

A transport of delight?

Picture the scene. You phone the hairdresser to make an appointment. You pick a date and time that's mutually convenient, but then before you ring off, the hairdresser says to you 'Do you need transport?'

'Well yes', you say, slightly taken aback, 'that would be very nice'.

'OK, says the hairdresser, 'the taxi will be there at 9.30 – we'll pay'.

Doesn't sound familiar? Well, I work in the Nuclear Medicine department at Leeds General Infirmary, and if your GP or hospital doctor refers you to us for a scan, one of our imaging technicians will ring you up to offer you an appointment at a time that suits you. And they will ask if you need transport, because for all they know, you may be very old and frail, or disabled. And a lot of you say 'yes please'. A surprising number, in fact.

The other day, the mother of a young child who had been referred for a kidney scan requested transport, so we arranged it. On the day of the appointment, she arrived by hospital car with her two year old child and husband. We gave the little girl the injection needed for the scan, and explained that we would have to wait three hours before we took the pictures. So off they all trotted into the city centre to do their shopping at Morrisons and have lunch at McDonalds. They returned for the scan, and then the hospital transport took them home in time for tea. That's a scene that is repeated thousands of times across the country every day. I don't know how much it all costs, but it must run into millions of pounds a year. The people concerned manage to make their way to work, to school, to the shops and to the pub under their own steam, so why do they feel entitled to sponge off the state when it comes to health care? The selfishness of those who abuse the system is thrown into relief by the many deserving patients who valiantly battle their way to the hospital at their own expense because they 'don't want to be any trouble'. In the same week that the family referred to above enjoyed their chauffeured trip into Leeds, a frail elderly gentleman with severe Parkinson's disease and early dementia turned up for his appointment on time (they are always on time) having undertaken a journey involving buses and trains and a half mile walk from the station. At the end of the day, he refused our offers to try and arrange transport home, and our radiographers were so worried about him that one of them walked to the station with him and saw him on to the train. I was ranting on about this to an accident and emergency consultant the other day. He recalled an occasion when he was working on a desperately ill patient who was close to death as a result of meningococcal septicaemia. The elderly man was drifting in and out of consciousness as my friend and an anaesthetic colleague struggled to save him.

'How did he get here?' he asked the anaesthetist.

'A train, then two buses' came the faint reply from the trolley.

We hear a lot now about the need to 'empower' patients and involve them in decisions about their own health care, and that's fine, but with power goes responsibility. The patients who abuse the ambulance service tend to be drawn from the same group that wander in an hour late for their appointment and look surprised when they are told they will have to wait or come back another day. Often they fail to turn up at all. They are usually aged under fifty. Older patients not only spurn offers of transport even when they are entitled to it, they also turn up on time and apologise profusely if they are a few minutes late due to problems with the buses. I suppose the only answer is to lay down strict regulations concerning eligibility for NHS transport

to and from hospital, but then someone has to police the system, which in itself will cost money. It would be much nicer to think we could rely on patients' sense of fair play to ensure that the system is not abused, but I guess the days when you could do that are long gone. Alternatively, patients could be charged for taking transport that wasn't justified, or for missing appointments without good reason. But the costs of abuse are not just economic. We sometimes have patients waiting in the department for hours on end for ambulance transport that they genuinely need, because crews are occupied ferrying feckless freeloaders around the country.

The trouble is, of course, that we have bred a generation who are conditioned to believe that the state will provide, and that they should not have to think for themselves or take responsibility for their own wellbeing. It was abuse of the out of hours GP service that led the vast majority of GPs to grab the opportunity afforded by their new contract to drop the responsibility for continuous 24 hour cover. They lost some money as a result, but not much, because they had been doing it for next to nothing. Now the Primary Care Trusts who have taken over responsibility for the out of hours service are finding that they don't have enough money to provide it, because they are, for the first time, having to pay the rate for the job.