



Submission from Arthritis NZ on Total Mobility scheme

Contact Philip Kearney

Philip.Kearney@arthritis.org.nz

027 419 8946

P.O.Box 100 020 Wellington 6143

Overview

Arthritis NZ welcomes the opportunity to comment on the proposals to strengthen the Total Mobility (TM) scheme.

We do so on behalf of the over 860,000 New Zealanders living with arthritis, a diverse group spanning over 100 different conditions, from osteoarthritis and gout to complex inflammatory diseases such as ankylosing spondylitis, psoriatic arthritis, lupus, and scleroderma. For many of these conditions, access to TM is a lifeline that they rely on. While most TM users are over 65, arthritis can affect all age groups and is recognised by Whaikaha as a health disability.

Our organisation exists to ensure that people affected by arthritis have equitable access to the information, education, and support they need to live well. We provide frontline services through Arthritis Assist, national and online peer groups, community-based programmes, and advocacy that ensures consumer voices are heard in all submissions made.

Before commenting on the proposal detail, we wish to note that some changes to TM have already been made—namely the reduction of the subsidy a TM user receives from 75% to 65% of the fare paid and the introduction of regional fare caps. In the introduction to the proposal from the Ministry of Transport, these changes are noted along with the assertion that the reduced cost to the Crown because of these measures, will be used to support public transport authorities costs not the costs of the provision of TM. This means that TM savings are not being redirected to help improve TM and as a result this consultation has had a mixed reception, with some advocating it is intended to reduce TM services, rather than improve it.

It is acknowledged that these proposals do not form part of this consultation, but we wish to note our concern about them setting a precedent for ongoing reduction of the whole scheme.

Comments on the Proposals

Proposal 1 Setting a clear purpose statement

We support the setting of a nationally consistent purpose statement but ask why the suggested national purpose does not specify that the scheme is designed for the needs of people with long term disabilities. We suggest amending the proposed new purpose for TM to read **“to provide subsidised mobility services to people with a long-term disability who have significant challenges accessing public transport, to support them to live their lives to be as independent as possible**

Proposal 2 Making TM assessment fairer and more consistent

Once again, we support the setting of national consistency in assessment, but several important factors need to be clarified.

- Will there be a cost to accessing this service, or will it continue to be free of charge to the user? This is not addressed in the proposal.
- Will authorised assessment agencies who undertake assessments be paid, or are they expected to undertake this work for no payment?

Proposal 2A Introducing Evidence requirements as part of the assessment process

We see value in national consistency and support the introduction of evidence to support the disability of the applicant. However, once again the issue of cost will be considered. For example, the cost of obtaining a medical certificate from a GP varies considerably around the country as do the other examples cited in proposal 2A. How will consistency around the applicant's costs be assessed?

- Can assessment be included in the biennial GP medical assessment of people receiving the Supported Living Benefit so they do not have to seek 2 separate assessments? This would ensure that only one assessment was needed and could be conducted by a health professional who has a good knowledge of the applicant's disability and its impact on their lives
- Will this assessment result in the issuing of a TM card with an expiry date- for example, currently AT issue cards with no expiry date showing.

Proposal 2B Introducing periodic assessments to keep receiving TM support

How often would such a reassessment be required? The proposal does not provide any options for feedback, and this is disappointing to say the least.

We note that better public transport is proposed to ensure that people who may no longer be eligible for TM can still access transport, but rural areas may not have this available and could be heavily impacted. Will there be consideration of the availability of public transport before such assertions are made and a person losing their eligibility for TM?

Overall, we see a growing bureaucracy developing to increase the cost of this scheme and would like to see further costings on its implementation.

Proposal 3 Introducing more targeted support allocations for TM

Once again, the question of the cost of policing support allocations and the creation of a bureaucracy is pertinent. For example, if a person uses a TM fare to access several services at once such as a medical

centre, a supermarket in the same centre and along with visiting a bank how would this trip be classified and how will this be tracked?

Recommendation:

We strongly advocate for the flat trip cap option rather than pre- allocated destinations such as GPs, WINZ and shopping. A disabled person's needs can change, as can their address and access to local services, so flexibility is paramount.

Proposal 5 Enabling new TM service providers to enter the scheme

We strongly support this proposal and note that a trial of a ride share firm conducted by AT late last year showed very high rates of satisfaction. We understand that this report has been forwarded to the Ministry.

While some users are not familiar with ride share services and their use, others already use these as a cheaper option that has some enhanced safety features such as a family account which tracks a journey and the use of a PIN to ensure the correct rider is being collected.

We would advocate for disability training to be provided to any ride share firms interested in providing TM services.

However, ride share services are not available in all locations so, while this would be a welcome extension of the scheme, it would not be of benefit to all users.

Proposal 6 Introduce a national public travel concession for people with disabilities.

We think there is merit in such a proposal but wonder how it would work alongside the current Community Connect programme which provides subsidised fares for people with a Community Services card.

The case for such a scheme has merit but once again people in rural areas are likely to be left still dependent on TM.

Conclusion

Arthritis NZ recognises the need for fiscal responsibility, but this recognition is tempered by the desire to avoid TM becoming a complex system run by an ever growing and invisible bureaucracy.

It is our hope that the guiding principles for this consultation will be improving the TM scheme to be both fiscally responsible but also showing appreciation of the needs of disabled people and the challenges, they face daily, not only in urban areas but also in regional and rural areas.