



# Impact report: Reducing inequalities through travel support at Birmingham Children's Hospital

April 2024





## Executive summary

Since the publication of [our report in July 2023](#), Birmingham Women's and Children's Hospitals NHS Foundation Trust (BWC) identified and contacted 29,000 children and their families eligible for support with travel to outpatient hospital appointments at Birmingham Children's Hospital, 18,483 of whom accepted the offer of support.

This intervention has reduced the number of children not attending their appointments, resulting in an average 4% WNB<sup>1</sup> rate compared with 22% WNB for those not offered a travel intervention. The project also enabled BWC to identify those that were not going to attend appointments and offer these slots to other families.

At least 1,019 appointments were freed up and offered to other families, thereby reducing waiting times. This is significant as analysis from the Kings Fund show that waiting lists are growing more quickly in the most deprived areas than in the least deprived areas (2021)<sup>2</sup>.

All the children and families that have been offered and received transport intervention from BWC live in an IMD<sup>3</sup> postcode, and are therefore from the most deprived areas of Birmingham. Of the 18,483 people that accepted transport intervention, 1,333 responded to Healthwatch Birmingham's survey. The transport intervention supported people that described their financial situation as 'really struggling' or 'just getting by', are from diverse ethnic backgrounds, have a disability and/or a long term health condition. These groups are more likely to face barriers to accessing NHS health services, poorer experiences of care and worse outcomes.

Of those who benefitted from transport intervention:

- 100% were from the most deprived areas of Birmingham.
- 65% described their financial situation as 'really struggling' or 'just getting by'.
- The highest responses were from people from a white background, Asian (Pakistani) and Black African. Of the respondents from a white background 60% described their financial situation as 'really struggling' or 'just getting by', this was 52% for people from an Asian (Pakistan) background and 27% from a Black African background.
- Those who described their financial situation as 'really struggling' or 'just getting by' found transport intervention beneficial because:
  - It made travelling to the appointment affordable (71%).
  - Reduced stress and anxiety brought on by worry about travel costs (76%).
  - It ensured that they did not miss their appointment (74%).
- 25% indicated that they had a disability and/or a long term condition respectively. Of these, 77% described their financial situation as 'really struggling' or 'just getting by'.

<sup>1</sup> Was not brought (WNB) applies to children and young people (who require the presence or support of a parent or carer to attend appointments) who did not attend a planned appointment and had not cancelled the appointment. This term is used in place of 'did not attend' (DNA) and more accurately reflects the fact that children and young people rely on their parents/carers to attend appointments.

<sup>2</sup> <https://www.kingsfund.org.uk/insight-and-analysis/blogs/elective-backlog-deprivation-waiting-times>

<sup>3</sup> The Index of Multiple Deprivation, commonly known as the IMD, is the official measure of relative deprivation for small areas in England. The Index of Multiple Deprivation (IMD) ranks every small area in England from 1 (most deprived area) to 10 (least deprived area). The IMD combines information from the seven domains to produce an overall relative measure of deprivation (e.g. income, employment, education, skills and training, health and disability, crime, barriers to housing and services, and living environment deprivation).



## Introduction

In July 2023, Healthwatch Birmingham published a report, *“Transport support for outpatient appointments at Birmingham Children’s Hospital”*, highlighting the importance of convenient ways to travel to and from health and care services. In particular, people told us their views on receiving support with transport costs to attend outpatient appointments at Birmingham Children’s Hospital. We found that:

- Affordability and reliability of travel, availability of parking and cost of parking and travelling through Birmingham’s clean air zone (CAZ) are among the barriers people face when attending their appointments.
- These barriers lead to considerable anxiety and stress, especially for those on low incomes, those struggling with the cost of living and those having to attend frequent appointments.
- For the majority of participants, travel support made the journey affordable and helped reduce stress and anxiety.
- Although a majority of the participants felt that the support on offer was varied and their transport needs were considered, others did not agree.
- Some participants note that travel costs can be reduced by remote appointments or by having a mixture of appointment types. However, only one participant changed to a remote appointment when offered.

People who received support with travel to an appointment said they would like to see the following improvements:

- Ensure that the travel support offered can be used, as some participants spent more or missed appointments.
- Offer people choice of travel support.
- Timely delivery of travel support (e.g. train or bus tickets) or use of alternative delivery method (e.g. email).
- Offer appointments at different times and combine appointments.
- Continue and increase availability of travel support in the future.
- Clear information (e.g. instructions for using the parking ticket and directions).
- Provide contact information for enquiries.
- Let more people who can benefit from the travel support know about the scheme.

We are pleased that since the publication of our report 18,483 children and their families have received travel support from the 29,000 identified as eligible by BWC. This has resulted in an average 4% WNB rate compared with an average of 22% WNB rate where no intervention was offered. Through the project, BWC has also been able to identify those that were not going to attend and offer these appointments to other families, thus reducing waiting times for some families who might otherwise have been waiting.



*Birmingham Women's and Children's NHS Trust have been working to mitigate the cost of-living crisis and the huge impact it has upon our patients and families when accessing healthcare. We know that Birmingham has some of the neighbourhoods in the UK most affected by poverty but also that parents accessing our specialist care from across the region struggle with high transport costs.*

*We have a number of measures to help our families. Our Trust Charity has supported Citizens Advice to work in the hospital helping to maximise income. Our transport project has worked alongside to help reduce non-attendance at hospital appointments, where cost of transport may be a barrier. Our national Childrens Hospitals Alliance are also seeking to help families with the extra costs of a sick child and guide NHS England policy.*

*We are very grateful to Healthwatch Birmingham, who carried out this in-depth study. Whilst we knew that patients and families appreciated the support, we needed to know how it could be most effective and which methods of giving support were particularly helpful. Our future work includes working to increase awareness of the national Hospital Travel Costs Scheme and working with the local bus and train companies to make travel cheaper and easier to our hospitals. This report will help us to target any future funding, where we are able to offer further transport related subsidies.*

**- Mark Hillier, Senior Patient Experience Manager, BWC**

## Reducing inequalities

All children and families targeted for support with transport were those living in IMD1 (an area within the most deprived 10%). According to BWC data, the highest WNBs have come from families living in the most deprived areas. Without the Trust's transport support intervention, IMD1 WNB rates would have still been above 12%. The WNB rates for the patients that were contacted, and transport intervention offered, was only 4%. In comparison, where no transport intervention was provided, there was an average of 22% WNB rate.

Out of the 18,483 people that accepted transport intervention, 1,333 responded to Healthwatch Birmingham's survey. We found that:

- 100% were from the most deprived areas of Birmingham.
- 65% described their financial situation as 'really struggling' or 'just getting by'.
- The highest response rates were from people from a white background, Asian (Pakistani) and Black African. Of the respondents from a white background 60% described their financial situation as 'really struggling' or 'just getting by' compared to 52% from an Asian (Pakistan) background and 27% from a Black African background.
- Those who described their financial situation as 'really struggling or 'just getting by' said the main benefits of the travel intervention were:
  - It made travelling to the appointment affordable (71%).
  - Reduced stress and anxiety brought on by worry about travel costs (76%).
  - It ensured that they did not miss their appointment (74%).
- 25% indicated that they had a disability and/or a long term condition respectively. 77% of these described their financial situation as 'really struggling' or 'just getting by'.

**100%** of those that received transport support were from the most deprived areas of Birmingham.

**25%** have a disability and/or a long-term condition

**76%** are really struggling financially, or just getting by

Overall, the top three benefits for travel intervention were:

Affordability **64%**

Reduced stress and anxiety **47%**

Not missing appointments **31%**

The transport intervention provided by BWC both prevents missed appointments and supports people living in deprived areas of Birmingham. This improves health outcomes, especially for patients who are struggling financially, with long term conditions, with a disability, from deprived areas, and minority ethnic backgrounds. It also contributes towards reducing inequalities that occur as a result of conditions in which people are born, where they grow up, live and work.

In 2017, the Lancet Public Health Journal reported that one in five patients miss appointments. Although the study was focused on GP appointments, it highlighted that social deprivation was the biggest predictor in missing appointments. The Department of Health notes that 1 in 10 people 'Do not attend' (DNA) outpatient appointments<sup>1</sup>. Missed appointments have financial implications for healthcare organisations. The impact on health also needs to be understood to develop effective interventions to increase patient engagement and tackle health inequalities<sup>2</sup>.

A study by Wilson and Winnard (2022) found that missing appointments has an impact on health outcomes mainly because many health concerns remain unresolved. These unresolved medical problems leave patients vulnerable and presenting later, or living with untreated or worsening health<sup>3</sup>. Their findings show a significant association between non-attendance and health outcomes with patients from a lower socio-economic status and those with multiple co-morbidities more likely to miss appointments. In their study, one of the main reasons people gave for missing appointments was transportation difficulties (Wilson and Winnard, 2022)<sup>4</sup>. The cost of living crisis has compounded things for those living in the most deprived areas. In 2023, Healthwatch Birmingham found that people in Birmingham were increasingly avoiding NHS appointments due to an inability to afford travel to appointments<sup>5</sup>.

A recent study (2024) by Healthwatch England has questioned the principle of universal accessibility of the NHS after it found that poorer people find it much harder than the well-off to access vital NHS care. Poverty has a significant impact on people's health and how people might access and use the NHS, with the expense of travelling to appointments being a key concern<sup>6</sup>.

Birmingham has high levels of deprivation. Forty-three percent of the population lives in the 10% most deprived areas of England, including 51% of children under 16 years of age. Twenty-two percent of the population is experiencing income deprivation, and 28% of children live in income deprived households<sup>7</sup>, resulting in severe health inequalities. Other factors such as disability, long term health condition and ethnicity also influence how care is accessed and experienced.

Continued transport intervention by BWC will enable the Trust to make a contribution to the reduction of health inequalities in Birmingham in addition to potential cost savings, improving healthcare for children and families attending Birmingham Children's Hospital.

1 <https://www.bbc.co.uk/news/health-42227861>

2 [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30217-7/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30217-7/fulltext)

3 <https://bjgp.org/content/71/707/e406>

4 <https://www.emerald.com/insight/content/doi/10.1108/JHOM-11-2021-0425/full/html>

5 <https://www.healthwatch.co.uk/news/2023-01-09/cost-living-people-are-increasingly-avoiding-nhs-appointments-and-prescriptions>

6 [Worst-off find it harder than well-off to access NHS care, survey finds | NHS | The Guardian; Microsoft Word - 20240227 - What patients want a vision for the NHS in 2030 \(healthwatch.co.uk\)](#)

7 [Deprivation in Birmingham 2019 \(3\).pdf](#)

## Next steps

We will continue to listen to the experiences of Birmingham residents on the challenges they face when accessing health services. We will continue to share this feedback with service providers to inform interventions and service improvement.

### You can share your experiences by:

- Visiting our online [Feedback Centre](#).
- Calling Healthwatch Birmingham on 0800 652 5278
- Emailing [info@healthwatchbirmingham.co.uk](mailto:info@healthwatchbirmingham.co.uk)

## Who are Healthwatch Birmingham?

Local Healthwatch were established in every local authority area across England following the Health and Social Care Act 2012. Our key role is to ensure those who commission, design and deliver health and social care services hear, and consider, the public voice. Healthwatch Birmingham listens to and gathers public and patient experiences of using local health and social care services such as general practices, pharmacists, hospitals, dentists, opticians, care homes and community-based care. We hear these experiences via our Information and Signposting Line, our online Feedback Centre, and through our community engagement activity led by staff and volunteers. [Read more about the work of Healthwatch Birmingham.](#)



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