



# Transport to Health – Case for Change

**HEALTH BOARD INSIGHTS  
NHS BORDERS**

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## About this document

This document presents the NHS Borders evidence summary from the SEStran Transport to Health Case for Change. It has been published as a standalone document to allow NHS Borders, its partner local authorities and stakeholders to engage with the evidence specific to their area. The content is drawn directly from the corresponding chapter of the main Case for Change report and is reproduced here without amendment.

The summary covers the area overview, demographic and socio-economic profile, transport network characteristics, access to primary and secondary care, public consultation findings for NHS Borders respondents, qualitative insights into lived experience, and a summary of the key issues identified for the Board area.

The wider regional context, methodology, Problems Opportunities Issues and Constraints (POIC) analysis, Transport Planning Objectives, Equality Impact Assessment and Next Steps are set out in the main Case for Change report, which should be read alongside this document. The main report and a supporting Appendix containing the full EqIA and Survey Response Overview are available separately.

# NHS Borders – evidence summary

## Area overview

NHS Borders covers the Scottish Borders Council area and is characterised by a predominantly aging population. It is the least populous Health Board in the SEStran region and most rural in nature. Major towns include Galashiels in the centre of the authority (connected by rail to Edinburgh), Hawick in the South, Peebles and West Linton in the West and Eyemouth on the East coast.

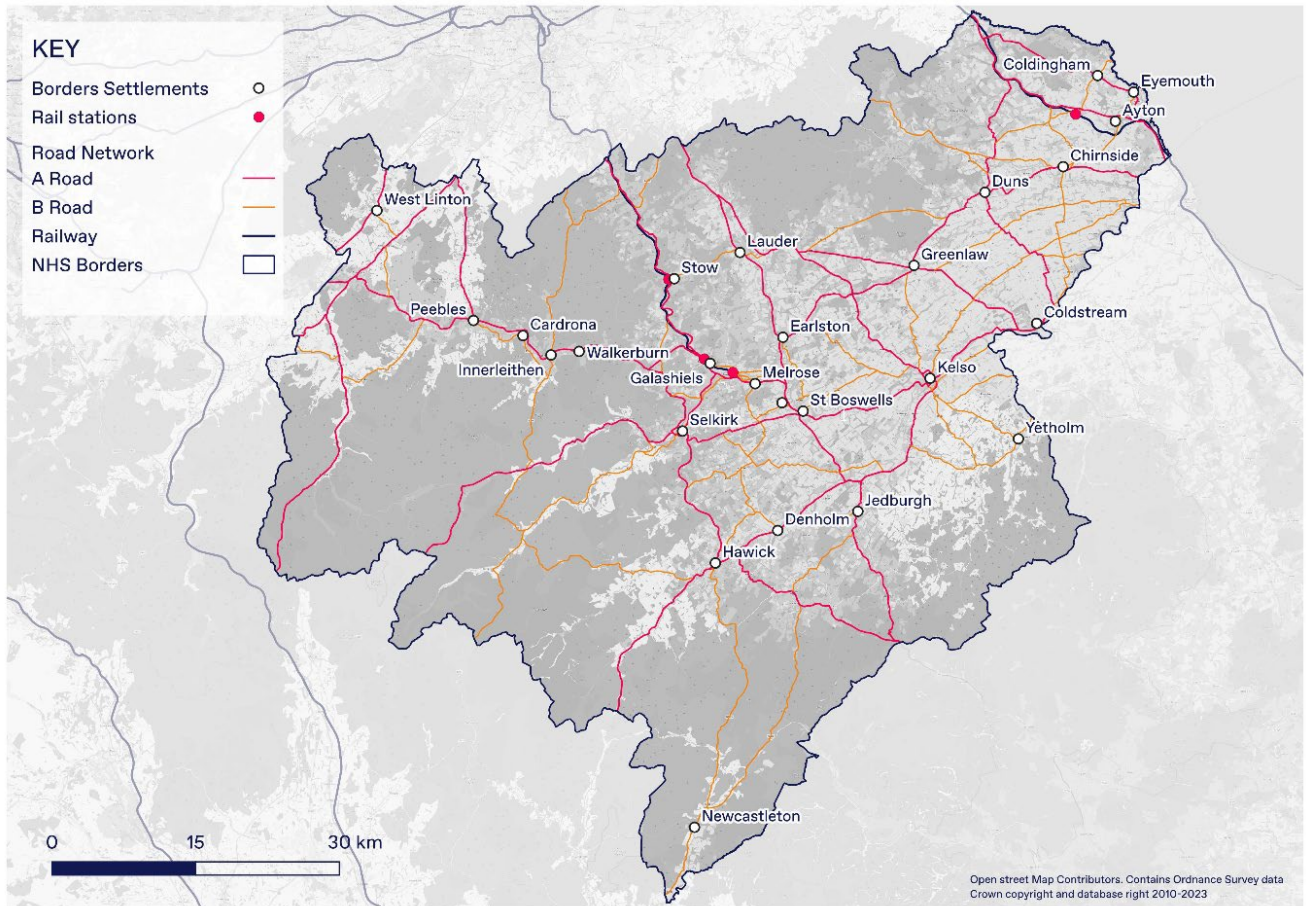


Figure 1: Border settlements

The most significant hospital in the area is the Borders General Hospital in Melrose with other community and smaller hospitals in Peebles, Hawick, Kelso and Duns.

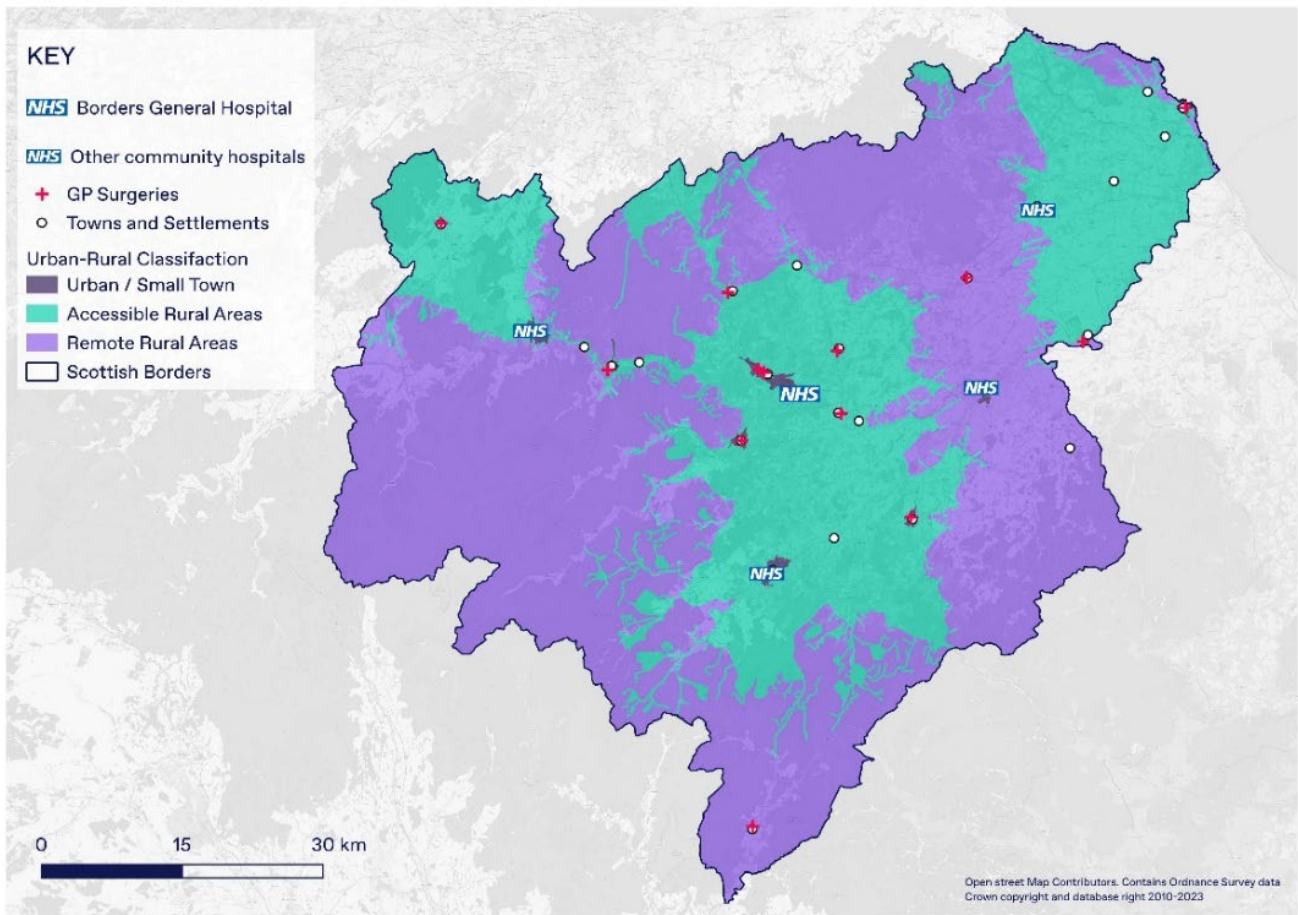


Figure 2: Spread of facilities

Primary healthcare, including GPs, is generally easier to access with most towns having a local GP surgery or health centre. However, a few settlements over 1,000 population lack a dedicated GP facility within 2 miles, for example, Chirside, whose branch surgery of Merse Medical Practice has closed.

Access to the Borders General Hospital (BGH) is the most pressing issue for Transport to Health in the Borders. Accessing treatment in the BGH from towns like Newcastleton, Hawick, Eyemouth, Peebles or West Linton can prove difficult. This is acutely felt for those living in the rural areas and villages surrounding these settlements. For towns to the West and South of the BGH, travelling to appointments often require at least one change before reaching the hospital. This was a common issue for those living in Peebles and Selkirk. The journey time to the BGH from 9:30AM on 08/12/25 as well as number of buses required to reach the hospital has been mapped below.

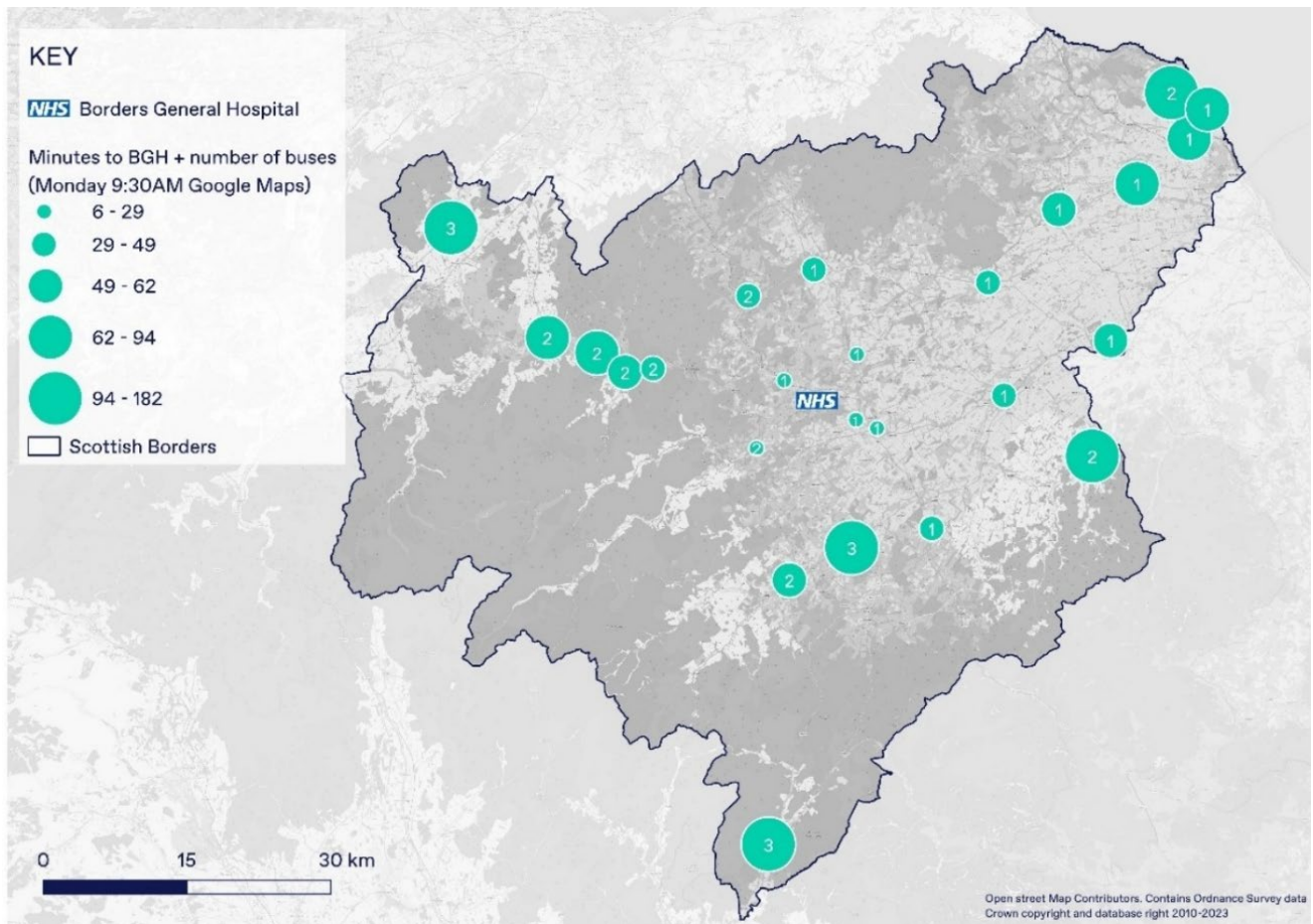


Figure 3: Minutes taken to reach the BGH and number of buses taken at 9:30AM 08/12/25 via google maps

It can be seen in Figure 58 that the requirement to change at Galashiels Transport interchange for towns to the West and South (e.g. Innerleithen 61 minutes) contributes significantly to increased journey times as opposed to towns a similar distance away in the East (e.g. Kelso 40 minutes).

In addition to travel to healthcare within the Scottish Borders many secondary and tertiary services are only available in major hospitals like the Western General and Royal Infirmary in Edinburgh, St John's in Livingston and in some circumstances hospitals in Glasgow. The Western General Hospital on the North side of Edinburgh being the designated oncology treatment facility for the Scottish Borders is a theme in survey responses.

Figure 73 shows a much smaller percentage of the Scottish Borders population resides in the 20% most deprived data zones than the Scottish average. Only 6% of the population of the Scottish Borders lives areas in the most deprived quintile.

### NHS Borders SIMD Quintiles

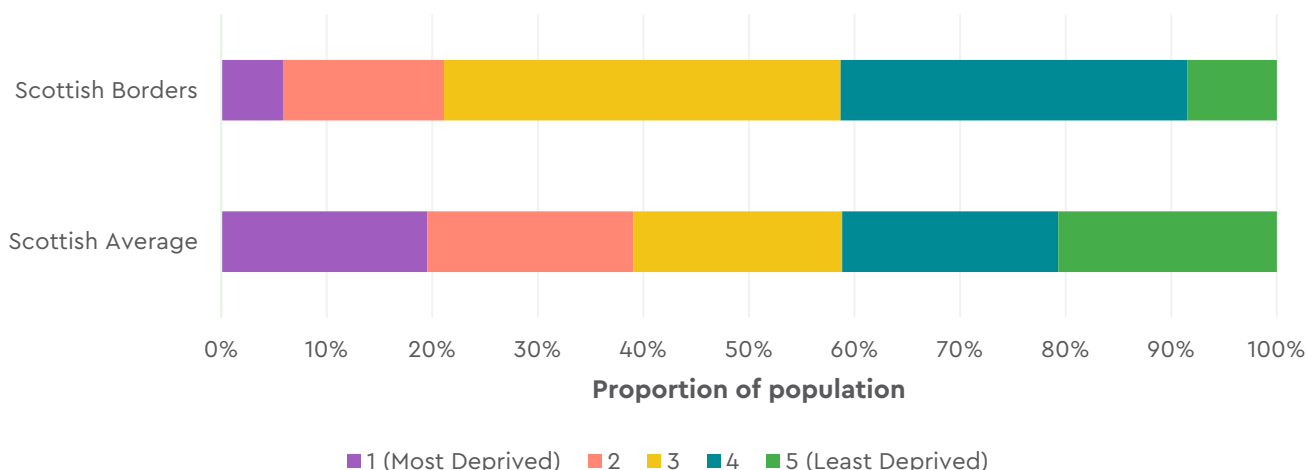


Figure 4: Proportion of NHS Borders population in each SIMD quintile

## Respondent characteristics

Survey respondents from the Scottish borders are less likely than average to have access to at least one car. This differs from the majority of health boards where responses were skewed in favour of those with car access.

Survey respondents from the Scottish Borders were not more likely to be older than survey respondents overall. However, the overall 2022 census population of the Scottish Borders skews older with 34% being over 60 years old compared to a SEStran average of 26% over 60 years old.

Similar to other Health Boards, Borders respondents were more likely to have a long-term health condition or disability and more likely to provide unpaid care.

### NHS Borders survey respondent characteristics vs 2022 census

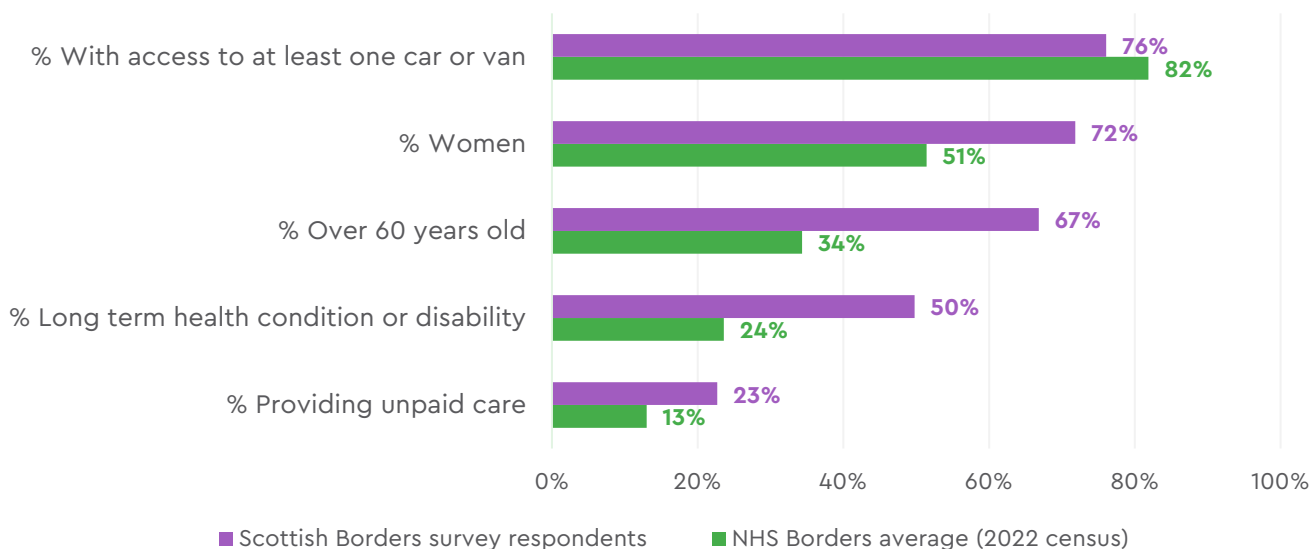


Figure 5: NHS Borders survey respondent characteristics compared to general Scottish Borders population via the 2022 census

## Patterns of healthcare use

In the Borders many people engage with a healthcare on a high frequency basis:

- 70% use pharmacies at least monthly
- 36% go the GP at least monthly
- 21% go to outpatient (day) hospital appointments at least monthly

Dentist appointments are fairly frequent, usually once every few months, while optician appointments are less frequent, usually once a year. In-patient appointments are irregular and rarer with 68% respondents reporting not travelling for an overnight stay in a hospital for the last twelve months while the remaining 42% had at least once.

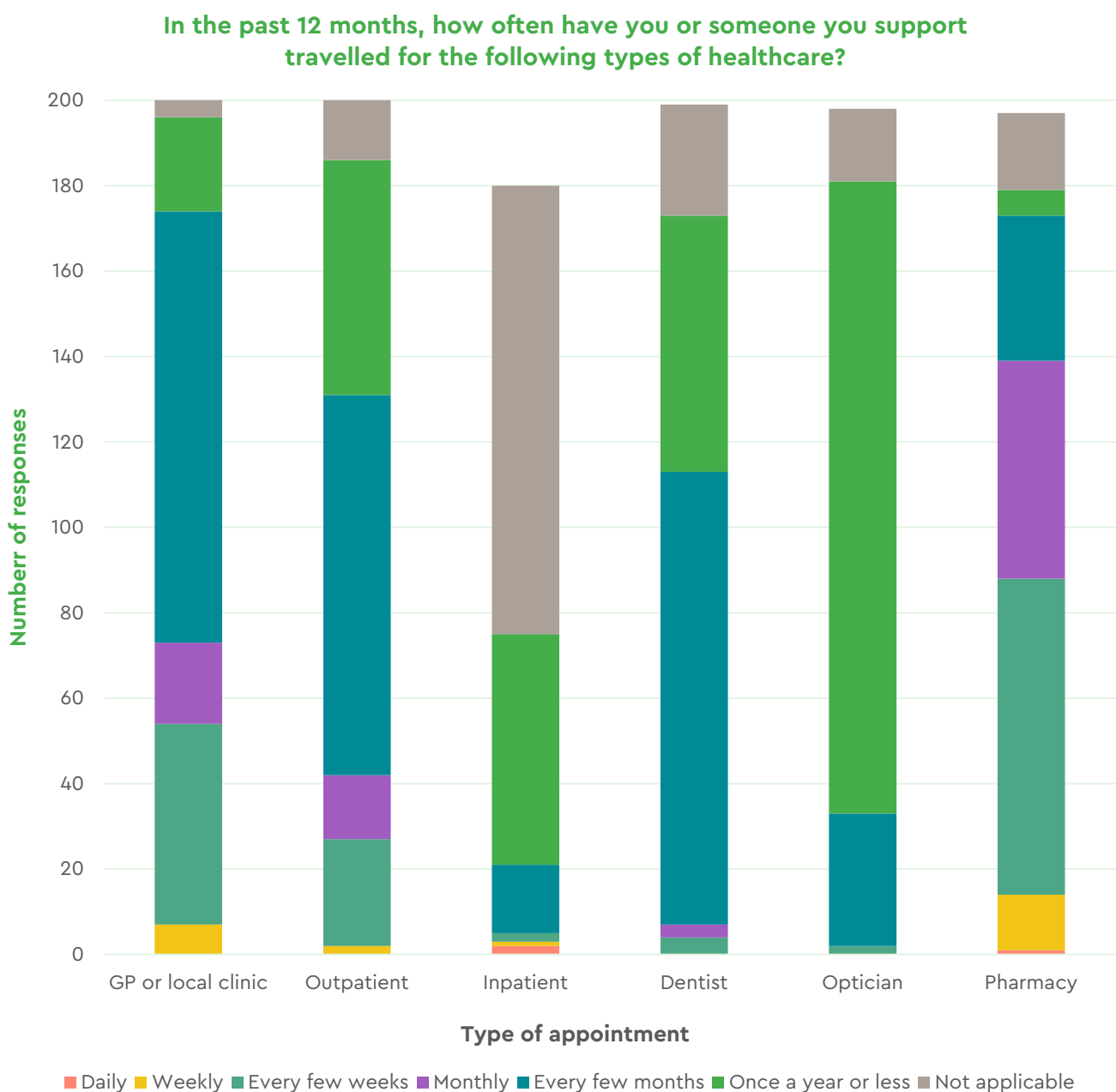


Figure 6: Frequency of healthcare appointment type

## How long journeys take

Figure 76 demonstrates the disparity between the much shorter journey times for primary care services such as GPs, pharmacies, opticians and dentists versus the longer journey times for secondary and tertiary care service which occurs at hospitals.

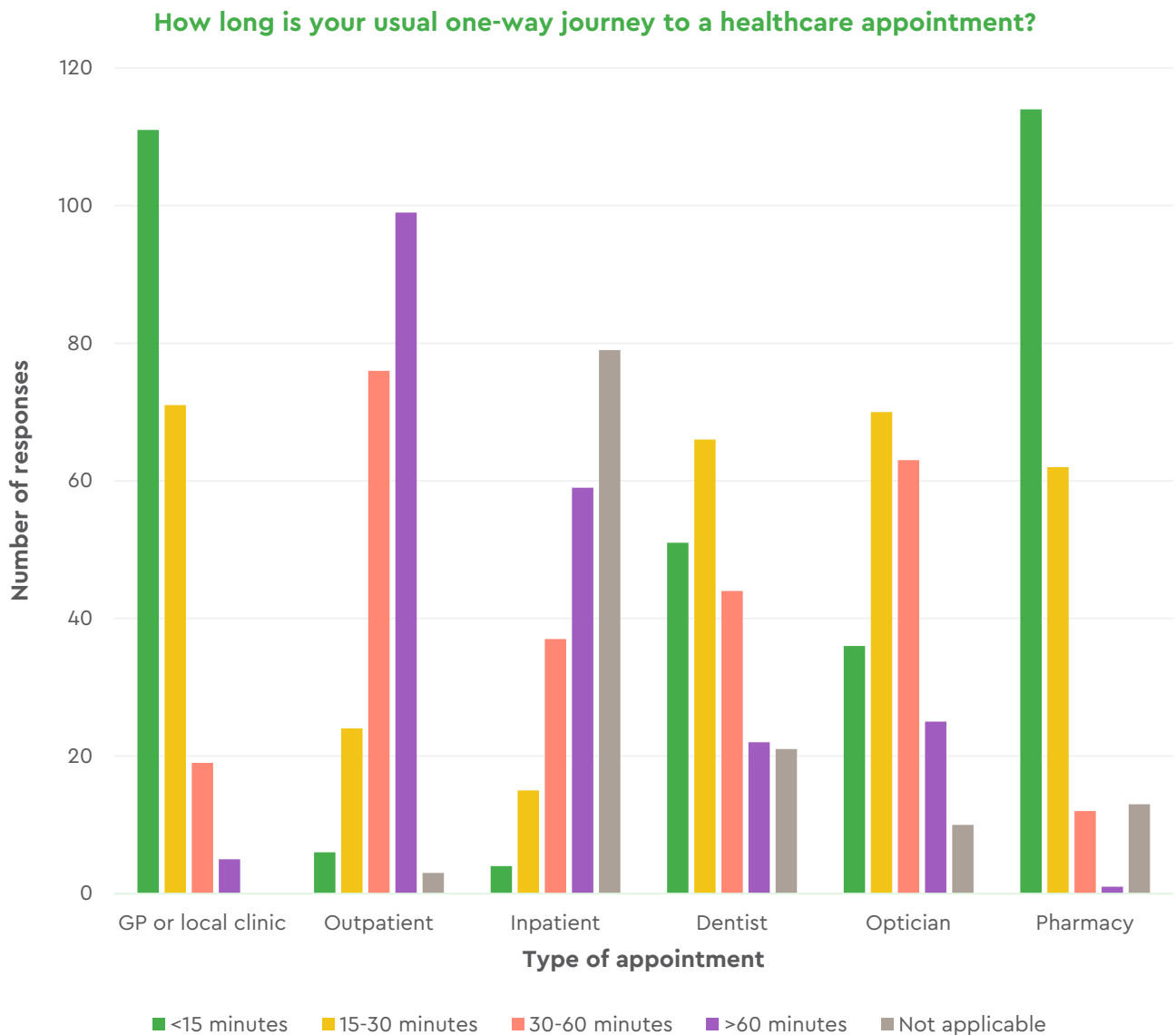


Figure 7: Reported journey time to different types of healthcare appointments

These results align with the spatial distribution of health services in the Scottish Borders. Considering only Scottish Government defined settlements over 500 in population:

- **27%** of settlements don't have a pharmacy or dispenser
- **38%** of settlements don't have a local GP
- **62%** of settlements don't have a dentist
- **85%** of settlements don't have a community or general hospital
- The BGH covers **all 4,732 km<sup>2</sup>** of the Scottish Borders

## How people travel to healthcare

The primary mode people use to access healthcare in the Scottish Borders is driving with 68% of respondents choosing a car either as a driver or passenger. The second most used mode is bus with 24% of respondents choosing it as their main mode with a further 16% using it as a secondary mode. Of the 51 respondents who use the bus as their main mode 21 use the bus despite having access to at least one car in their household.

Fewer respondents picked active travel modes with only 4% respondents selecting walking as their primary mode and 1 wheeling. Active travel was slightly more popular as a secondary mode choice with 6% selecting walking.

Patient and community transport usage are the least popular options reflecting the limited appointments available for patient transport and volunteer shortages amongst community transport options.

### What is your main mode of transport you usually use to travel to healthcare appointments?

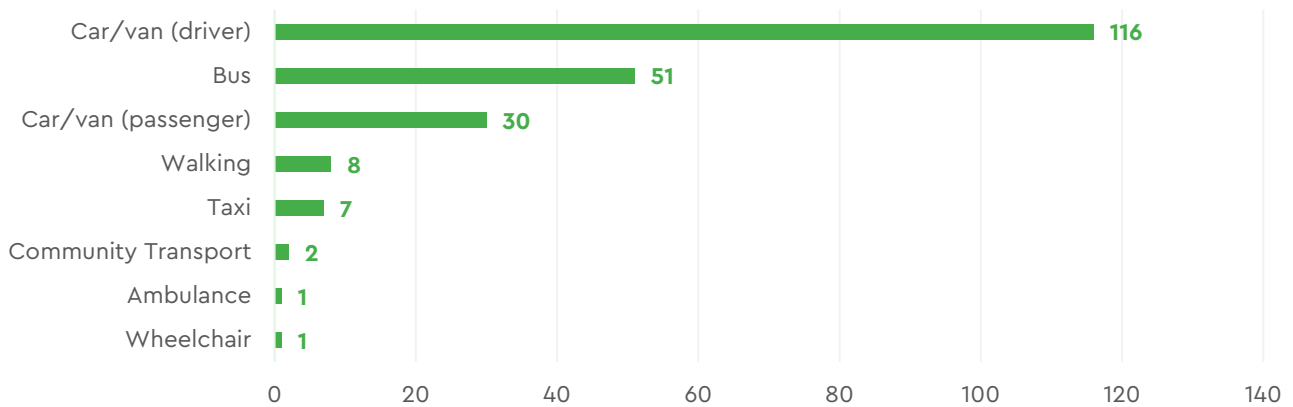


Figure 8: Main travel mode for healthcare appointments

### Alternative transport mode

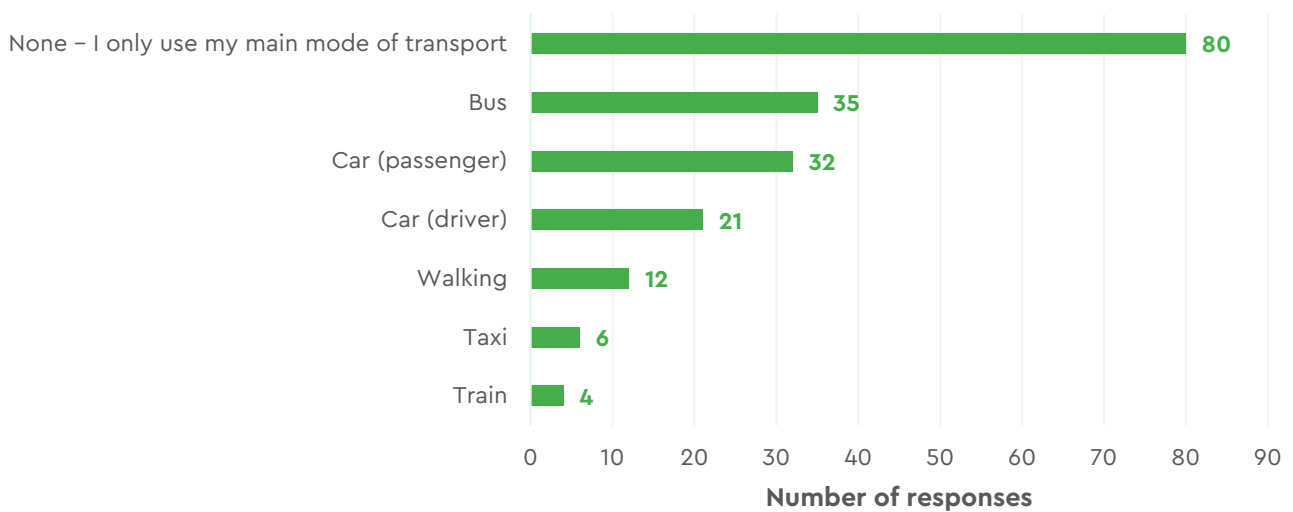


Figure 9: Alternative transport mode for healthcare appointments

## Reliability of available transport

Only 26% of respondents characterise their transport choice as 'always reliable' with a further 39% choosing 'usually reliable'. However, when split into the main mode of transport it shows that 82% of 'always reliable' responses come from those who drive a car as their main mode. Those who are usually car passengers (e.g. reliant on lifts) or bus users do not characterise their journeys as 'always reliable'.

Across all modes, the least frequently selected option was 'often unreliable', showing that there is a baseline level of reliability for most respondents.

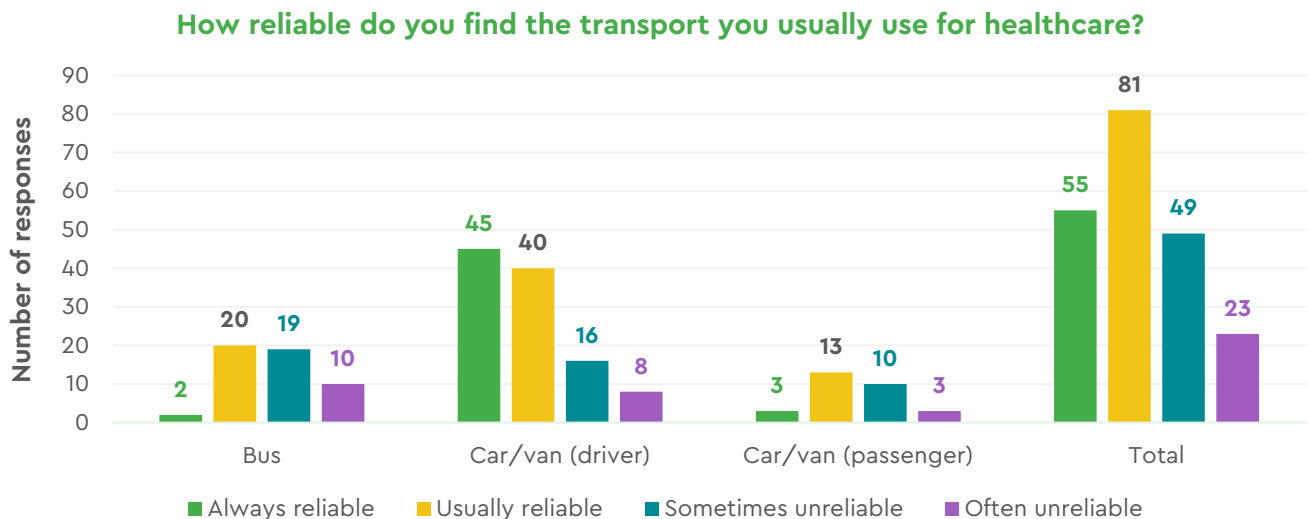


Figure 10: Perception of reliability of transport to healthcare by mode choice

## Missed or delayed appointments due to transport

Of respondents, 39% had reported missing or delaying a healthcare appointment due to transport issues. This demonstrates that transport issues play a major role in the reasons for missed appointments.

### Have you ever missed or delayed a healthcare appointment due to transport issues?

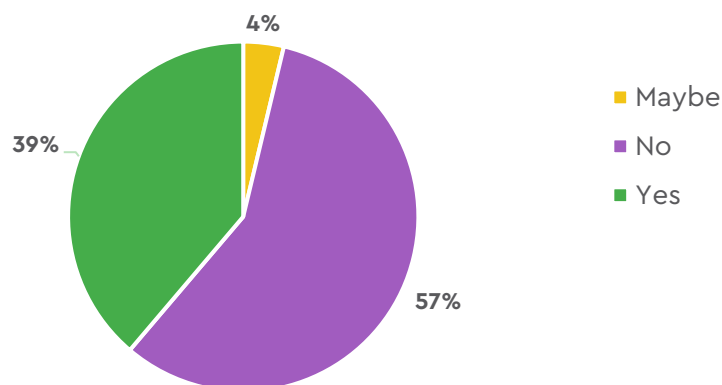


Figure 11: Proportion of respondents who missed or delayed a healthcare appointment due to transport issues

The top reason amongst those who said they had missed or delayed an appointment due to transport was 'Lack of suitable transport options' (45%), and 'poor connections between services' (24%). This reflects that bus service issues are the most common reason for people missing their appointments. This could be a lack of services altogether in their area, a timetable which doesn't suit appointment times, bus stops too far to walk from their origin or destination, long transfer times between services or a range of many more service issues.

### What was the main reason for missing or delaying your healthcare appointment?



Figure 12: Reason for missing or delaying healthcare appointments

### Effect of transport costs on attendance

The majority of respondents reported that transport costs did not affect their ability or decision to attend healthcare. This suggests that poor transport links or the inability to travel is a greater deterrent than cost when it comes to attending healthcare.

When responses are filtered by those who are non-bus pass holders, the proportion who say that costs affect their ability or decision to attend healthcare increases slightly. Those with no car access were even more likely to report transport costs deterring them and those with no car or bus pass were the most likely to report transport costs playing a role. Despite cost playing a lesser overall role in missed appointments, it has a much greater impact on those who do not have access to a private car or free bus transport.

### Do transport costs affect your decision or ability to attend healthcare?

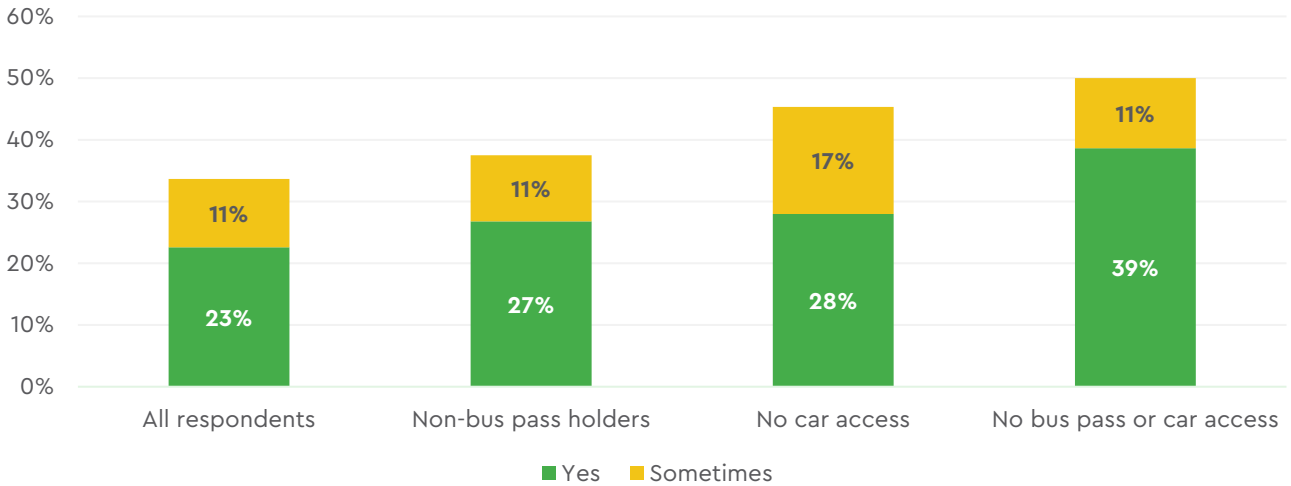


Figure 13: Proportion of respondents who report transport costs affecting their ability to attend healthcare by bus pass holders and car access

### Cost of the most recent healthcare journey

The cost of a healthcare journey varies considerably depending on factors like mode choice and distance to hospital.

The most common response was 'It didn't cost anything' at 33%. This category was made up of 49% bus users, likely due to being bus pass holders. Overall, 70% of those who selected their main mode as the bus also reported paying nothing for their most recent healthcare journey. 26% of those who reported paying nothing were car drivers, this may be because they were driving someone else's car without paying for fuel or because they don't perceive driving as a costly activity. A further 12% who reported paying nothing were car passengers.

### Roughly, how much did your return journey cost for this appointment?

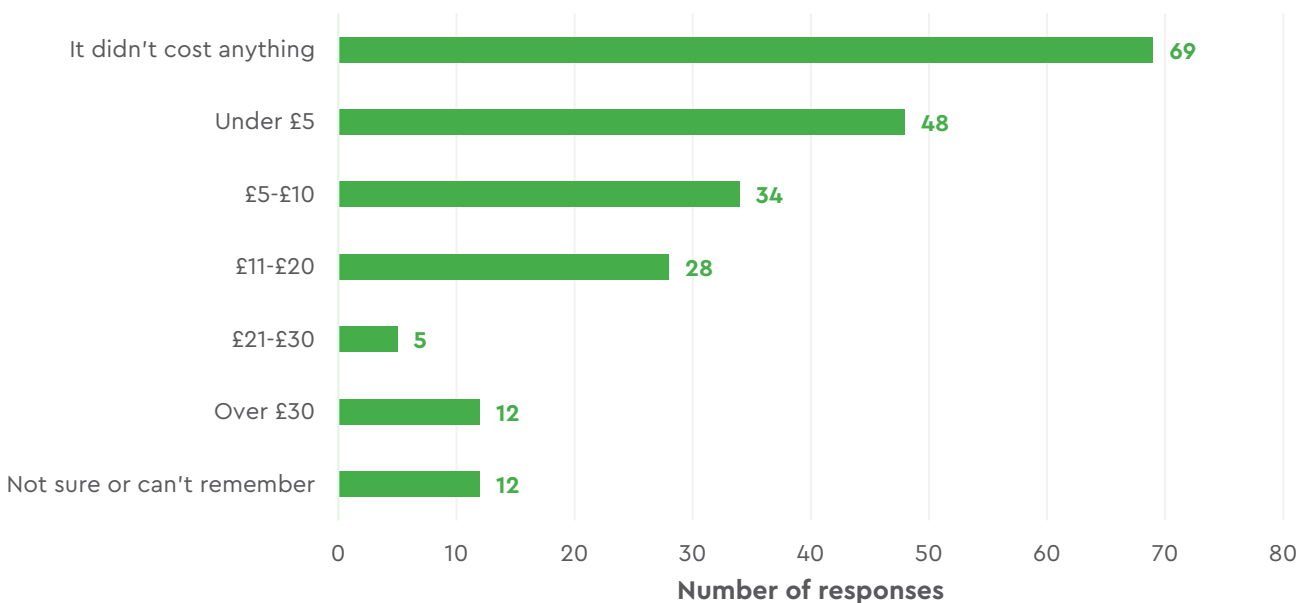


Figure 14: Cost of return journeys for most recent healthcare appointment

23% of respondents reported paying less than £5. 16% of respondents reported paying £5-10 and a decreasing proportion of respondents reporting paying higher amounts.

When considering healthcare costs by appointment type it can be seen that primary care trips to the GP, dentist, pharmacy, or optician rarely cost more than £10 for a return journey, with most respondents either travelling for free or for less than £5.

However, hospital appointments for both inpatient and outpatient can be much more expensive with those who aren't travelling for free (bus pass holders, car passengers etc.). To reach secondary care involves often paying more than £10 per appointment. Taken together 61% of hospital inpatients and outpatients pay at least £5 for a return journey with 40% paying over £10.

### Healthcare costs by appointment type

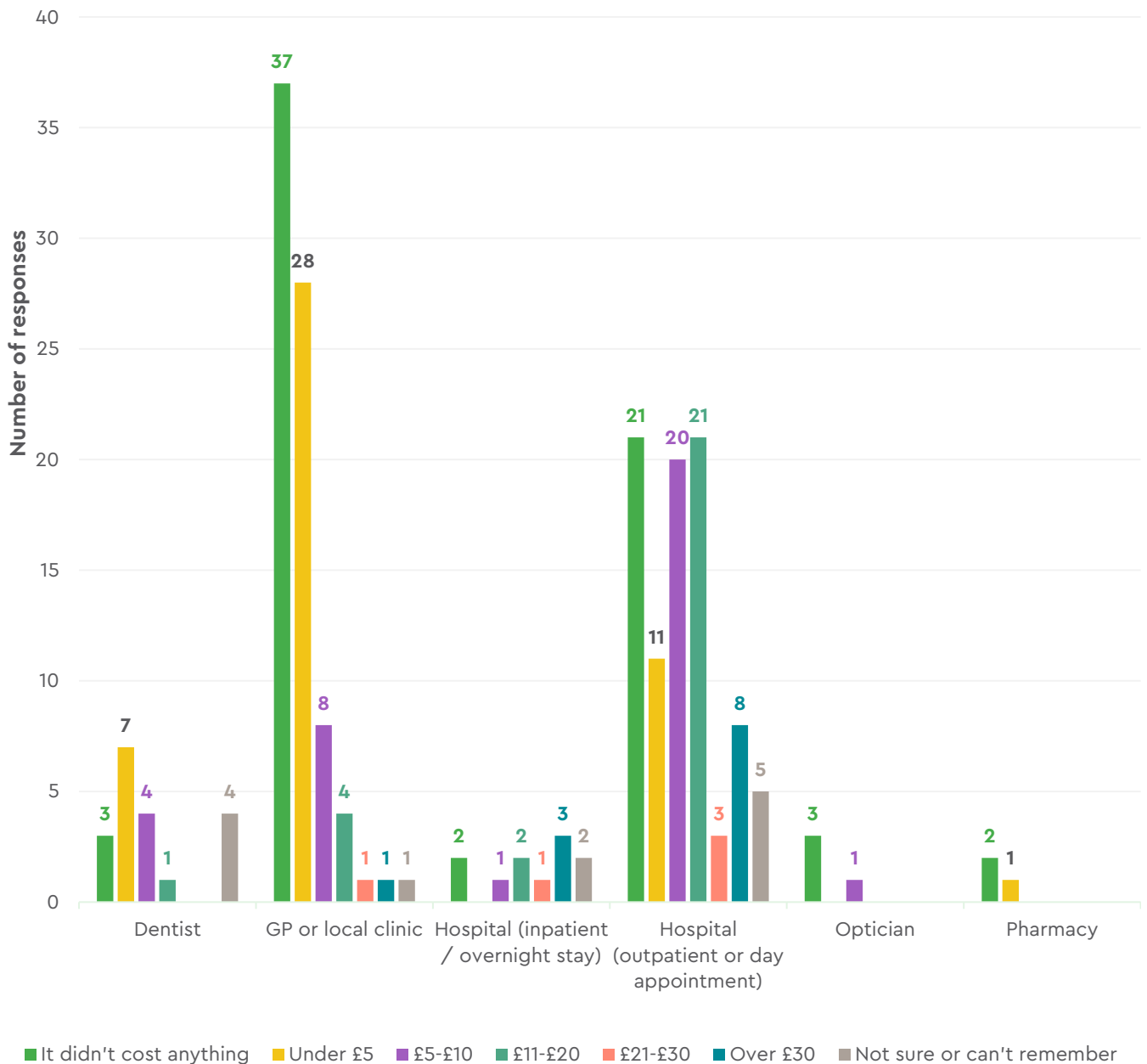


Figure 15: Transport costs by healthcare appointment type

## How people find travel information

The most popular way to find travel information is online (68%). 32% using google or Bing maps and 36% using other online resources including TraveLine and NHS Inform.

Other popular methods include 'information given in patient letters' (21%) and 'word of mouth' (20%).

Fewer respondents selected receiving information from community transport providers, NHS staff/advice or through the Scottish Ambulance Service.

A large proportion of respondents the 'other' option to specify additional methods they find travel information. Themes that recurred in these responses included those that use their own transport (drive), have local knowledge, expressed that there is lack of information available or that they use other online methods like the Borders Buses App.

**Where do you usually get information on travel options to healthcare? (tick all that apply)**

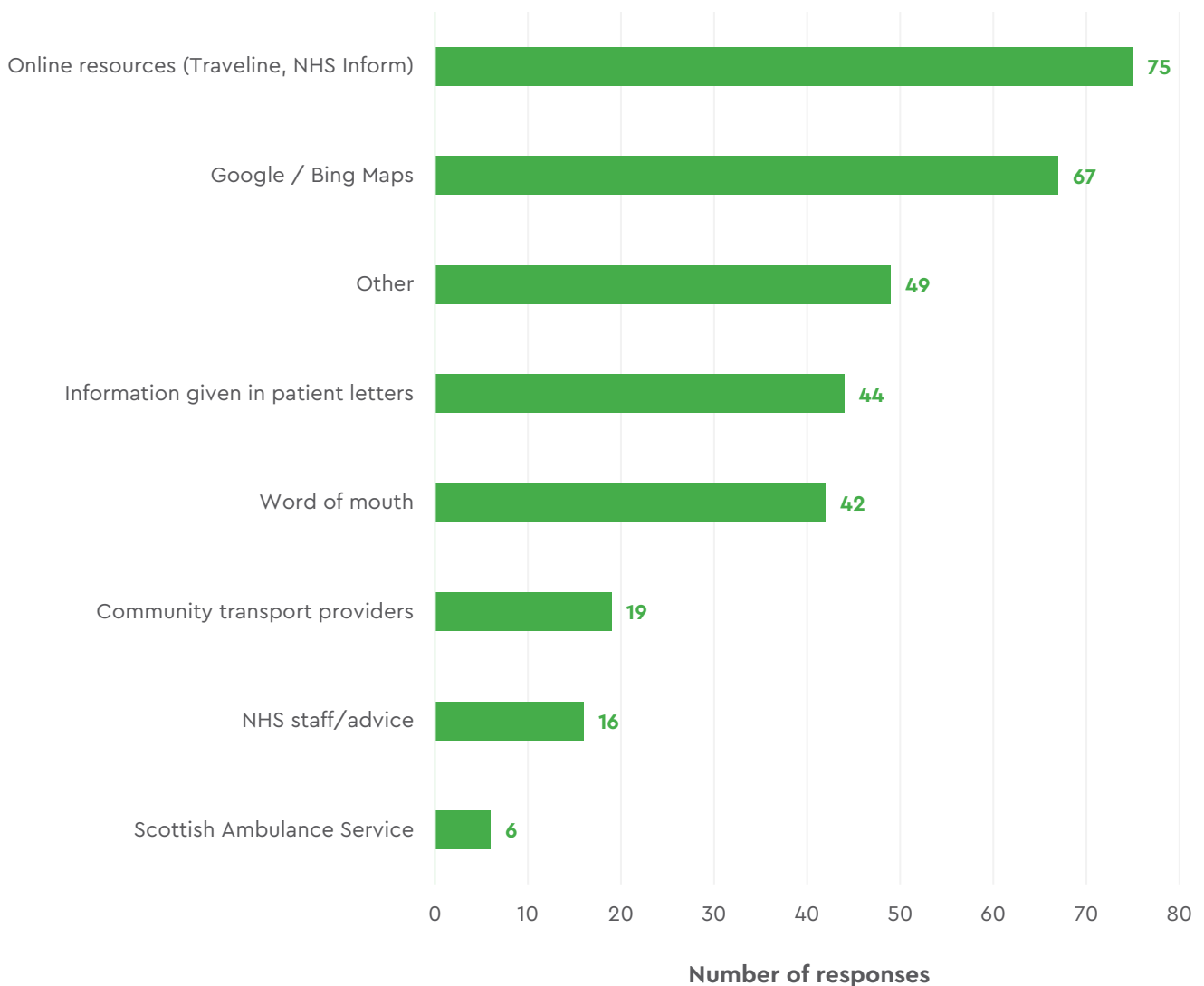


Figure 16: Most popular methods to get travel information for healthcare journeys

## Digital confidence in planning healthcare travel

Most respondents were either fairly or very confident using online or digital tools to find travel information.

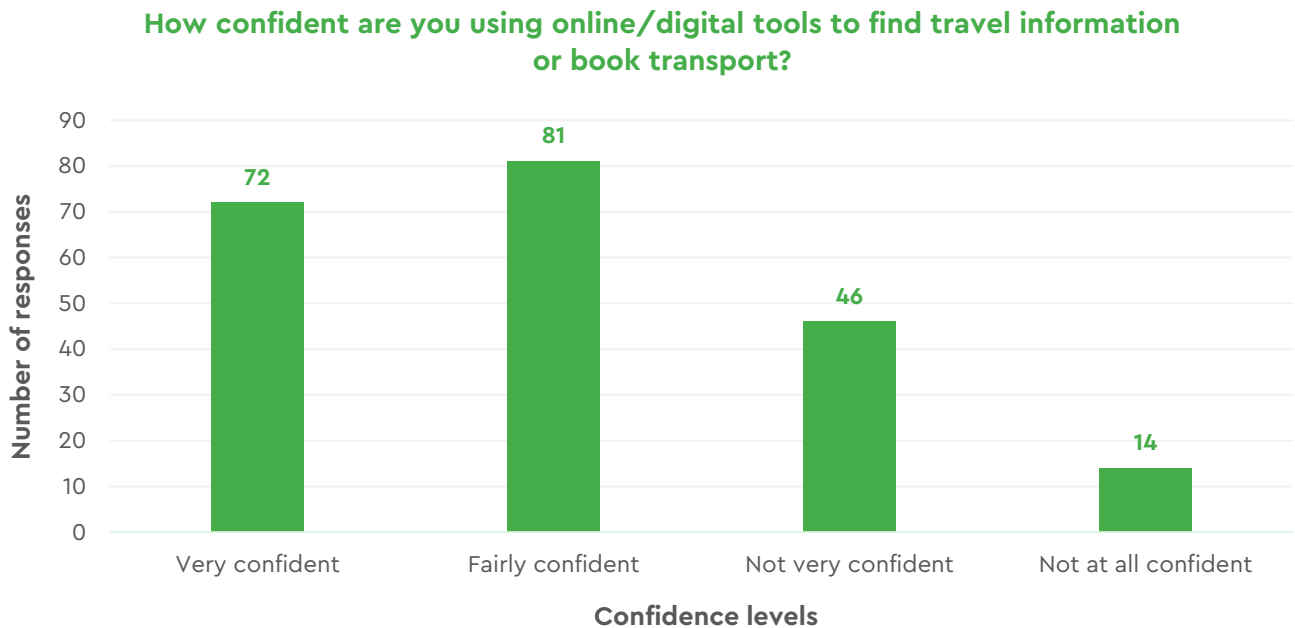


Figure 17: Confidence using online tools to find travel information or book transport

74% of respondents use online or digital tools to find travel information or book transport either 'usually' or 'sometimes'. This demonstrates that online methods are now the primary way people tend to interact with information about transport. However, a small proportion of people report never using digital or online tools demonstrating that off-line options must still be made available. Like physical timetables, information leaflets and phone line services.

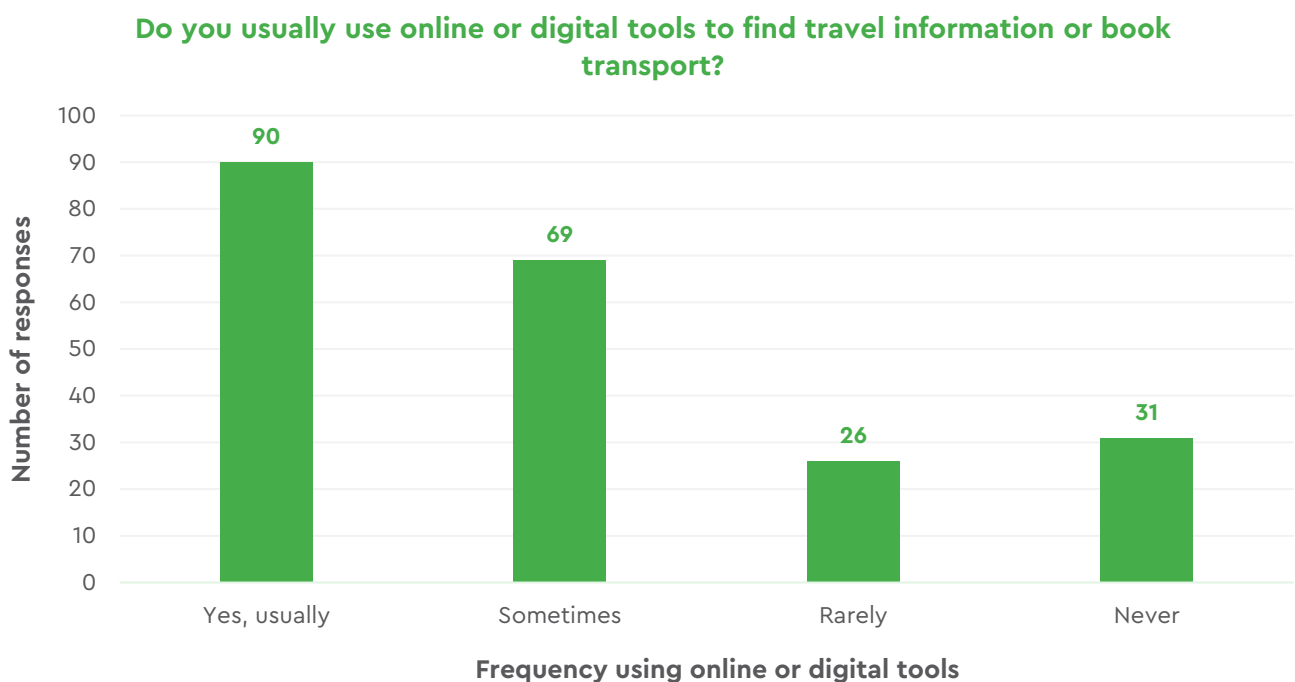


Figure 18: Frequency of using digital or online tools to find travel information or book transport

## Severity of transport barriers

This question asked respondents to rate a series of transport barriers on a scale from 1-10 with 10 being the most severe barrier to Transport to Health. The highest rated barrier was 'a lack of reliable or available transport' demonstrating that for many a suitable, local, direct transport option is not available or convenient for all their healthcare journeys.

Rural isolation was the second highest rated option. This suggests that residents in the Scottish Borders can often feel isolated from major healthcare centres either at the BGH or at other acute centres in Edinburgh, Livingston or Glasgow.

### ... makes travel to healthcare more difficult for me or someone I support

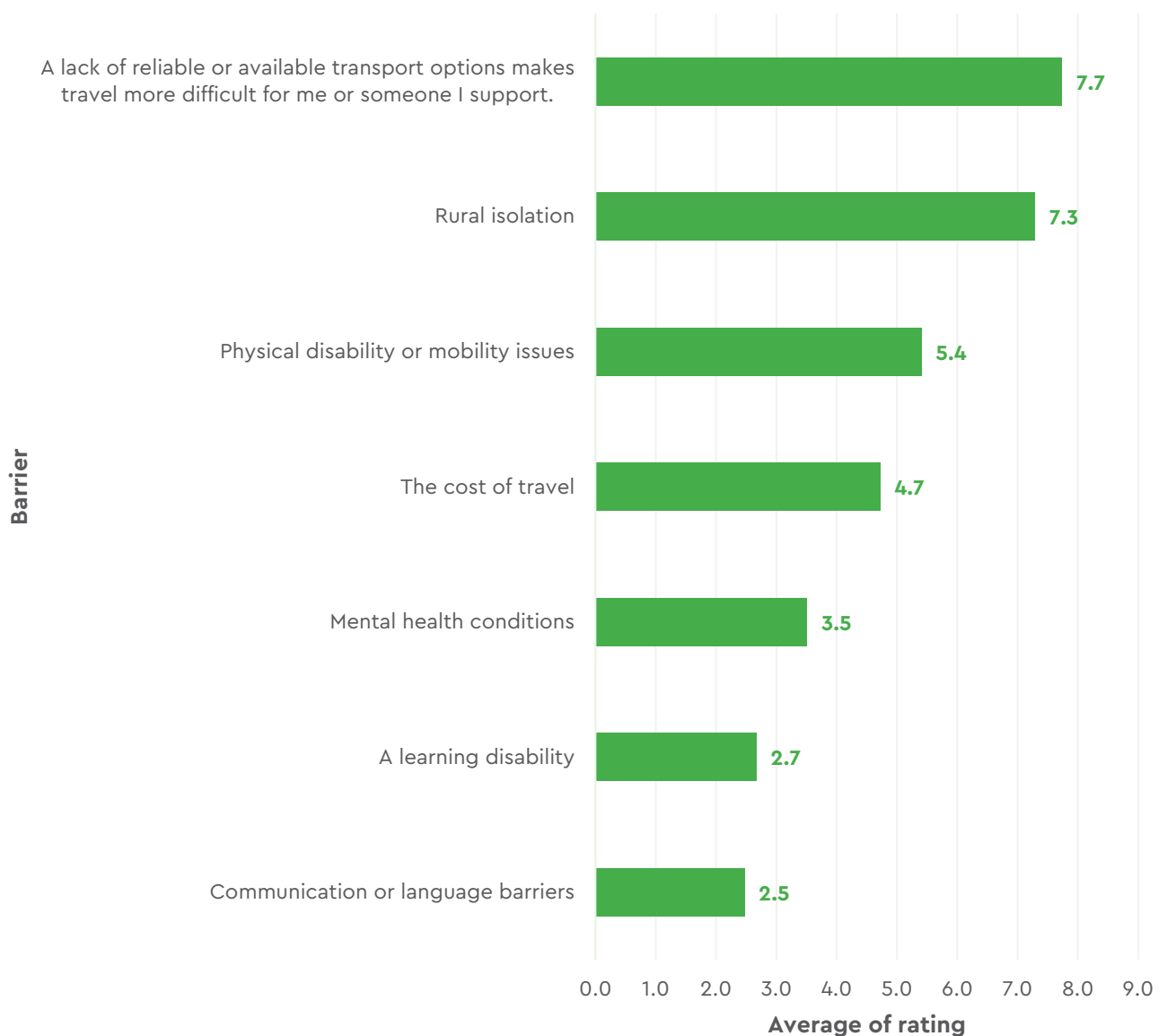


Figure 19: Average severity score given to barriers to travel to healthcare

## Which group experience the greatest barriers

Figure 89 demonstrates that those who are disabled score 'physical disability or mobility issues' as a larger barrier than non-disabled respondents. In addition, there is also a disparity between disabled and non-disabled people when it comes to barriers like mental health and learning disability. Cost is also a more significant barrier for disabled people, especially for those unable to use public transport and more reliant on taxis and community transport.

Reported Transport Barriers by Disability Status

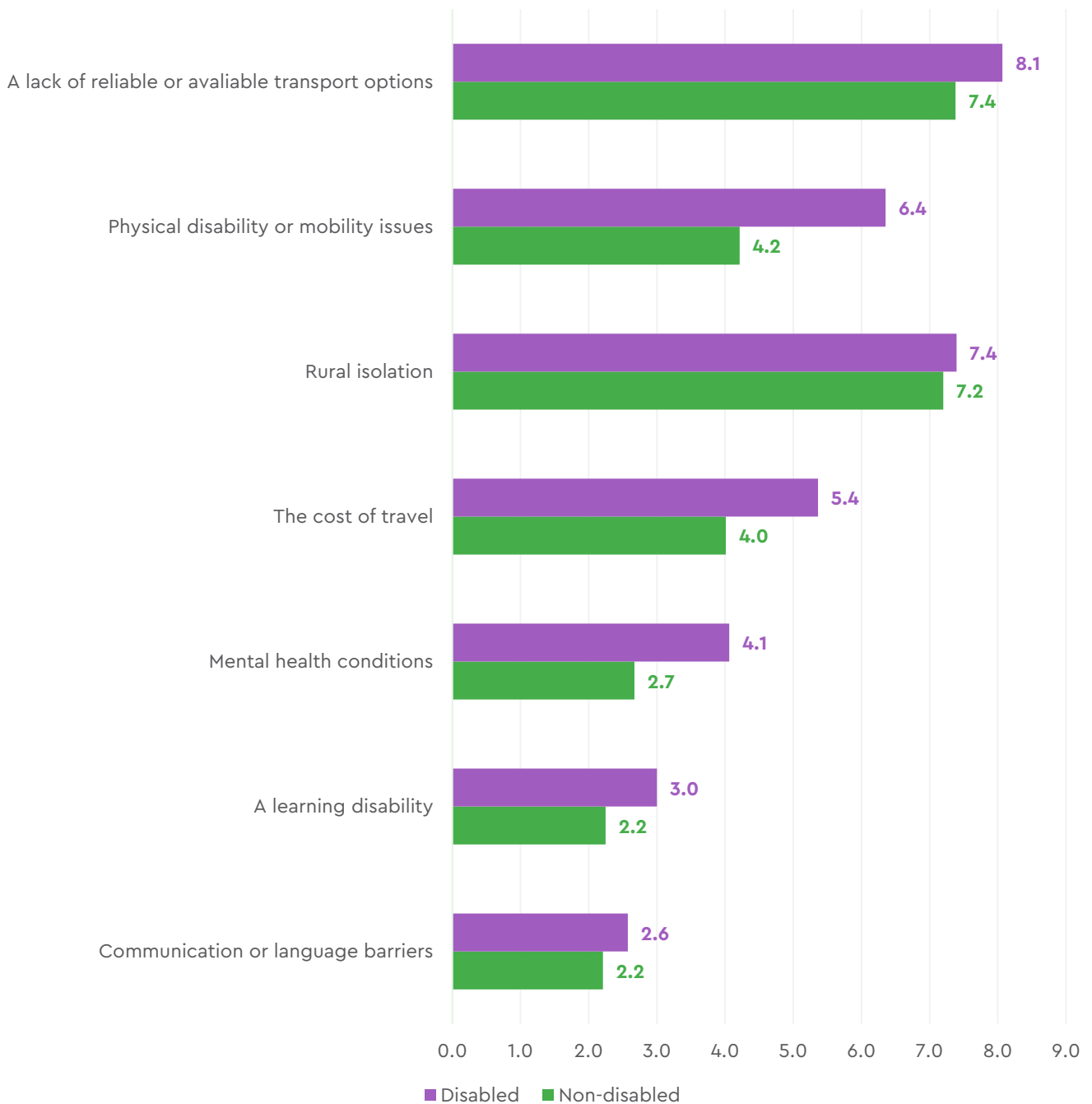


Figure 20: Average severity score of barriers to travel to healthcare by disability status

## What improvements people want

By far the most popular option to improve access to healthcare was 'more direct public transport routes' at 79% of respondents. This reflects the factor that to access the BGH many people are required to change at Galashiels interchange which increases travel times. For those living in smaller villages in remote locations 2 changes can be required to reach the BGH. Additionally, to get to out of area healthcare appointments often requires at least one interchange. One respondent stated:

"There are no direct buses to the BGH from our locality, several stages are needed to get to the appointment. Out of area hospital appointments by public transport is a logistical nightmare for an 8am appointment."

40% of respondents chose 'better connections between different services'. This reflects a desire where interchanges are required for timetables to be coordinated between services, including services of different transport modes.

36% of respondents selected 'improved parking access'. Qualitative responses show that respondents find searching for a parking space stressful, especially when arriving for time-sensitive health appointments. A lack of parking at the BGH and hospitals in Edinburgh were of particular note.

24% selected 'better information and coordination across agencies' demonstrating a desire for a clearer, unified system of distributing transport information.

Fewer respondents selected 'reducing cost of travel' which may reflect a disproportionately high amount of bus pass holder and others paying low amounts for transport responding to this survey. It also demonstrates that, for healthcare journeys, the cost of transport is generally secondary to how convenient it is to travel.

### What would be the top 3 things that would most help you get to healthcare appointments?

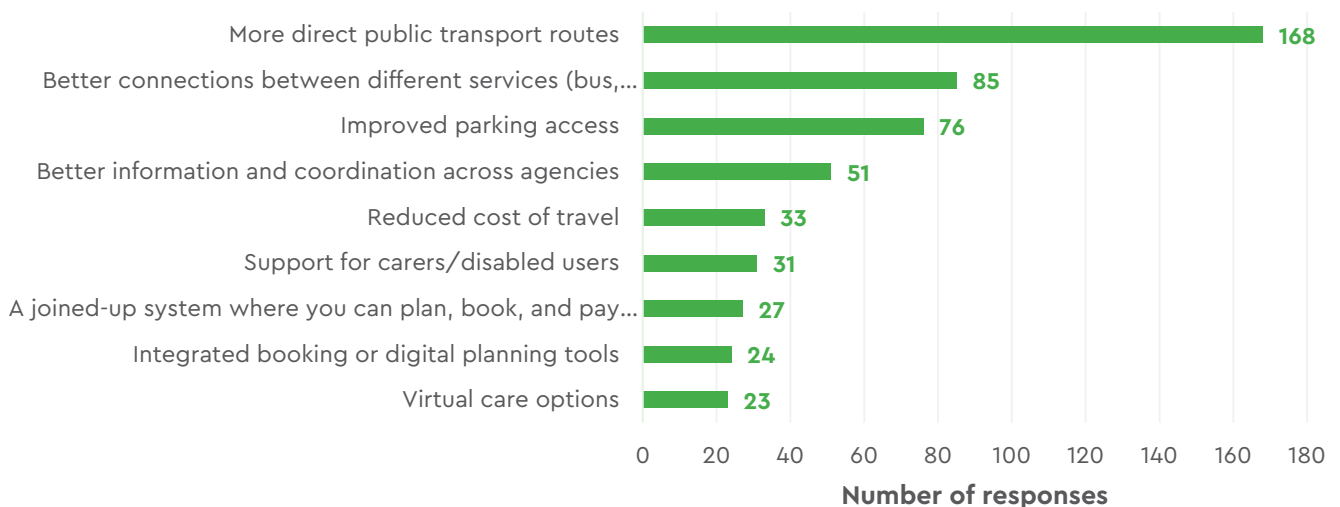


Figure 21: Most popular interventions to improve access to healthcare appointments

When it comes to interventions to improve access to travel information and ease of booking transport a plurality of respondents reported not requiring additional help. However, easier to use digital tools and paper timetables were both popular options to improve transport information for healthcare appointments.

### What would make it easier for you to find travel information or book transport?

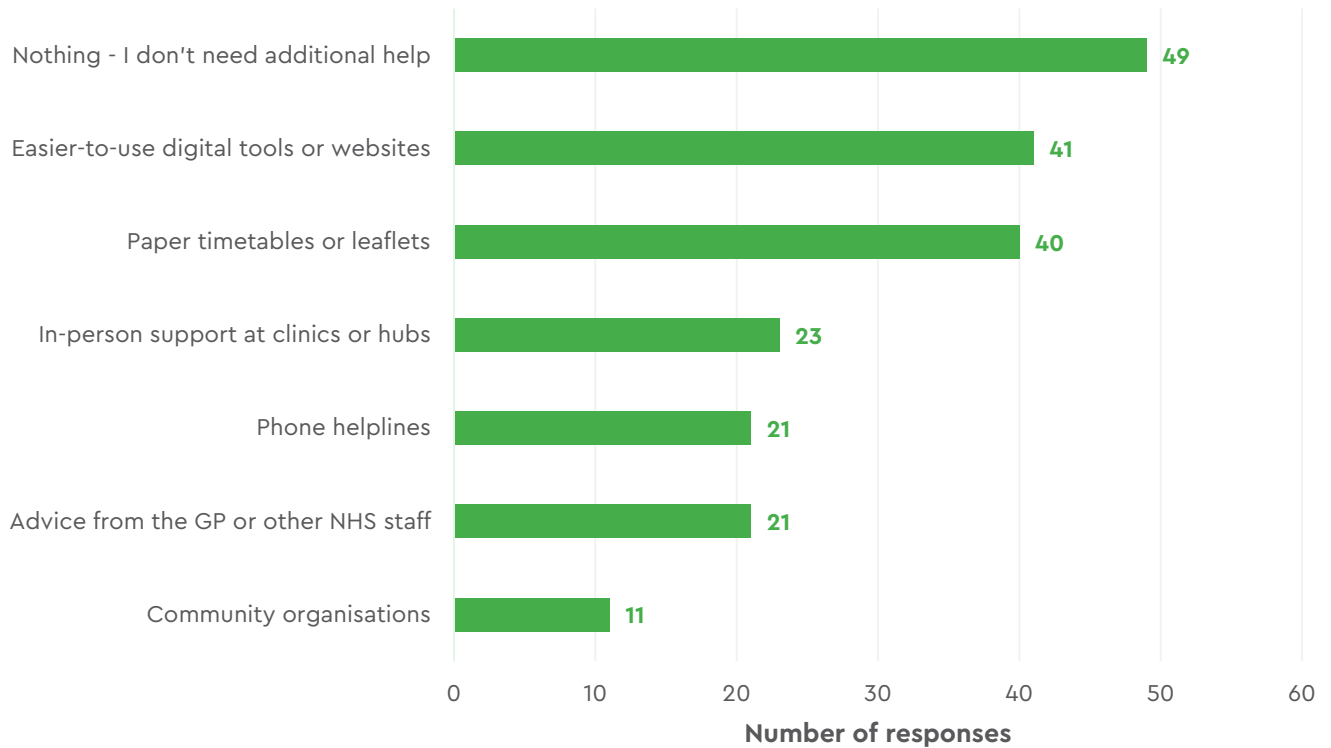


Figure 22: Most popular interventions to improve access to travel information and booking

# Qualitative insights: Lived experience of travelling to healthcare

## Primary and community care

Generally travelling to primary and community services were viewed more positively than secondary and tertiary care in the Scottish Borders.

"GP, dentist no problem within walking distance. Optician just a local 20-minute bus ride away."

However there remains significant problems with access to primary and community healthcare.

GP surgery closures at Chirside and Coldingham in the Eastern Borders have pushed primary care further away for some people. Coldingham has a higher than average than average proportion of over-65s at 29%<sup>1</sup>.

"Reduction in local GP surgeries (Chirside) means longer trips and more difficult parking"

Despite it broadly being easier for people to get to primary services like dentists, pharmacies and GPs, those that have chronic health conditions or are elderly can still struggle to travel:

"The GP is a 15-minute walk which I can't manage now between sight and disability, and I often have to reschedule vital appointments because I have no way of getting there."

For those unable to walk far, alternative services like community transport, taxi services or Demand Responsive Transport can often be missing, unreliable and expensive.

"On my one occasion my partner was told to attend the GP immediately following test results indicating kidney failure. He was too ill to drive, and I was in Yorkshire for work. He was told to get a taxi - there were none."

Public transport can also be infrequent which can lead to difficulty getting to appointments:

"GP appointment buses do not go close to Drs and run every hour so hard to schedule a same day urgent appointment and manage to get back. No time to visit pharmacy usually."

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<sup>1</sup> [National Records of Scotland \(2022\), Population estimates for settlements and localities in Scotland: mid-2020](#)

## Secondary and tertiary care

### Distance to healthcare

Distance to healthcare is a major issue for residents in the Scottish Borders. 22% of 239 coded qualitative responses to questions 21 and 41 mention it as a difficulty in accessing healthcare.

Distance to the BGH is a common issue for residents as well frequently being referred to appointments in Edinburgh, Livingston and Glasgow.

When asked what locations particular difficulties in terms of Transport to Health have, 52% of respondents mentioned the BGH. Usually alongside issues related to in-direct and infrequent services and difficulty finding parking.

One respondent described the issue of long distances for healthcare both in the case of the BGH and out of area appointments:

"Having to go to a hospital can be problematic, nearest hospital is over 20 miles away but sometimes you need to go to a city hospital which is much more challenging. The time taken to do this makes an appointment a whole day event. It also means additional costs."

Often key secondary and tertiary care services are located outside the Borders. For example, many Oncology appointments are located at the Western General Hospital in Edinburgh. This requires many public transport transfers to reach which can be challenging for a vulnerable group of patients.

"Western General. Zero public transport from Borders (really expected to put an 80yr old cancer patient on a bus?)"

Many respondents in areas in the Eastern and Southern Borders, such as Eyemouth or Newcastleton expressed their wish to attend more specialist appointments in England (commonly Berwick or Carlisle) rather than in the central belt of Scotland.

## Public transport

56% of responses to questions 21 and 41 mentioned public transport service issues as a difficulty in accessing healthcare whilst 3% mentioned expense of public transport as a difficulty.

### Indirect services

The lack of direct services to the BGH was one aspect which respondents mentioned as well as long journey times to hospitals outside the Health Board area:

"There are no direct buses to the BGH from our locality, several stages are needed to get to the appointment. Out of area hospital appointments by public transport is a logistical nightmare for an 8am appointment."

Respondents emphasised that having to take 2-3 buses each way to reach an appointment was time consuming, stressful and often didn't line up with appointment times.

Patients living West and South of the BGH often have to change at Galashiels, plus additional transfers for those in remote areas. Some in the Eastern Borders report having to catch buses south of the border into Berwick and change to reach the BGH for appointments at certain times.

### **Lack of public transport in local area**

Respondents often commented on there being no local bus in their area or a long walk to the local bus stop:

"Our increasing age may eventually mean we cannot drive and there is no public transport from our home or near it. Nearest bus service is over three miles away"

### **Infrequent services**

Infrequent services was a major theme of responses. The negative impact of infrequent buses can be multiplied by poor connections between indirect services.

"I cannot rely on public transport for any appointments as it is not frequent enough through my village. To get to the local hospital it takes over 2 hours on a bus and are so infrequent it would cause a lot of waiting around."

### **Parking at major hospitals**

Parking was a major issue for respondents with 10% mentioning parking problems in answer to Q21 and 41. The BGH was the most cited location in answers related to parking, with respondents finding it stressful to find a spot, often worrying they could miss their appointment:

"Parking at the Borders General Hospital is a nightmare I usually arrive an hour early to secure a parking place"

As the quote above indicates patients often arrive early to their appointment to secure parking.

### **Community transport**

Community Transport can be unreliable, unavailable or expensive in the Scottish Borders.

One wheelchair user stated:

"Community transport is not always available. Taxi is too expensive."

As well as being unavailable, community transport is often expensive. As mentioned by several respondents:

"Community transport support is very expensive and not fully reliable due to volunteer shortages."

One GP who responded to the survey said they didn't know what to recommend to patients to get to hospital appointments they were referring. They mentioned community taxi services:

"Community taxi services can cost more than 60 pounds for a single hospital trip and do not seem to be reimbursable. I've had patients decline treatment due to lack of transport."

The available community transport options and their prices in the Scottish Borders are listed in Table 2.

Table 1: Community Transport Services: Scottish Borders

Service	Description	Price	Relevant survey quotes
Borders Wheels	"The Borders Wheels Community Transport Service operates a number of wheelchair accessible vehicles, supported by volunteer drivers. Our service is available for individuals living independently or in care who need help with transport, and also for community/voluntary groups."	Individual journeys: 50p/mile Minimum charge of £10 and a flat rate surcharge of £5 per journey. <sup>2</sup>	"I have tried the likes of Teviot Wheels but have found them hit and miss"
Cancer Cars Scotland	Transport support for cancer patients in the Scottish Borders based at Border Macmillan Centre	55p/mile for non-cancer patients For cancer patients a minimum donation is suggested- e.g. £25 Borders to Edinburgh return <sup>3</sup>	
Royal Voluntary Service	Community transport for health appointments and social isolation	£8 minimum charge	"I have never been able to access voluntary drivers always unavailable and needs one week notice"

<sup>2</sup> Borders Wheels, [Community Transport](#)

<sup>3</sup> Cancer Cars Scotland, [Cancer Support Cars](#)

## Patient transport

Patient transport was mentioned it was usually in relation to difficulty getting an appointments or other problems with the service. This reflects the changed Patient Needs Assessment and stretched resources of the Scottish Ambulance Service. One respondent described being refused patient transport:

"I have breathing problems and difficulty getting about I have several times tried to get patient transport and have been refused"

This lack of capacity from the SAS leads more acutely ill patients struggling to find ways to reach appointments. It often means relying more on lifts from friends and family, using expensive taxis or community transport.

## Accessibility

Many respondents mentioned accessibility issues in their answers. Accessibility covers a range of needs and circumstances. Some of the issues raised by respondents with disabilities, long term health conditions or mobility issues include:

- Public transport to be more accessible for wheelchair users
- Being unable to drive due to disability or condition
- Lack available community transport as an accessible alternative to public transport
- Inflexibility of patient transport services (fixed pick-up times)
- Lack of available taxi services and wheelchair accessible taxis, appointments have to be booked in advance
- Disabled parking difficult to find at BGH and parking being too far from the entrance
- A long walk/wheel to nearest public transport which is difficult for those with mobility issues

### Being reliant on lifts for transport

"No public transport, I don't drive and am a wheelchair user, so transport is a major issue, especially for early morning appointments when taxis are on the school run and I need blood tests at specific times."

## Additional impacts

This section describes some of the impacts on those travelling to healthcare, caused by the problems described in the previous sections.

### **Forced or encouraged to drive / Reliant on lifts**

A common impact of long distances to healthcare appointments and indirect public is being reliant on a car or on lifts from other people. 21% of qualitative responses mentioned being reliant on their car or lifts from others to access healthcare often due to public transport issues, disability and mobility issues, or the long distances required to reach healthcare.

"Wouldn't be able to attend without a car, public transport does not fit around hospital appointments"

A recurring theme of people who feel driving is their only options to attend healthcare appointments, is a strong concern about how they will cope when they are too elderly to drive. This reflects the older demographics of people who responded to our survey. It also highlights that an aging population will find it increasingly harder to reach healthcare, especially in the rural areas found in the Borders.

### **Time off work or wasted time**

6% mentioned that poor Transport to Health had wasted their time or caused them to have to take additional time off work to attend appointments.

"a full day off work to visit the hospital for a short appointment costs money or holiday time"

### **Forced to use expensive / unavailable taxis**

9% mentioned they were forced to use expensive taxis for healthcare appointments. Additionally, many respondents mentioned that taxis were often unavailable.

"I have to get a taxi when I am not well enough to walk to the bus it is very expensive"

Often those who are reliant on taxis have other underlying health conditions or are wheelchair users.

### **Worsens condition / acute impact on vulnerable group**

Long journeys by public transport can often be unformattable or painful for elderly people, people with long term health conditions, and those returning from receiving major treatment.

"Bus would make journey very long and take the whole day and my person suffers with chronic fatigue"

## Missed or delayed appointments

Missing, delaying or cancelling an appointment was one of the impacts of poor Transport to Health. Common reasons for not travelling to appointments or delaying appointments include appointment times not lining up with bus schedules, no public transport options the area, or long and in-direct public transport options making travelling unfeasible.

"No public transport I don't drive so rely on the local taxi service which is costly and sometimes I'm unable to afford to attend."

## Summary of insights for NHS Borders

The challenges which face NHS Borders are similar in nature to many Health boards but exacerbated by a challenging rural geography and older population. Access to secondary care facilities was the biggest priority from those who responded to our survey. Problems included having to attend healthcare appointments multiple hours away from their home, indirect public transport options to Borders General Hospital, stretched parking facilities, and accessibility issues making reaching transport options difficult.

### Increasing distance to primary care

For those who have recently lost a GP in their village or who live in small villages and rural areas access to primary healthcare can be challenging. This is especially the case for those who don't drive or have mobility issues. Even when the local GP, dentist or Pharmacy is in walking distance this can be an issue for disabled people, those with mobility issues, and elderly people.

### Distance to healthcare

Distance to secondary and tertiary healthcare services was a massive barrier for many in the Scottish Borders. In the first instance, the BGH covering the whole of the Scottish Borders from West Linton to Newcastleton to Eyemouth means there is a challenge in making the site accessible by driving as well public and community transport over distances stretching up to 40 miles.

The second aspect of this theme is the distance to out of area appointments, often in the central belt (Edinburgh, Livingston or Glasgow). This can turn travelling for healthcare into a time consuming and expensive process, even for those who have access to a car or someone who can give them a lift. For those reliant on public, community or patient transport, the issue of distance to healthcare sites is exacerbated.

## Public transport service issues

The most cited issue amongst qualitative responses were issues related to public transport service.

- **Indirect services** force patients to take multi-stage journeys with long transfer times. This is seen as time-wasting, and an extra burden for those suffering with health conditions and mobility issues. In-direct services were also often blamed for struggling to attend appointments at certain times of day such as the morning.
- **Lack of public transport** in the local area was repeated across responses. Respondents often stated that there was 'no public transport'. This demonstrates that for those in smaller rural settlements, public transport is not an option. Another issue was the distance required to reach public transport, with those with mobility issues struggling to walk or wheel to the nearest bus stop, with some using a taxi to get to their nearest bus stop.
- **Infrequent bus services** were cited as problem for getting to appointments on time. Bus services often only run once per hour or a few times per day, meaning some appointment windows at hospitals and local primary healthcare sites become unreachable.

## Parking at major hospitals

Respondents often reported having to arrive early for appointments to get a parking space at the BGH. This means additional time and stress for many worried about missing appointments

## Community transport

Community transport was seen as limited due to the driver volunteer shortage, meaning there was difficulty booking appointments and reliability issues. The cost of community transport was also seen as a drawback for those who use it.

## Patient transport

The primary issue with non-emergency ambulance is a lack of capacity from the SAS, which means patients are often refused travel. This makes them reliant on lifts from others or using other modes which are unsuitable for their condition.

## Accessibility

Accessibility issues covered a wide range of problems. These often stem from being unable to drive to appointments. These include the accessibility of public transport, a lack of accessible taxis available, difficulty travelling to the nearest bus stop. Disability, mobility issues and old age often exacerbated the problems outlined above, having a more acute impact.



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