Assessment of eligibility for concessionary travel passes for disabled people - Method Statement
West Midlands Combined Authority Method Statement

Assessment of eligibility for concessionary travel passes for disabled people

1. Purpose of document

1.1 This document sets out West Midlands Combined Authority practice when considering applications for concessionary travel passes for disabled people.

1.2 The statement describes a detailed interpretation of the seven eligibility ‘categories’ defined in the Transport Act 2000. West Midlands Combined Authority will apply this statement in order to arrive at a decision on eligibility for a disabled resident.

1.3 This statement does not describe the application process itself.

1.4 If you would like a copy of this statement in a form more suited to your needs, please call 0345 303 6760. We use Language Line and can offer a telephone interpreting service if required.

2. Background

2.1 The Transport Act 2000 provides a statutory discount on local bus services for eligible elderly and disabled people, with the grant of concessions governed by Sections 145 to 150 of the Act. This provision was modified by the Concessionary Bus Travel Act 2007, which from 1 April 2008, provides free travel on registered local bus services anywhere in England for those eligible, between 9.30am and 11pm on weekdays and all day weekends and bank holidays.

2.2 The statutory concessionary travel pass is issued by local authorities who are designated ‘Travel Concession Authorities’. For the purposes of the Act, West Midlands Combined Authority, as an Integrated Transport Authority (ITA), acts on behalf of the ITA’s seven district councils of Birmingham, Coventry, Dudley, Sandwell, Solihull, Walsall and Wolverhampton.

2.3 Travel Concession Authorities are required to issue a travel pass free of charge to any applicant who is an eligible disabled person (see paragraph 3.1) ‘residing’ in its area. Residency is a key condition that must be met. The courts have held that a person is properly resident in a place where their stay has a considerable degree of permanence to it. All applicants will be required to produce evidence in support of residency, such as a utility bill (not more than six months old) and may be required to confirm their residency to West Midlands Combined Authority after a period of time following any initial acceptance of eligibility. Where an applicant owns two properties, the place of residence shall be that considered to be their principal or main residence. As Asylum Seekers are considered to be awaiting determination of their status, they will not be considered permanently resident for the purpose of assessing eligibility for the travel concession. Students must provide proof of university residence valid for a 12 month period.

2.4 A disabled person is defined by seven categories set out in Section 146 of the 2000 Act, where no age limit applies. However,
as travel for children under the age of five is free, West Midlands Combined Authority will not consider an application in respect of a disabled child until their fifth birthday. When a disabled person reaches the age of eligibility for a concessionary travel pass for older people and is permanently entitled to the travel concession on the grounds of age, they will be treated as an older person for the purpose of issuing future travel passes regardless of any previous claims for a disabled pass.

2.5
The Act also enables local authorities to continue to offer benefits above the statutory entitlement to residents. In the West Midlands Combined Authority area passes are also valid on all trains and Metro. Travel is extended from 11pm until the end of daytime service in the West Midlands Combined Authority area.

3. Transport Act 2000 eligibility categories

3.1
There are seven categories of disabled people entitled to the statutory minimum travel concession. These are set out in section 146 of the 2000 Act and are listed below:

a) Is blind or partially sighted in both eyes;

b) Is profoundly or severely deaf in both ears;

c) Is without speech;

d) Has a disability, or has suffered an injury, which has a substantial and long-term adverse effect on ability to walk;

e)Does not have arms or has long-term loss of the use of both arms;

f) Has a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning;

g) Would, if applied for the grant of a licence to drive a motor vehicle under Part 3 of the Road Traffic Act 1988, have the application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the grounds of persistent misuse of drugs or alcohol.

3.2
The categories listed above do not cover the full range of disabled people included in the Equality Act 2010. However, the types of disability which should enable people to claim the statutory travel concession are those which are permanent, or which have lasted at least 12 months, or which are likely to last at least 12 months. The disability should have a substantial effect on a person’s ability to carry out normal day-to-day activities.

3.3
Under the terms of the 2000 Act it is for the local authority to determine whether someone is a ‘disabled person’ for the purposes of concessionary travel.

4. Department for Transport guidance

4.1
The Department for Transport (DfT) has produced guidance to Travel Concession Authorities on assessing the eligibility of disabled people. ‘Guidance to Local Authorities on Assessing Eligibility of Disabled People in England for Concessionary Bus Travel’ was issued in 2013 (1.2) West Midlands Combined Authority has used this to help develop its Method Statement for assessment of eligible disabled persons in the West Midlands.
5. West Midlands Combined Authority statement on eligibility criteria

5.1 This section defines the interpretation of the Transport Act criteria and DfT guidance that West Midlands Combined Authority uses in order to reach a decision on eligibility for the concessionary travel pass.

5.2 The DfT requires the applicant to prove their entitlement. In considering each application West Midlands Combined Authority uses a comprehensive approach to determine eligibility for the travel pass. This requires applicants to provide evidence that their disabilities or medical conditions are such that they meet the criteria set out.

5.3 West Midlands Combined Authority will consider a range of evidence to determine eligibility. Some evidence is categorised as ‘permanent’, and this will usually not require any subsequent review. Other evidence may be judged to be ‘temporary’, and will therefore require a review at a pre-determined period. West Midlands Combined Authority will not accept original documents, only copies for the purpose of assessing.

5.4 To help assess the eligibility of each applicant, West Midlands Combined Authority may consult a medical professional, which could include an applicant’s General Practitioner or an independent medical assessor as detailed in section 7.

5.5 To help assess the eligibility of each applicant, West Midlands Combined Authority may consult with the applicant’s SENCO, Head teacher, social and care worker.

5.6 Correspondence and travel passes will only be posted to the applicants home address.

5.7 Review Periods
The setting of review periods will be at the discretion of the assessor.
The following circumstances will be taken into account by West Midlands Combined Authority in determining the review period:
• Where state benefits are due to expire;
• Where surgery may improve an applicant’s condition;
• Epilepsy, where there is not a continuous history of uncontrolled seizures;
• Diabetics with uncontrolled hypoglycaemic episodes;
• Where conditions may improve following medical intervention;
• Anyone with a condition that has the potential to improve over time;
• Children or young people whose condition may alter with time;
• Some mental health conditions.

5.8 Appeals
West Midlands Combined Authority does not provide a formal right of appeal, however applicants who are refused may write to West Midlands Combined Authority on the following basis:
• If the applicant considers the refusal decision to be a result of the misinterpretation of a material fact. West Midlands Combined Authority will then reconsider the original decision and advise the applicant accordingly.
5.9
A further application will not be considered within a twelve month period of the decision date. After this time an applicant may reapply on the following basis:

- If the applicant’s health has deteriorated to an identifiable degree;
- If new and relevant information is available since the original application.

6 Eligibility criteria

6.1
The shaded box areas in this section are the guidance notes issued by the Department for Transport for each of the seven categories described in section 3.1 and 6.2

6.2
For ease of reference, the seven categories are as follows:

a) blind or partially sighted in both eyes – paragraphs 6.3–6.4
b) profoundly or severely deaf in both ears – paragraphs 6.5–6.6
c) without speech – paragraphs 6.7–6.8
d) ability to walk – paragraphs 6.9–6.10
e) does not have arms/long-term loss of the use of both arms – paragraphs 6.11–6.12
f) learning disability – paragraphs 6.13–6.14
g) refusal of a driving licence – paragraphs 6.15–6.16

6.3
Blind or partially sighted DfT Guidance Category a) – is blind or partially sighted.

‘Blind’ means having a high degree of vision loss i.e. seeing much less than is normal or perhaps nothing at all. ‘Partially sighted’ is a less severe loss of vision. Partially sighted people can see more than someone who is blind, but less than a fully sighted person. Blind and partially sighted people can register with their local council. The register is held by the social services or social work department, or by a local voluntary agency, and is confidential.

For registration purposes, the term ‘blind’ now becomes ‘severely sight impaired (blind)’ and partially sighted becomes ‘sight impaired (partially sighted)’. The formal notification required to register as “severely sight impaired” or “sight impaired” is a Certificate of Vision Impairment (CVI), signed by a Consultant Ophthalmologist (eye specialist). However, registration is voluntary. The individual should have a copy of their CVI and should be encouraged to register, if they have not already done so, as they may be entitled to various other benefits too.

In general terms a person can be registered as severely sight impaired (blind) if they cannot see (with glasses, if worn) the top letter of the eye test chart (used by doctors and opticians) at a distance of 3 metres or less. Some people who can read the top letter of an eye test chart at 3 metres, but not at 6 metres, may still be eligible for registration as blind if their field of vision is also severely restricted. Only being able to read the top letter at 3 metres is sometimes referred to as 3/60 vision: the person can see at 3 metres what a person with normal vision can see at 60 metres.

A person can be registered as sight impaired (partially sighted) if they have a full field of vision but can only read the top letter of the eye test chart at a distance of 6 metres or less (with glasses, if worn). However, if they can read the next three lines down at the same distance, but the field of vision is either moderately or severely restricted, they may still qualify for registration.

The Department advises that concessionary travel passes should be issued to people whose sight is so impaired that they would be able to register as severely sight impaired (blind) or sight impaired (partially sighted).
Local authorities may, where a person is not on the local authority register, require evidence from an eye specialist, for example an optometrist, that the applicant would qualify to be registered as severely sight impaired (blind) or sight impaired (partially sighted). Advice on how to register can be found on the Royal National Institute for the Blind (RNIB) website at: http://www.rnib.org.uk/xpedio/groups/public/documents/publicwebsite/public_registration_home.hcsp

6.4
West Midlands Combined Authority will consider the evidence listed below for the purposes of determining eligibility under this criterion:

- Proof of registration with the local authority;
- Certificate of Visual Impairment;
- BD8 (old certification system). Eligibility under this criterion will usually be categorised as permanent.

6.5
Profundely or severely deaf
DfT Guidance Category b) - is profoundly or severely deaf

Hearing loss is measured in decibels across the normal hearing spectrum, as dBHL (Hearing Level). People are generally regarded as having a severe hearing loss if it reaches 70-95 dBHL and a profound loss if it reaches 95+ dBHL. The Department advises that the statutory minimum concession should be made available to people in these categories.

Eligibility under this criterion will usually be categorised as permanent.

6.6
West Midlands Combined Authority will consider the evidence listed below for the purposes of determining eligibility under this criterion:

- Confirmation of registration from local authority social services department as being profoundly or severely deaf.
- Audiogram or letter from a medical professional indicating hearing loss has reached 70-95+ dBHL in both ears.

It is considered normal for older adults to lose the pitch at over 8000. Therefore, for the purpose of determining eligibility, the average hearing loss will be calculated for each ear excluding the 8000+ pitch.

Eligibility under this criterion will usually be categorised as permanent.

6.7
Without speech
DfT Guidance Category c) - is without speech

Included within this category are people who are unable to communicate orally in any language. Those people will be:

- unable to make clear basic oral requests e.g. to ask for a particular destination or fare;
- unable to ask specific questions to clarify instructions e.g. ‘Does this bus go to the High Street?’
This category would not, in the Department’s opinion, cover people who are able to communicate orally but whose speech may be slow or difficult to understand, for example because of a severe stammer.

In considering an application on these grounds the local authority may reasonably require medical evidence to support the application in appropriate cases.

6.8
West Midlands Combined Authority will consider the evidence listed below for the purposes of determining eligibility under this criterion:

- Letter from the Department of Work and Pensions (DWP) confirming receipt of Personal Independence Payment (PIP) at an enhanced rate with a score of at least eight points for the “communicating verbally” activity.
- Medical report confirming completely without speech.

6.9
Ability to walk

DfT Guidance Category d) - has a disability, or has suffered an injury, which has a substantial and long term adverse effect on ability to walk

To qualify under this category, a person would have to have a long term and substantial disability that means they cannot walk or which makes walking very difficult.

It is envisaged that passes will be issued to people who can only walk with excessive labour and at an extremely slow pace or with excessive pain. Their degree of impairment should be at comparable level to that required to claim the Higher Rate Mobility Component of Disability Living /standard or enhanced rate of mobility component of Personal Independence Payments. This is set out below:

(i) they cannot walk or

Being unable to walk means that they cannot take a single step. They need to show that because of their disability they cannot put one foot in front of the other. Walking involves always having one foot on the ground. If their only way of getting about is to swing through crutches then they will be considered unable to walk.

(ii) they are virtually unable to walk, or

They will need to show that, as a result of a physical disability, they are unable to walk very far without experiencing severe discomfort. This question does not apply to people with mental disabilities, your inability to walk very far must stem from a physical condition.

The Department for Works and Pensions take a number of factors into account when deciding whether or not someone meets this criterion. For example:

- Discomfort can mean either pain or breathlessness. Extreme fatigue and stress may also be taken into account. It has been accepted that discomfort is subjective and that some people have higher pain thresholds than others. Unless both legs are missing then they will need to show that they experience severe discomfort even when using an artificial aid.

When deciding whether they are virtually unable to walk the following factors should be taken into account:

- the distance over which they can walk without experiencing severe discomfort
- the speed at which they can walk
- the length of time for which they can walk
- the manner in which they can walk
If they can only walk up to 27 metres without severe discomfort then they will qualify for the higher rate.

If they can only walk between 27 and 64 metres without severe discomfort then it is likely that they will qualify for the higher rate.

If they can walk more than 64 metres without severe discomfort then they will need to show that the other three factors mean that they are virtually unable to walk. For example, if they can show that it takes them five minutes to walk 100 metres, they should qualify for the higher rate.

As a guide, the average person can walk the following in a minute:
- 90 metres at a brisk pace
- 60-70 metres at a moderate speed
- 40-50 metres at a slow pace
- 30-40 at a very slow pace

It does not matter whether the severe discomfort occurs at the time of their walk or later. What counts is that the discomfort is a direct result of their attempt to walk.

(iii) The exertion required to walk would “constitute a danger to their life.

The test here is whether the exertion required to walk would constitute a danger to their life, or whether it would be likely to lead to a serious deterioration in their health.

They need to show they should not walk very far because of the danger to their health.

This criterion is intended for people with serious chest, lung or heart conditions. Some people with haemophilia may also qualify for the higher rate in this way.

The serious deterioration does not need to be permanent but it should require medical intervention for them to recover.

They will need to show that any danger to their health is a direct result of the physical effort required to walk.

People with epilepsy will need to show that any fits were brought about by the effort required to walk.

In all cases, entitlement depends on the applicant’s difficulty in walking and considerations, such as difficulty in carrying parcels, are not to be taken into account.

The fact that a walking aid is or is not used may be relevant to the eventual decision, but these alone should not determine whether or not a person qualifies. For example, if a person can walk relatively normally with the use of an artificial leg, then they should not be considered eligible. Alternatively, a person who can only swing through on crutches could be considered eligible, as they would be seen as having considerable difficulty walking (provided it is due to a long term disability and not due to legs being in plaster).

The Department advises that the authority should normally require medical evidence to support the claim that the applicant’s walking ability is long term and substantially impaired.

6.10
West Midlands Combined Authority will consider the evidence listed below for the purposes of determining eligibility under this criterion:
- Proof of receipt of Higher Rate of Mobility Component of Disability Living Allowance*
• Proof of receipt of Mobility component of Personal Independence Payment*;
• Proof of receipt of War Pensioner’s Mobility Supplement*;
• Proof of Disabled Persons’ Parking permit (new style plastic Blue Badge only)
• An assessment made by a medical assessor as detailed in paragraph 7.1.

*West Midlands Combined Authority will consider this evidence provided the benefit has been in place for at least 12 months, or is expected to be in place for at least 12 months.

6.11 Does not have arms or has long-term loss of the use of both arms

DfT Guidance Category e) - does not have arms or has long-term loss of the use of both arms

This category includes people with a limb reduction deficiency of both arms; bilateral upper limb amputation; muscular dystrophy; spinal cord injury; motor neurone disease; or a condition of comparable severity.

In the Department’s opinion, it also covers both people with deformity of both arms, and people who have both arms, if in either case they are unable to use them to carry out day-to-day tasks, for example, paying coins into a fare machine. In these latter cases the Department advises that a local authority should normally require independent medical evidence to support the application.

6.12 West Midlands Combined Authority will consider the evidence listed below for the purposes of determining eligibility under this criterion:
• A medical report proving disability;
• An assessment made by a medical assessor as detailed in paragraph 7.1. Eligibility under this criterion will usually be categorised as permanent.

6.13 Learning disability

DfT Guidance Category f) – has a learning disability, that is, a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning

A person with a learning disability has a reduced ability to understand new or complex information, difficulty in learning new skills, and may be unable to cope independently. These disabilities must have started before adulthood and have a lasting effect on development. The person should be able to qualify for specialist services and he or she may have had special educational provision.

The Department of Health adopted the term ‘learning disability’ in 1992. It has the same meaning as its predecessor ‘mental handicap’ but it is seen as more acceptable, particularly in reducing the confusion with mental illness.

In determining eligibility in a case where there has been no previous contact with specialist services a local authority should normally require independent medical advice, or check any register of people with learning disabilities which might be held by the Social Services Department of the applicant’s local council.

6.14 West Midlands Combined Authority will consider the evidence listed below for the purposes of determining eligibility under this criterion:
• The contents of a statement of Special Educational Needs if provided, which shows a global development delay;
• Proof of registration on a Social Services Department register confirming receipt of learning disability specialist services;
• Care plan / support plan.
• A letter from a head teacher or SENCO confirming that the applicant meets the requirements
• A letter from a medical professional confirming a mild/moderate/severe learning disability
• An assessment made by a medical assessor as detailed in paragraph 7.1.

6.15
Refusal of a driving licence

DfT Guidance Category g) – would, if they applied for the grant of a licence to drive a motor vehicle under Part111 of the Road Traffic Act 1988, have their application refused pursuant to section 92 of the Act (physical fitness) otherwise than on the ground of persistent misuse of drugs or alcohol.

Under Section 92 of the Road Traffic Act 1988 the Secretary of State may refuse to issue a driving licence on the grounds of the applicant’s medical fitness. Those who are currently barred from holding a licence are people with:

i. epilepsy (unless it is of a type which does not pose a danger - see below);
ii. severe mental disorder;
iii liability to sudden attacks of giddiness or fainting (whether as a result of cardiac disorder or otherwise);
iii. inability to read a registration plate in good light at 20.5 metres (with lenses if worn);
iv. other disabilities which are likely to cause the driving of vehicles by them to be a source of danger to the public.

It will be seen that specific reference is made to people who persistently misuse drugs or alcohol. Those people are not covered by the definition of ‘disabled person’ under the Act and are thus not entitled to the statutory minimum travel concession.

It is not a condition of entitlement under this category that the disabled person should apply for and be refused a driving licence (which would be unduly burdensome for everyone involved). If, for people with any of the disabilities (ii) - (iv) listed above, the local authority can be confident that a licence would be refused it should therefore be able to issue the travel pass automatically. For (i) epilepsy – the bar is not automatic and depends on the circumstances.

The Motor Vehicles (Driving Licences) Regulations 1999 permit the grant of a driving licence to a person with epilepsy if that person:

(a) has not had an epileptic attack whilst awake for a year or more; or
(b) has a history of attacks whilst asleep, and only whilst asleep, over the past three years or more, ...provided that the driving of a vehicle by that person is not likely to cause danger to the public.

There are a number of categories of “severe mental disorder” under which people may qualify. Authorities will need to assess individuals on a case-by-case basis as eligibility may depend on the severity of the condition. Such conditions include (but are not limited to) dementia (or any organic brain syndrome); behaviour disorders (including post head injury syndrome and Non-Epileptic Seizure Disorder); and personality disorders.
Other groups include:
- People with restricted visual fields, who will be refused a licence if they do not have a horizontal field of vision of at least 120 degrees, or if they have significant scotoma encroaching within 20 degrees of the central fixation point in any meridian or, sometimes, if they have restricted vertical fields of vision;
- Insulin dependent diabetics. In general people with insulin dependent diabetes can continue to drive - though their licence may be renewable on a 1, 2, or 3-yearly basis. However, where the person experiences disabling hypoglycaemia they will be prevented from driving until their diabetes is controlled.

6.16 West Midlands Combined Authority will consider the evidence listed below for the purposes of determining eligibility under this criterion:
- Medical proof that the applicant has had a seizure within the last 12 months;
- Medical proof that the applicant currently suffers from uncontrolled hypoglycaemic episodes;
- An assessment made by an independent medical assessor as detailed in paragraph 7.1;
- Medical proof that the applicants condition would not meet the DVLA standards for medical fitness to drive;
- A Certificate of Revocation from the DVLA.

West Midlands Combined Authority will not accept proof that an application for a driving licence has been refused, withdrawn or surrendered if related to the persistent misuse of drugs or alcohol by the applicant.

7 Medical assessments

7.1 In addition to the evidence listed in Section 6, West Midlands Combined Authority may also consult a medical assessor to determine eligibility for the travel pass. A medical assessor can include a General Practitioner, Consultant Psychiatrist or Hospital Consultant, but in most cases will involve an independent medical assessor.

7.2 A medical assessor will be asked to assess the extent to which an applicant meets the eligibility criteria defined in section 6.

Assessment Clinics

7.3 Applicants may be invited to an assessment clinic, organised by West Midlands Combined Authority, to determine their eligibility. Applicants will usually be given up to two weeks notice of their appointment date and time. Assessment clinics will be held within the West Midlands area. Applicants will be required to meet their own travel costs associated with attending an assessment clinic. However West Midlands Combined Authority will, if requested, provide assistance in planning a journey to an assessment clinic by public transport.

7.4 Applicants requested to attend an assessment clinic will be required to bring the following to assist in determining their eligibility:
- A completed questionnaire (if provided by West Midlands Combined Authority in advance of the appointment);
• Proof of entitlement to any state benefits;
• Written proof of prescribed medication/prescriptions;
• Proof of any hospital appointments/treatments relating to their disability.

West Midlands Combined Authority Medical Assessment Fees

7.5
West Midlands Combined Authority will meet the cost of acquiring a medical report from a medical assessor if the report has been requested by West Midlands Combined Authority.

7.6
West Midlands Combined Authority will meet the cost of the first appointment made at a West Midlands Combined Authority assessment clinic for each applicant. This cost will be limited to the payment of the medical assessors’ fees only. Applicants who either fail to attend an appointment they have accepted or fail to provide the required notice period when cancelling their appointment, may be liable for any subsequent assessment clinic fees associated with their application. If applied, the ‘Reassessment Fee’ must be paid in full before a further appointment at an assessment clinic is made. Failure to attend for a given appointment or to promptly pay a Reassessment Fee may lead to an application for a concessionary travel pass being delayed or declined. Payment of a Reassessment Fee may be waived if:
• An applicant can provide medical evidence, for example proof of hospitalisation, which would have prevented attendance at the appointment.

7.7
Reassessment Fees are subject to change. For information on current fees please contact West Midlands Combined Authority on 0345 303 6760.

8 Help and further guidance

8.1
If you would like further advice regarding concessionary travel passes for disabled people or would like help to apply, please contact our Customer Services Team.

By post:
Ticketing Delivery, PO Box 9421, Birmingham, B19 3TR
By phone:
0345 303 6760
By e-mail:
customerservices@tfwm.org.uk
Opening hours:
9am to 5pm Monday to Friday