria for the Blue Badge Scheme in Wales.

The British Medical Association represents doctors from all branches of medicine all over the UK; and has a total membership of over 150,000 including more than 3,000 members overseas and over 19,000 medical student members.

The BMA is the largest voluntary professional association of doctors in the UK, which speaks for doctors at home and abroad. It is also an independent trade union.

BMA Cymru Wales represents some 7,000 members in Wales from every branch of the medical profession.

RESPONSE

We offer the following responses to the specific questions listed in the consultation document.

Question 1: Do you agree that eligibility for a Blue Badge in Wales should be extended to people with cognitive impairments who do not qualify for PIP, as they are not of working age?

BMA Cymru Wales supports this proposal. We would approve of the provision being extended to dementia sufferers and believe that individuals who have learning difficulties, Asperger’s syndrome and autistic spectrum disorders with proven significant cognitive impairment should also qualify.

Question 2: Do you agree that eligibility for a Blue Badge in Wales should be based on the ability of the person to travel safely and not be restricted by an applicant’s age?

We would agree with this premise. In our view, if services are being provided for reasons that are related to health then this should be determined on the basis of an individual’s needs rather than any arbitrary age limits.

Question 3: Do you agree that Service veterans and personnel who are in receipt of Level 6 - Permanent mental disorder, causing severe functional limitation or restriction be included as automatic eligibility for a Blue Badge?

We would agree with this proposal. We believe it is entirely consistent with the ethos of the UK Government’s Armed Forces Covenant with society¹, which attempts to mitigate the suffering of veterans. We consider that such automatic entitlement will help to both enable and rehabilitate such individuals.


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Question 4: Do you think this is a good approach to assessing people who are unable to travel safely because of cognitive impairments?

We would agree with this. We would however, anticipate, that the proposed approach might well lead to a deluge of applicants from those individuals who might be described by their families as being “a bit forgetful”. As such we would be concerned that what would be a tremendous boon to significantly demented patients could potentially be trivialised, if the blue badges are not tightly controlled.

Question 5: Whilst empowered enforcement officers will have the power to retain a badge being misused by a third party, existing legislation means that the local authority has to return it to the badge holder. How should local authorities return a badge once retained?

Of the options provided, we would support the one worded: ‘Ask the badge holder to collect the badge in person and explain their rights and responsibilities.’ If an individual has been assigned a blue badge as a result of cognitive impairment, then they should have a nominated third party to assist them in the legal use of the badge. In the view of BMA Cymru Wales, that nominated third party should receive the blue badge and take on responsibility for preventing any possible fraudulent use of it. We would be concerned that those who are cognitively challenged might themselves be disproportionately alarmed at the legal issues involved.

Question 6: The Welsh Government consulted on the principles of this enforcement activity in August 2011. Based on the responses to this previous consultation we therefore propose that local authorities cancel Badges for the below reasons:

- have been reported lost or stolen
- have expired (including as a result of the death of the holder)
- have been withdrawn for repeated misuse
- the holder ceases to meet the eligibility criteria or no longer requires a Badge

Do you agree with this?

BMA Cymru Wales would broadly agree with this proposal. We would consider, however, that in the case of individuals with cognitive impairment, repeated misuse should perhaps initially trigger a review rather than an immediate withdrawal of the badge. It might be helpful if what is meant by ‘repeated misuse’ is better defined.

Question 7: Do you agree that greater emphasis should be placed on securing prosecutions and that investigation officers should be in place to deal with the prosecution of the most severe cases of abuse, misuse and fraud?

We would very much agree with this. By opening up the criteria to people who might not look obviously impaired, the opportunity for fraud will be increased as there will be a lesser risk of exposure from challenges initiated by members of the public. We believe that in the case of badge holders who have cognitive impairment, their nominated representatives should be responsible for dealing with the legal consequences of misuse. We say this because we believe that, for an individual who has sufficient cognitive impairment to warrant a blue badge in the first place, a legal challenge could be particularly alarming.

Question 8: We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space to report them:

We would consider that blue badges should be viewed as a precious resource. By opening up the criteria, there may well not be enough parking places available for all those who will then qualify for one. This, in turn, is likely to lead to more dedicated blue badge spaces being introduced, and this could lead to greater resentment from non blue badge holders who may well then park illegally in blue badge spaces. As such, we would consider that active and effective enforcement will be key to the success of any proposals to widen the eligibility criteria for blue badges.
In the case of conditions that would come under the scope of general psychiatry, consideration should be given to the secondary mental health service taking on responsibility for applications for a blue badge on behalf of patients. We suggest this on the basis that the service would be able to take a view as to whether a blue badge would be viewed as enabling or whether it would be counter-productive (e.g. by discouraging patients to walk and exercise).

Having a blue badge may, in our view, provide secondary gain for someone diagnosed with agoraphobia. The relevant psychiatric team would know whether someone had exhausted all treatment options for their agoraphobia before agreeing to such a badge.

For those patients suffering from straightforward dementias, their conditions tend to be managed under primary care services, with only the most significant problems remaining under the care of secondary services. As the prevalence of dementia is so high, we would strongly suggest that consideration needs to be given to ensuring that GP capacity is not over-loaded as a result of applications from such patients.

BMA Cymru Wales notes the intention to establish a team of Blue Badge Ambassadors. Given that current demands on general practice are substantial, we believe these ambassadors should be given responsibility for assessing and approving all blue badge applications and not just those from individuals with cognitive impairments. This could remove any involvement for GPs from the assessment process, freeing up their time for other important responsibilities. Whilst GPs may be required on occasion to provide additional evidence, e.g. for appeals, we would also suggest that such requests should only come through local authorities.

If it is not, however, agreed that the ambassadors will have responsibility for making the decisions on whether or not applications for blue badges should be approved, then we would suggest that consideration be given to engaging a wider range of professionals to facilitate this role than just GPs.

Ordinarily removing GPs from the assessment process would additionally avoid difficulties that can sometimes occur in doctor-patient relationships when a GP is not able to provide the assessment that a patient is seeking.

Some greater flexibility could also be considered regarding the criteria under which those under the age of three might qualify for a badge. An example would be a child with severe cerebral palsy who requires transporting in a specially-built buggy which may be considered bulky but would not qualify as ‘bulky medical equipment’ under the current definition. Having a disabled badge would enable the parents of such a child to park in a disabled space in a car park around which additional space has been provided and this could assist in getting the child out of the vehicle and into the buggy. To provide such greater flexibility we would therefore suggest that the wording in this criterion could perhaps be amended to read ‘bulky medical or care equipment’.

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