



Transport to Health – Case for Change

HEALTH BOARD INSIGHTS
NHS FIFE

Contents

NHS Fife – evidence summary.....	3
Qualitative insights: Lived experience of travelling to healthcare.....	17
Summary of insights for NHS Fife	22

About this document

This document presents the NHS Fife evidence summary from the SEStran Transport to Health Case for Change. It has been published as a standalone document to allow NHS Fife, 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 Fife 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 Fife – evidence summary

Area overview

NHS Fife covers a geographically diverse area that includes coastal towns, mid-sized urban centres and extensive rural communities. Settlement patterns are shaped by the Firth of Forth coastline, former mining towns across central Fife, and rural hinterlands in the north and east of the region. Major towns include Dunfermline, Kirkcaldy, Glenrothes and St Andrews, alongside smaller communities such as Cupar, Leven, Anstruther and Cowdenbeath.

Two acute hospitals serve the area:

- **Victoria Hospital, Kirkcaldy (VHK)** – the main district general hospital providing most acute and specialist services
- **Queen Margaret Hospital, Dunfermline (QMH)** – providing a range of outpatient and elective services

These hospitals sit within dense or semi-urban areas in central and west Fife, meaning that residents in rural northern and eastern parts of the region often face longer and more complex journeys to reach secondary care. Several community hospitals and primary care centres supplement this network, but many specialised services require travel to VHK or to hospitals in neighbouring NHS Lothian.

Fife's transport network is shaped by major road corridors including the A92, A915 and A985, and a rail network serving the Fife Circle, Edinburgh, Dundee and Aberdeen routes. However, rail coverage is uneven, with large parts of East Neuk, North Fife and rural inland areas located far from train services. Bus provision is dense in larger towns yet significantly thinner in rural areas, contributing to pronounced differences in healthcare accessibility.

These structural patterns are illustrated in the following GIS maps:

Figure 50 shows distribution of major settlements, road connectivity and rail availability.

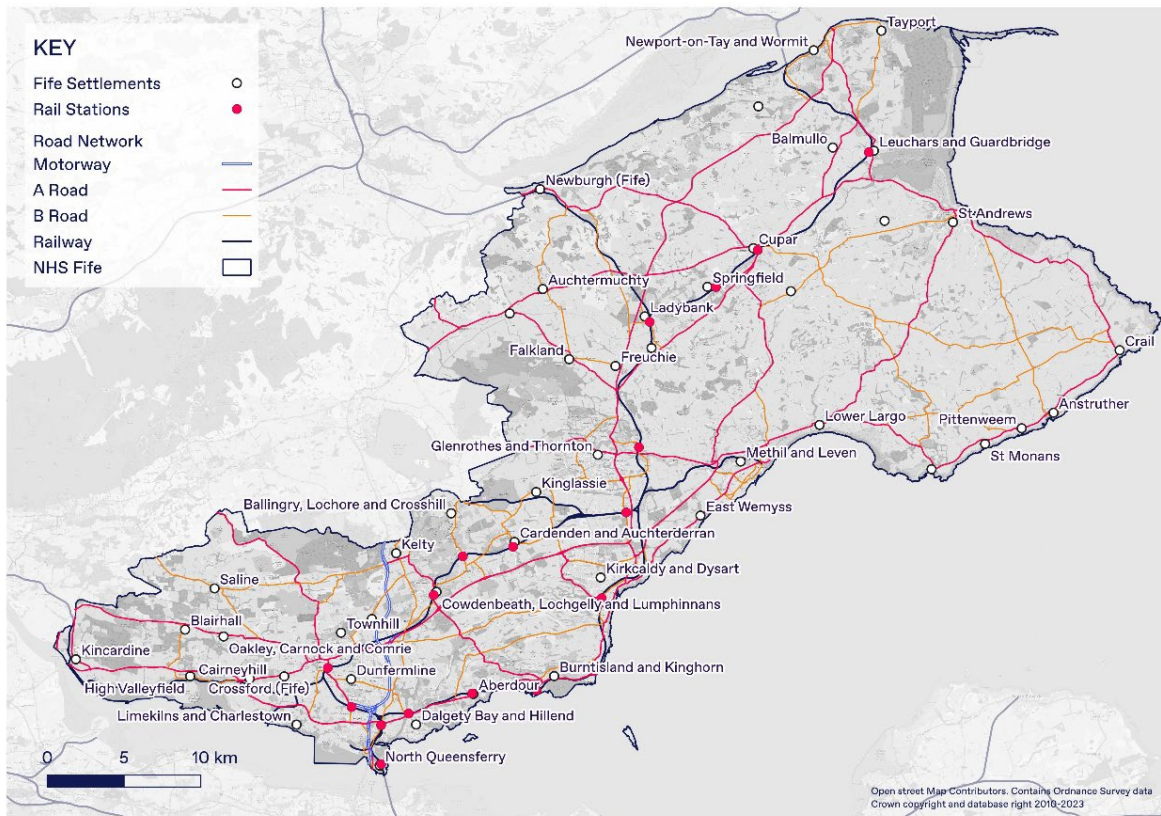


Figure 1: Distribution of major settlements, road connectivity and rail availability

Figure 51 shows GP surgeries, community hospitals and the two acute hospitals, highlighting rural areas with greater travel distances.

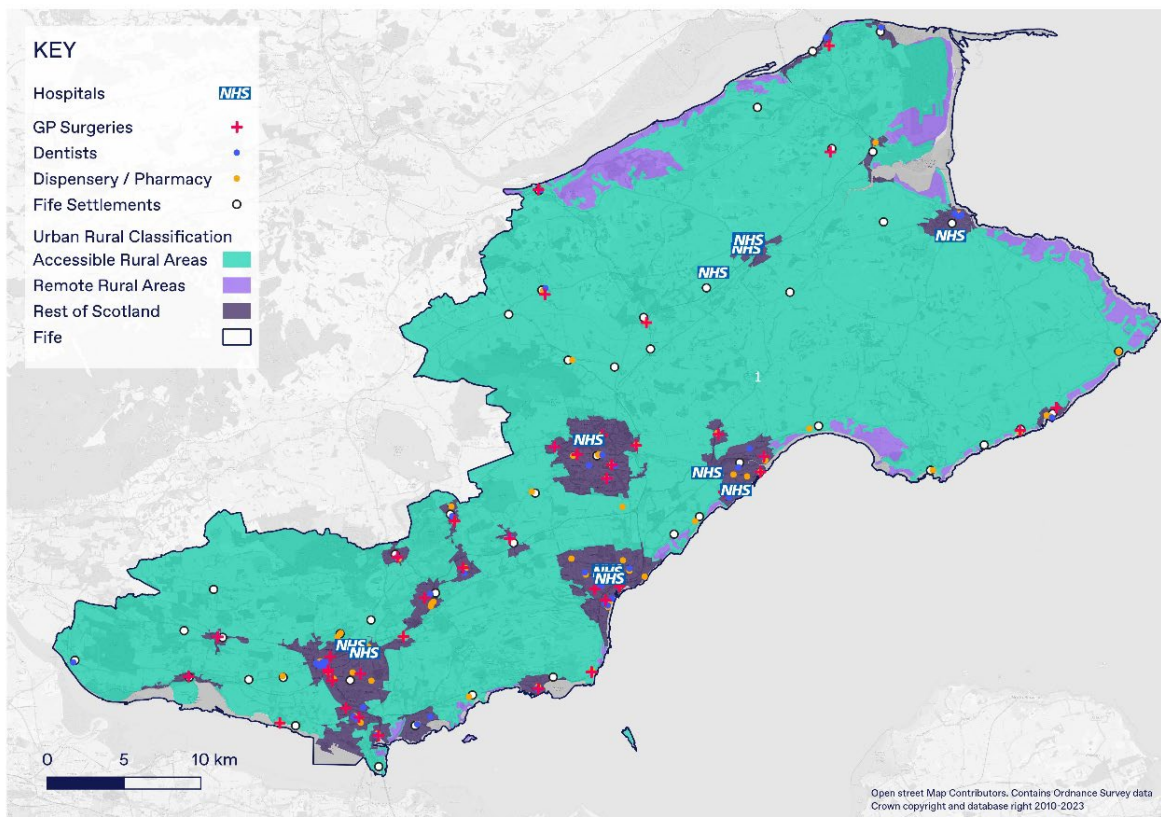


Figure 2: Distribution of services

Figure 52 illustrates variation in journey time and public transport complexity across central, western, northern and eastern Fife.

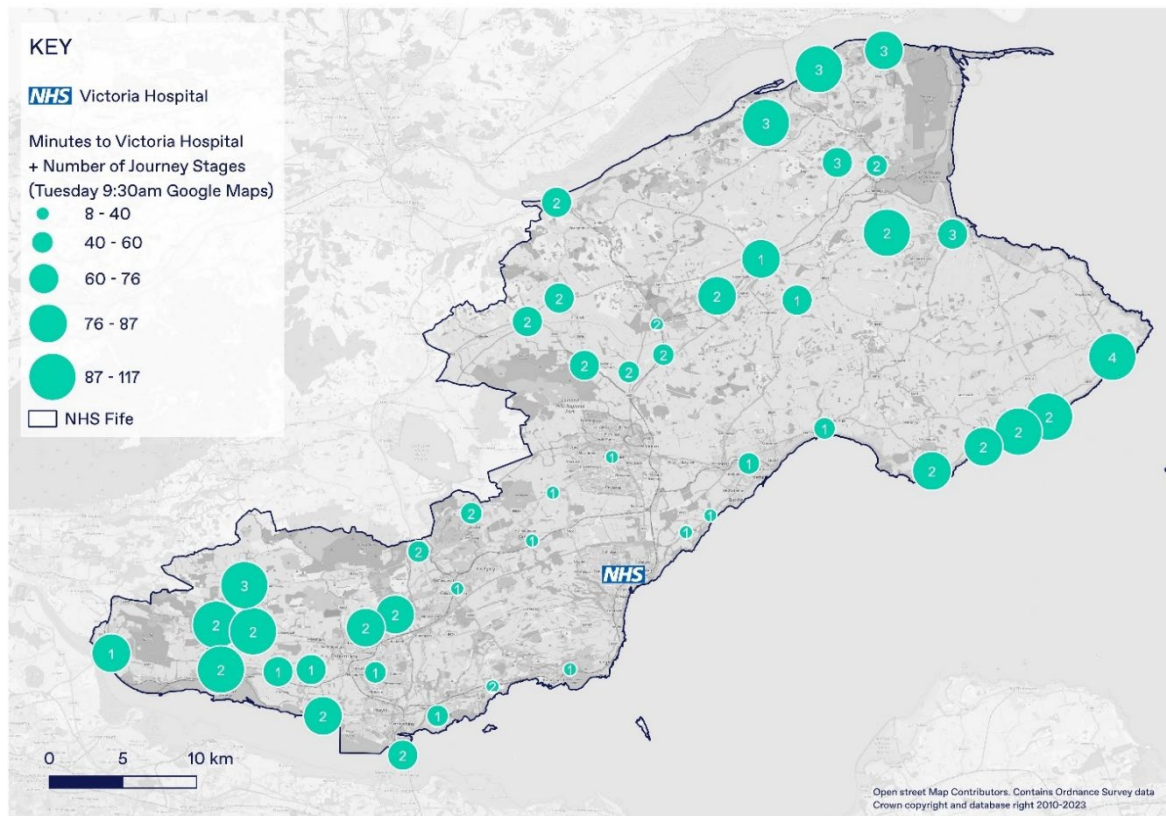


Figure 3: Journey time variation

Figure 53 shows the proportion of the population which lives in each of the 5 SIMD quintiles. The index of deprivation quintiles represent 5 equal segments of the Scottish population from 1 (most deprived) to 5 (least deprived). NHS Fife aligns with the Scottish average with each quintile containing roughly 20% of the population, meaning that there is an equal distribution of deprived and less deprived areas.

NHS Fife SIMD Quintiles

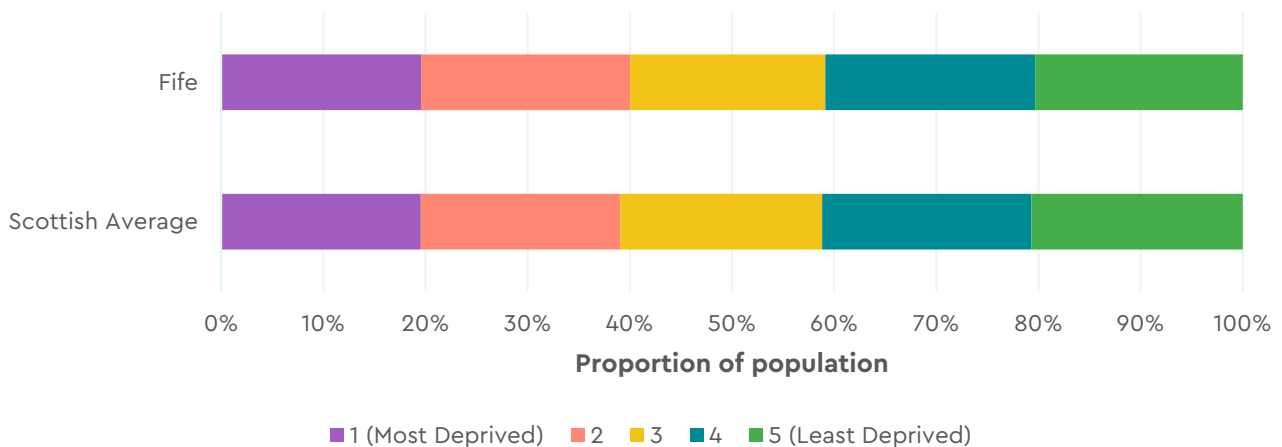


Figure 4: NHS Fife proportion of the population in each quintile

A total of **225 survey respondents** live within the NHS Fife area, providing insight into how residents across urban, semi-urban and rural communities currently experience travel to healthcare.

NHS Fife Survey respondent characteristics

Survey respondents from Fife were more likely to have access to a car than survey respondents overall by a margin of +5%. This reflects the more mixed rural and semi-urban setting of much of the authority area.

Survey responses from Fife are consistent with overall survey characteristics, with a greater proportion of older people and women responding to the survey than the general population.

Fife is notable for having a much greater proportion of people living with long term health conditions or disabilities both in terms of the general population and respondents to this survey. The 2022 census reveals that Fife has +4% more people than the SEStran average living with a long-term health condition/disability, while our survey has an increase of +6% compared to overall survey results.

Fife also has a greater proportion of people providing unpaid care. The 2022 census shows 13.9% of Fife residents provide unpaid care compared to 11.5% in SEStran overall. This is reflected in our survey where 26% of respondents provide unpaid care compared to 21% in overall survey results.

NHS Fife survey respondent characteristics vs 2022 census

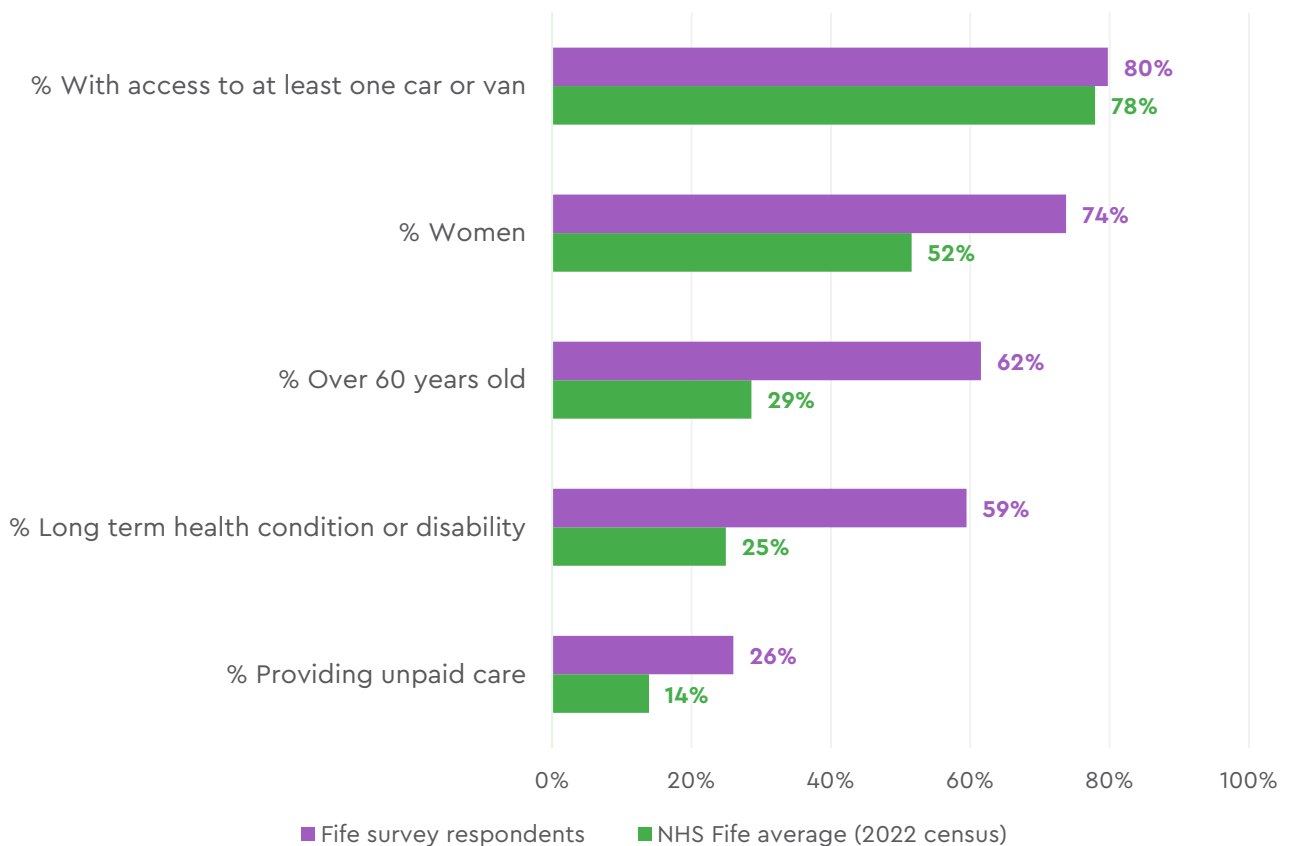


Figure 5: NHS Fife Characteristics – respondents vs census

Patterns of healthcare use

Within NHS Fife, most respondents reported travelling for healthcare infrequently, with the majority of journeys across all appointment types occurring either once a year or less or every few months. GP or local clinic and outpatient appointments were attended more regularly than other services, reflecting their role in ongoing care.

Dental and optician visits were largely infrequent, most commonly reported as once a year or less. Pharmacy visits showed a higher frequency than other services, with a greater proportion of respondents attending every few weeks or monthly. Inpatient travel was least frequent overall and most commonly recorded as not applicable or once a year or less.

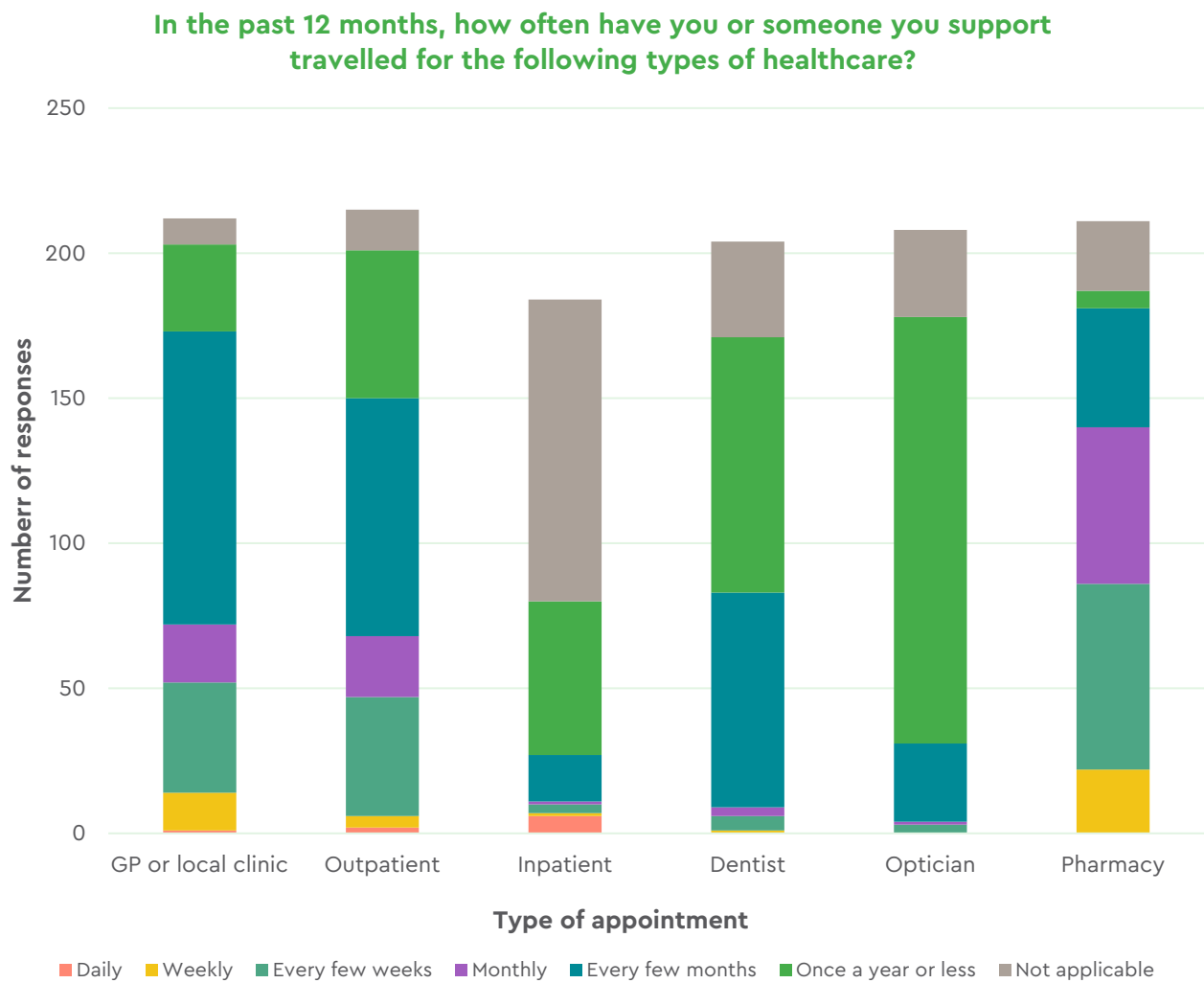


Figure 6: Frequency of visits

How long journeys take

Across NHS Fife, most journeys to healthcare appointments were relatively short. GP or local clinic and pharmacy appointments were most commonly reached within 15 minutes, indicating generally good local access to community-based services. Journeys to outpatient, dentist and optician appointments were more mixed, with many respondents reporting travel times of 15–30 minutes and 30–60 minutes. Inpatient appointments were associated with the longest journeys, with a higher proportion of respondents travelling over 60 minutes, reflecting the more centralised nature of hospital services within Fife.

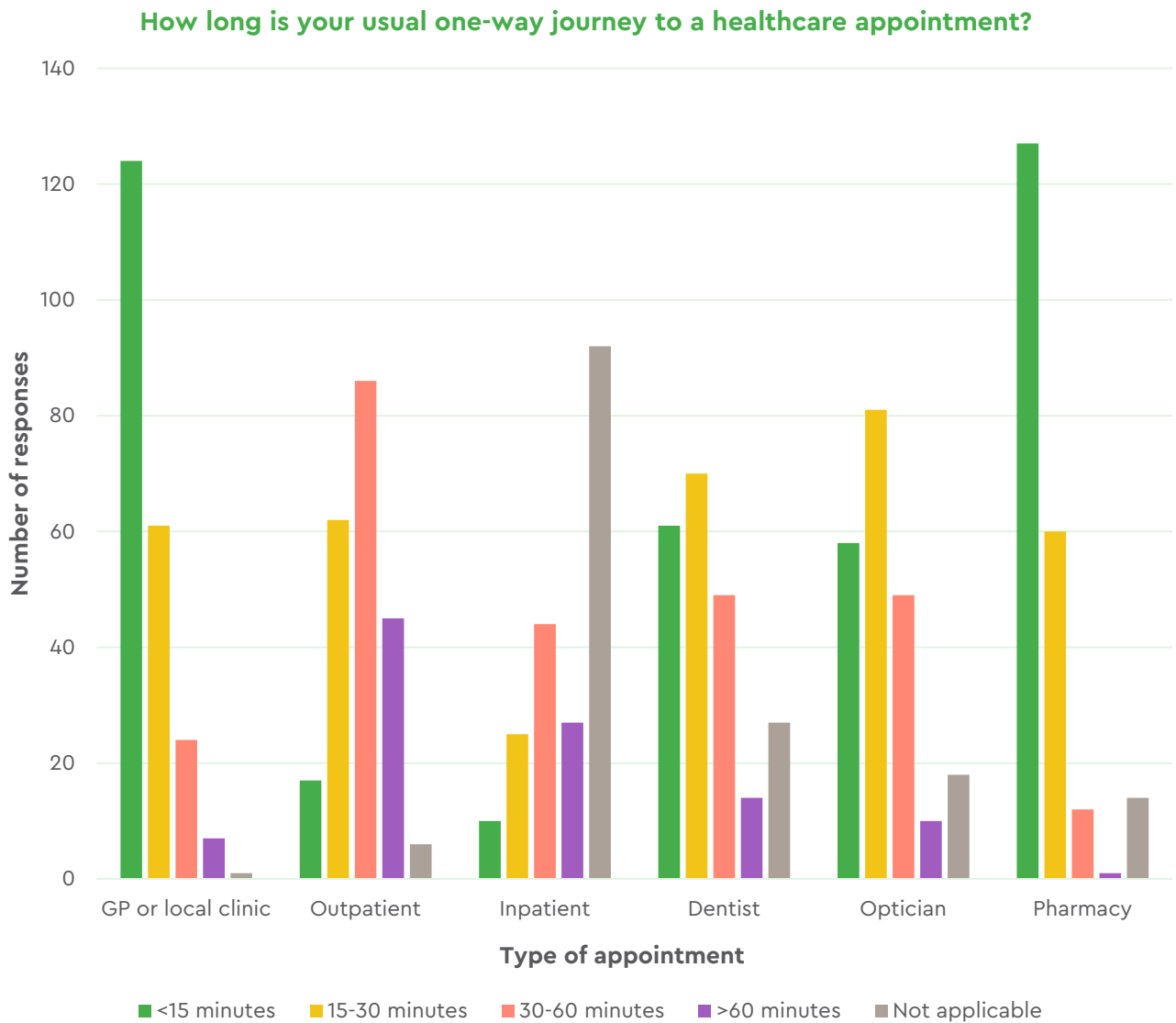


Figure 7: Journey time

How people travel to healthcare

Respondents in NHS Fife reported using a mix of transport modes to access healthcare, with the private car being the most common main mode of travel, either as a driver or passenger. Bus services were the next most frequently used option, particularly for those without access to a car. Use of taxis and walking was less common.

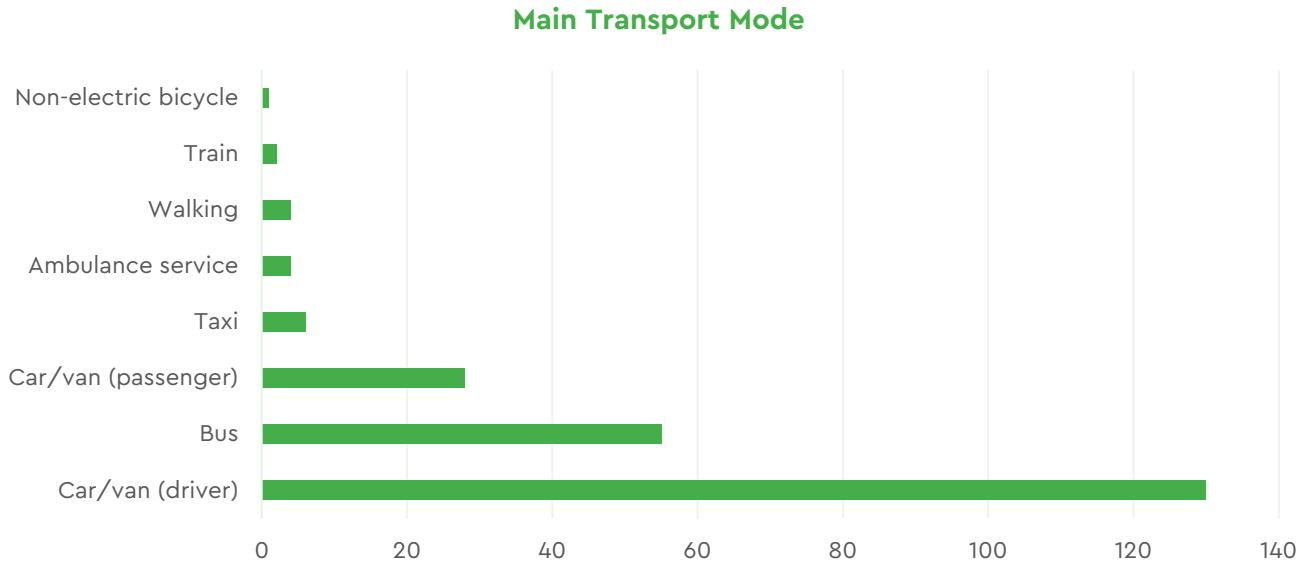


Figure 8: Main mode of transport

The most popular option for respondents was that they didn't have a backup option to their main mode of transport. Among those who reported having an alternative transport option, many respondents indicated that they would rely on family or friends for lifts if their usual mode was unavailable. Public transport, particularly buses, was also commonly used as a secondary option. A smaller number identified taxis as their main alternative.

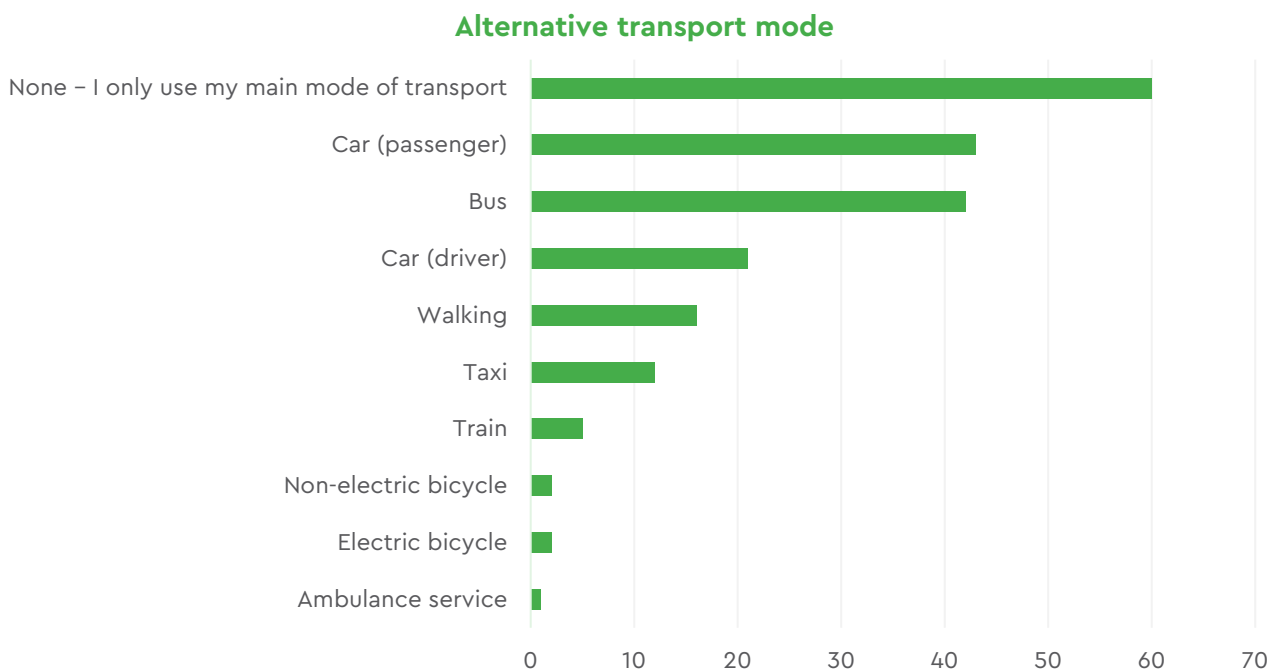


Figure 9: Alternative transport mode

Reliability of available transport

Most NHS Fife respondents reported that their usual transport to healthcare is reliable. The largest group described their transport as "usually reliable", followed by those who said it is "always reliable". A smaller proportion experienced some issues, reporting that their transport is "sometimes unreliable". Only a small minority stated that it is "often unreliable", indicating that overall reliability across Fife is generally good, but not consistent for all users.

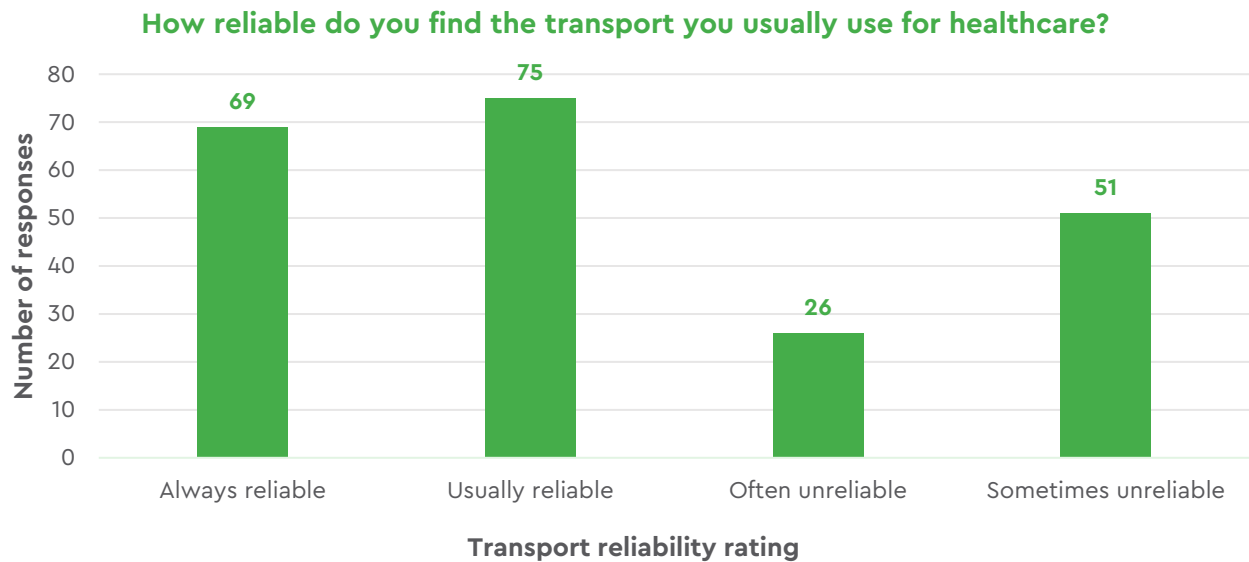


Figure 10: Transport reliability

Missed or delayed appointments due to transport

44% of NHS Fife respondents reported that they have missed or delayed a healthcare appointment due to transport issues, the highest proportion of any Health Board in the region.

For those affected, the leading reasons were traffic congestion and delayed services. Accessibility and mobility issues were also commonly cited. A smaller number of respondents highlighted reliance on family for transport and difficulties with parking. Other factors, including poor transport connections, personal car issues, lack of information, cost and distance, were mentioned less frequently.

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

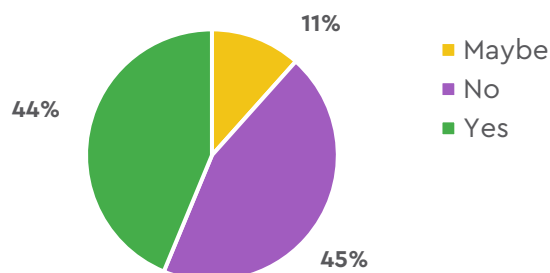


Figure 11: Missed appointments

Effect of transport costs on attendance

Most respondents in NHS Fife stated that transport costs do not affect their decision or ability to attend healthcare. However, a notable minority reported that costs either do affect or sometimes affect their attendance. This minority rises by 12% when only considering those who don't have a free bus pass. This indicates that while cost is not a barrier for most patients in Fife, it remains a significant issue for a proportion of service users.

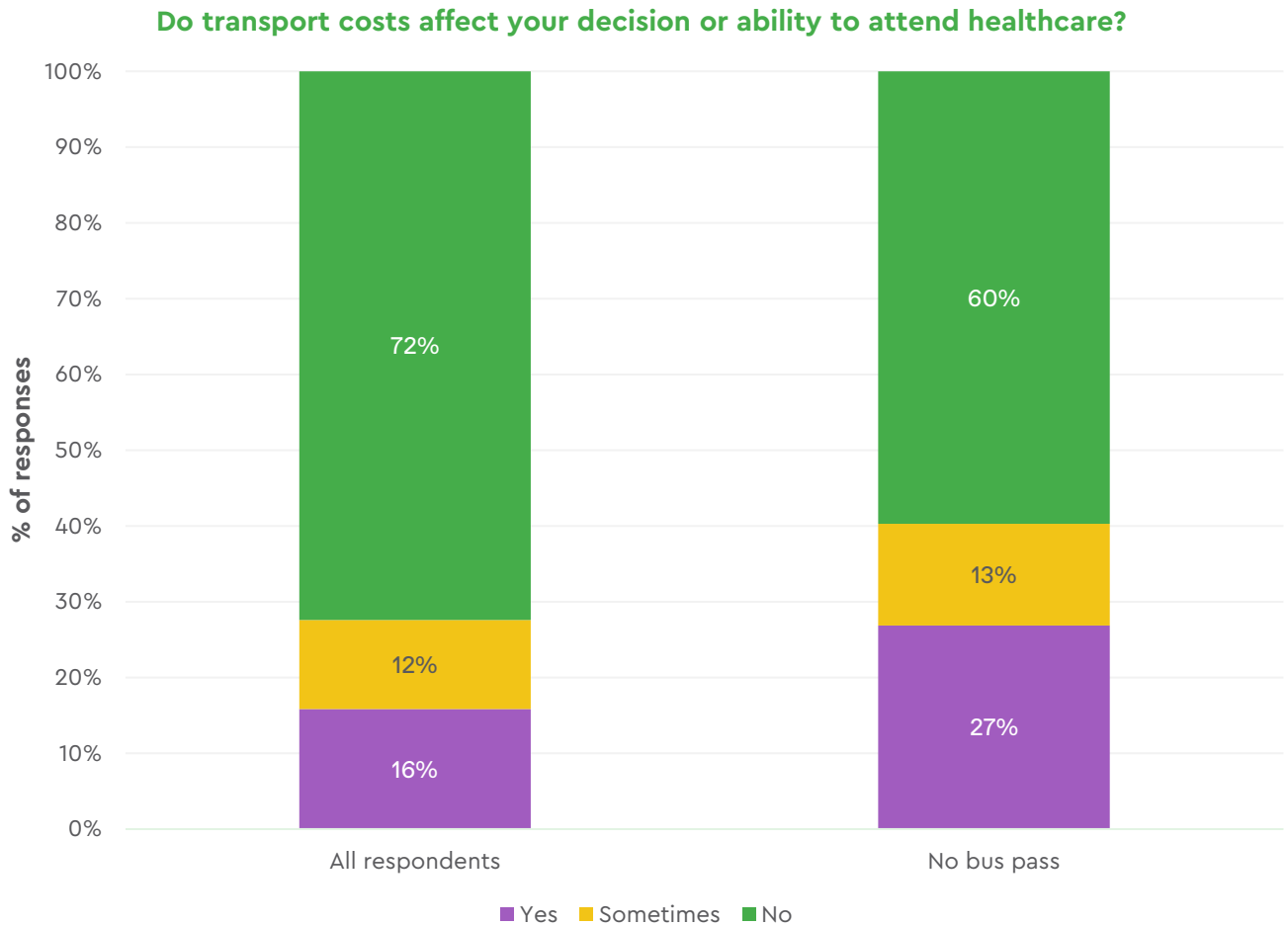


Figure 12: Reason for missed appointment

Cost of the most recent healthcare journey

Among NHS Fife respondents, most reported that their most recent return journey to a healthcare appointment did not cost anything. Where costs were incurred, the majority spent under £10, with the largest proportion paying under £5. Smaller numbers reported spending between £11 and £20, and only a limited number incurred costs above £20.

A small proportion were unsure or unable to remember the cost. Overall, most journeys are low-cost, but a minority face higher travel expenses.

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

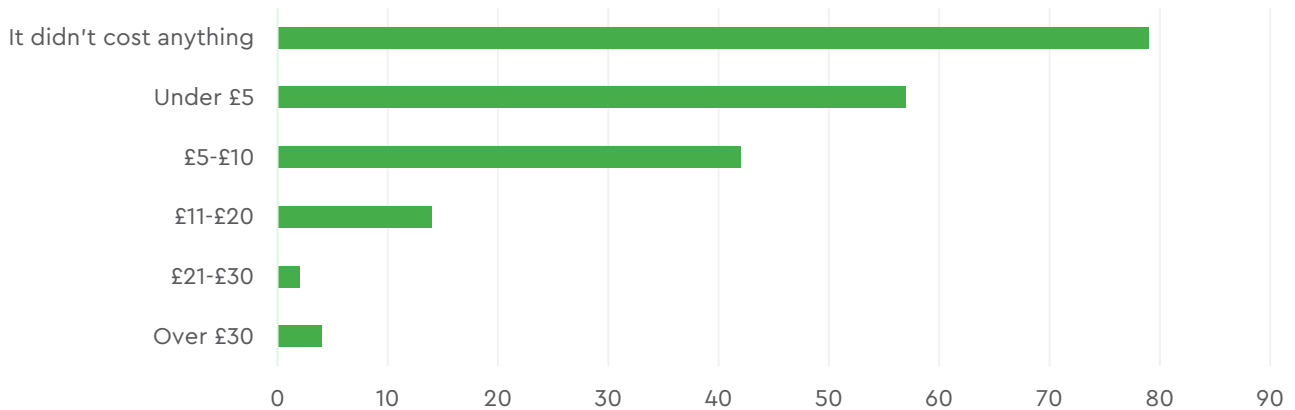


Figure 13: Cost of journey

How people find travel information

In terms of ease of finding and understanding travel information, most respondents said this is possible "most of the time". A sizeable proportion reported that it is only "sometimes" easy, while fewer said it is "always" easy. A notable minority reported that they rarely or never find the information easy to access or understand.

The information I need about travel (routes, times, reimbursement, carer support) is easy to find and understand.

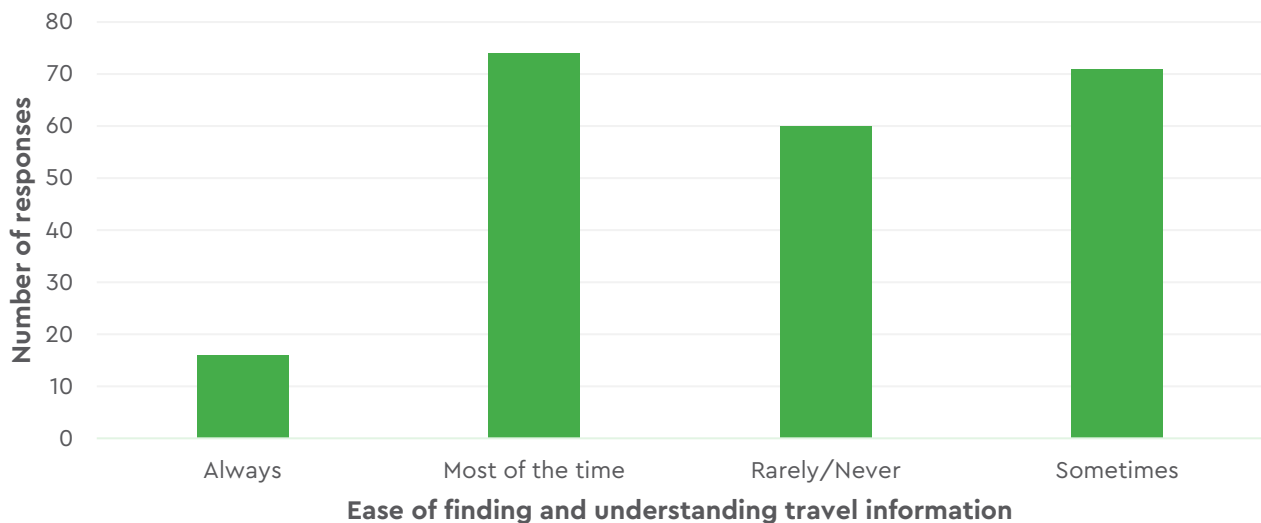


Figure 14: Digestible information

NHS Fife respondents most commonly relied on digital mapping tools such as Google or Bing Maps to find travel information, followed closely by online resources such as Traveline and NHS websites. Information included in patient letters was also an important source. Word of mouth and personal knowledge played a moderate role, while community transport providers, NHS staff advice and local bus apps were used by fewer respondents.

Where do you usually get information on travel options to healthcare?

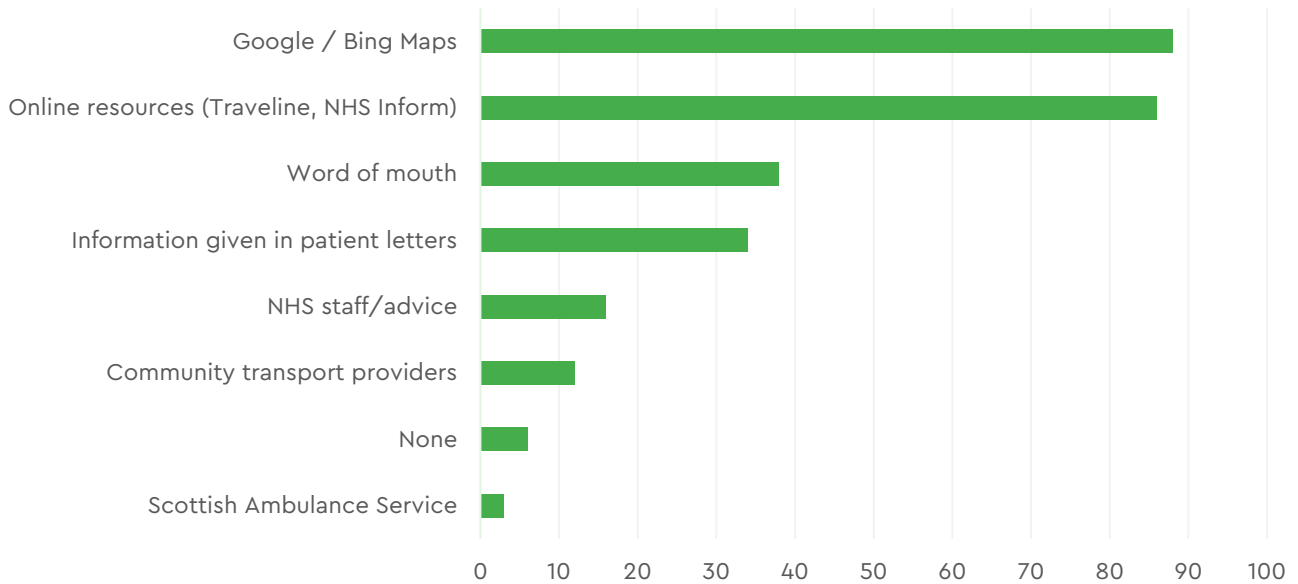


Figure 15: Where do you get your information?

Digital confidence in planning healthcare travel

Overall digital confidence among NHS Fife respondents is high. Most described themselves as either very confident or fairly confident in using online tools to find travel information or book transport. Smaller numbers were not very confident, and only a small minority were not confident at all.

How confident are you using online/digital tools to find travel information or book transport?



Figure 16: Confidence online

In practice, most respondents usually use digital tools for travel information or booking within NHS Fife. A substantial proportion use them sometimes, while fewer reported that they rarely or never use digital tools for this purpose.

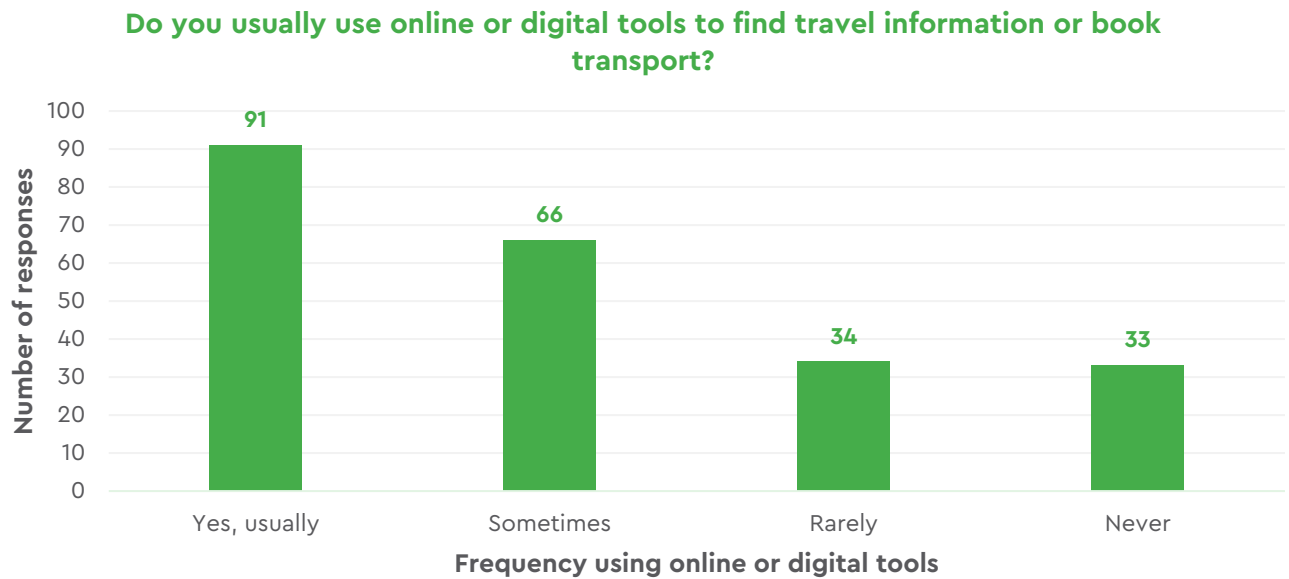


Figure 17: How do you use online tools

Severity of transport barriers

Within NHS Fife, the most commonly identified barrier was the lack of direct public transport routes to healthcare services. Difficulties with parking and poor connections between different transport services were also significant issues. Problems with coordination and information across agencies were reported by a moderate number of respondents. Cost, availability of suitable services, and support for carers and disabled users were identified as additional barriers, though by smaller proportions of respondents.

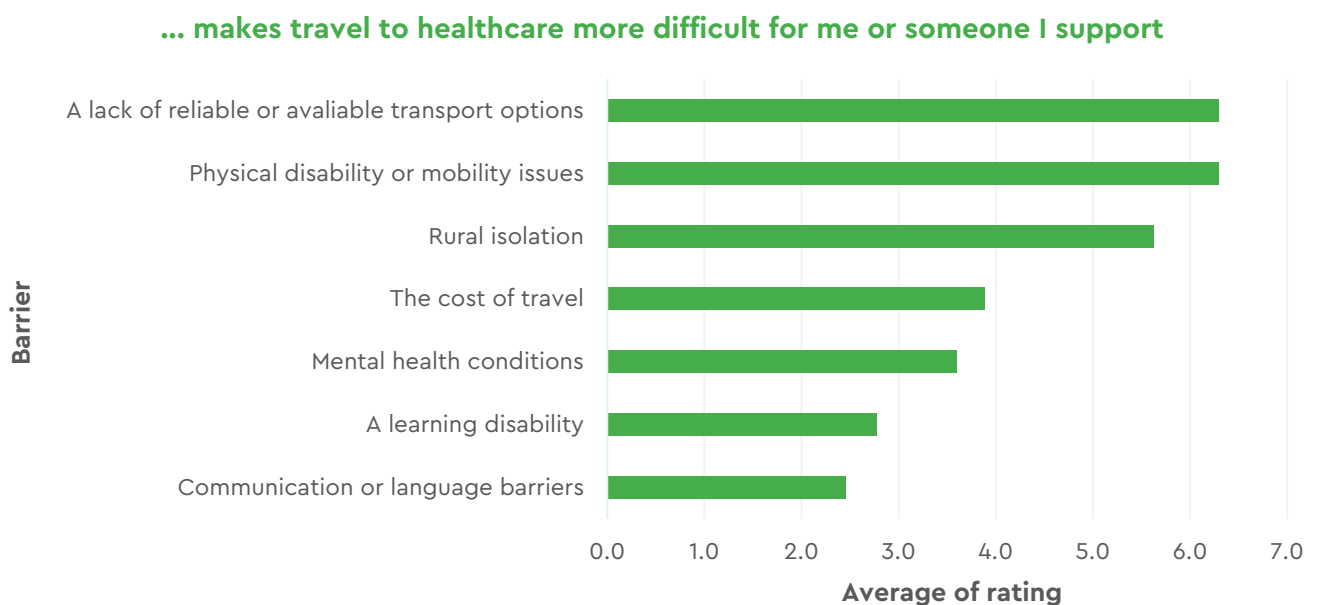


Figure 18: Difficulties with travel

Which group experience the greatest barriers

The data shows that disabled respondents in NHS Fife experience all transport barriers more frequently than non-disabled respondents.

The most significant barrier for both groups is a lack of reliable or available transport options, but this is more pronounced among disabled respondents. Physical disability or mobility issues are also a major barrier for disabled people, while this is far less significant for non-disabled respondents.

Rural isolation affects both groups, although it is again more commonly reported by disabled respondents. The cost of travel is a moderate barrier for both groups, with similar levels of impact.

Barriers linked to mental health conditions, learning disabilities, and communication or language barriers are reported at lower levels overall, but remain consistently higher for disabled respondents than for non-disabled respondents.

Reported Transport Barriers by Disability Status

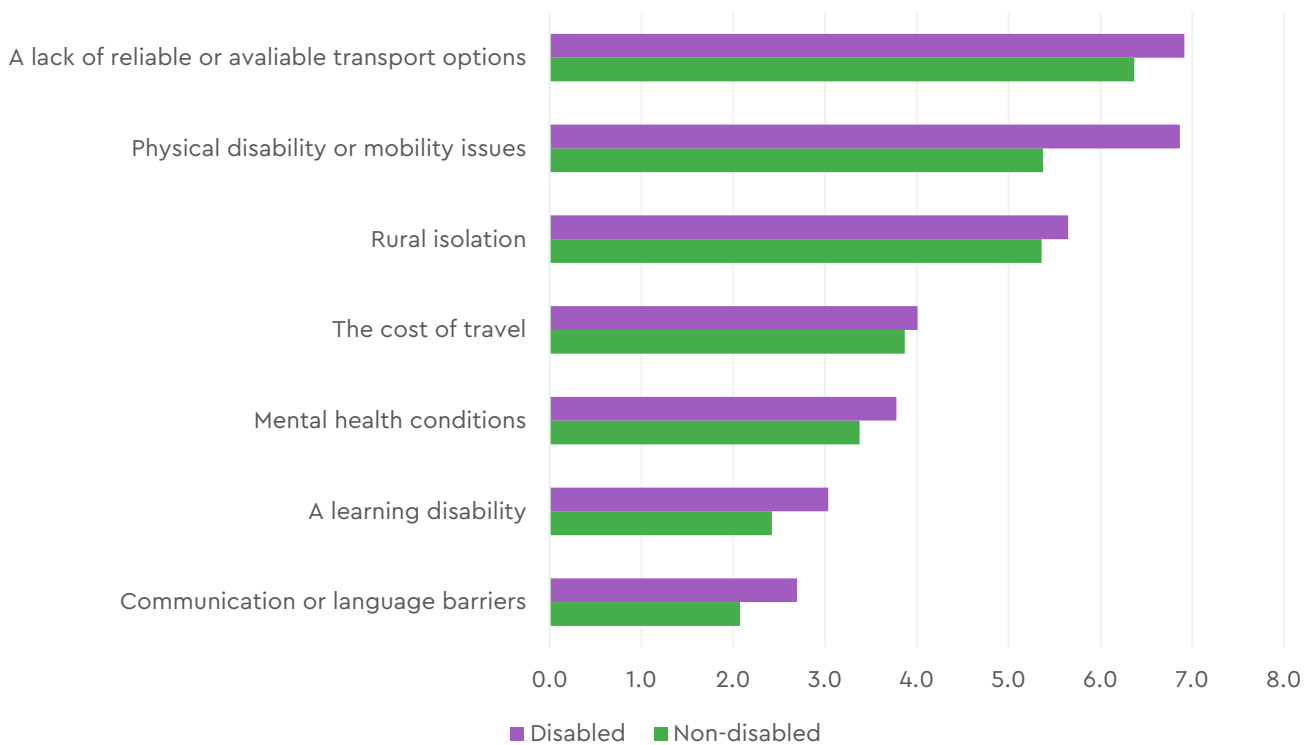


Figure 19: Transport barriers

What improvements people want

The most popular option among respondents was demand responsive transport, indicating strong demand for flexible local travel services. There was also high support for remote consultations and hospital or clinic transport services, suggesting that alternatives to independent travel are widely welcomed.

A moderate number of respondents would consider using shared taxis, community car schemes and digital booking tools. Only a small proportion said they would not use any of these options. Self-driving vehicles attracted the least interest and are not seen as a current priority.

Would you consider using any of the following to help you access healthcare, if they were available in your area?

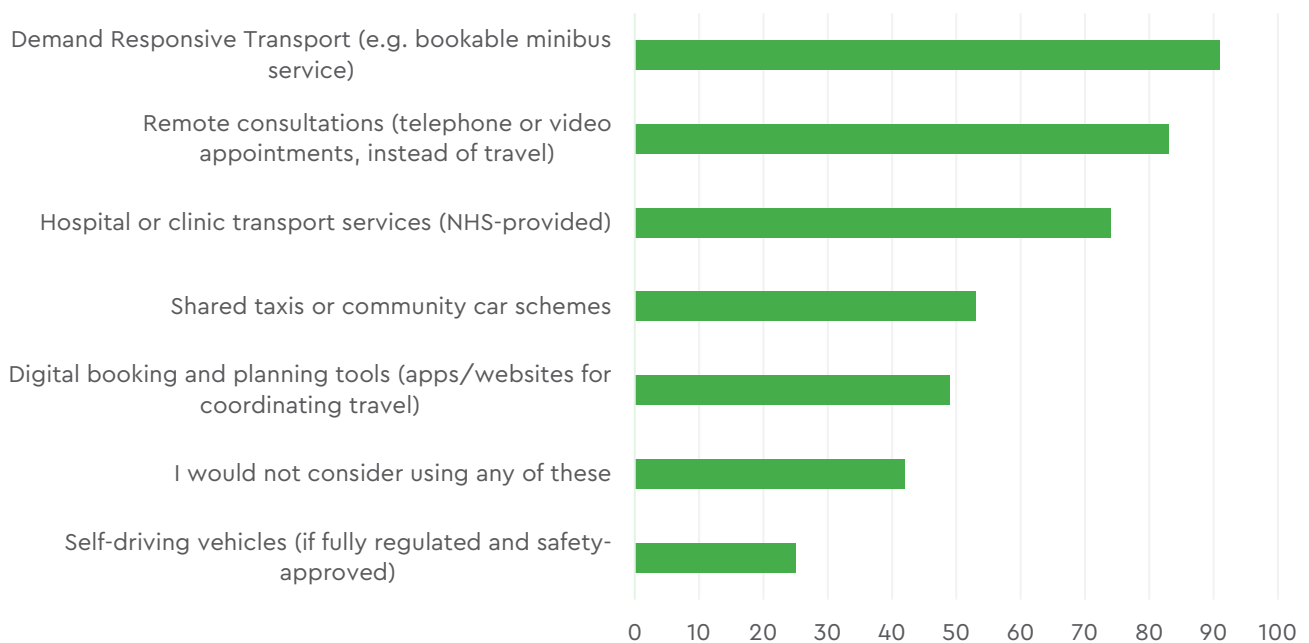


Figure 20: What would help access healthcare

Qualitative insights: Lived experience of travelling to healthcare

Transport availability, accessibility and distance

Across NHS Fife, respondents frequently described limited, indirect and infrequent public transport as a major barrier to accessing healthcare. Many reported that local bus services have been reduced or removed altogether, leaving some communities with no direct public transport to hospitals or GP services. This was particularly evident in places such as Limekilns and Tayport, where residents reported being unable to reach Fife hospitals without travelling via Dundee or relying on taxis. One respondent noted that

"The only bus we now have taken us out of the county to Dundee, so [we are] unable to attend Fife-based hospital appointments."

Journey length was a consistent problem, with public transport trips often taking significantly longer than the equivalent car journey. Respondents described journeys of over an hour for appointments that would take 20 minutes by car, and in some cases requiring multiple bus changes. Travel to more specialist services was particularly challenging, with one individual reporting that reaching Perth from Tayport required "6 buses". This level of complexity was described as a deterrent to attending appointments.

Service frequency was also a prominent concern. In parts of rural and semi-rural Fife, buses run only once an hour, making it difficult to match appointments with available services. One respondent noted:

"Only one bus an hour goes near to the GP surgery and hospital"

Centralisation of services increased the travel burden further. Several respondents highlighted the shift of specialist services to Victoria Hospital, Kirkcaldy, describing journeys as time-consuming and expensive:

"Outrageous that we have to travel so far for most services at the Victoria Kirkcaldy"

A lack of accessible alternatives was also evident. Patient transport services were not always available or practical, with one respondent stating

"We don't use patient transport because no one has time for that"

Others reported living too far from bus stops for public transport to be a realistic option, particularly for those with mobility issues.

Finally, concerns about the comfort, safety and confidence of bus travel were raised, with one respondent noting that

"Confidence using buses is low as they can be uncomfortable and behaviour of fellow passengers can be off-putting"

Lack of direct routes and reduced bus services¹

Respondents across NHS Fife reported that reductions in bus services, indirect routes and unreliable timetables are making it increasingly difficult to reach healthcare, particularly for those without access to a car. These issues affect both same-day urgent care and planned appointments and were most acute in rural and semi-rural areas.

Several participants described how previously frequent services have been reduced, leaving them with infrequent or unreliable options. One respondent explained that a service that had run every 30 minutes was changed and now

"Does not always run... it is hit and miss"

meaning they faced a 35-minute walk to their GP surgery if no lift was available. Others reported buses being withdrawn entirely due to driver shortages, with little notice given to passengers:

"Buses are often late or don't turn up at all... this information is not communicated to people waiting at stops."

Long, indirect journeys caused by poorly connected services were common, with many planned appointments requiring two or three buses each way. Some respondents described hospital trips taking most of the day, including one case where a 40-mile journey involved multiple bus changes and took over seven hours in total. These lengthy journeys were described as physically exhausting, painful and highly stressful, particularly for those with long-term conditions.

The unreliability and limited frequency of bus services also led to missed or cancelled appointments. Respondents described having to book specific appointment times to match infrequent bus schedules, only to cancel when services ran late. One participant noted that their GP surgery was only ten minutes away, but because the bus ran once an hour and was often late, they had cancelled several appointments as a result.

¹ <https://tinyurl.com/bddpsysa>

For many respondents, the lack of direct, reliable and well-timed public transport made attending healthcare appointments difficult to plan and sustain. This was particularly evident for routine hospital outpatient, GP and community-based appointments, where infrequent services, long walks to bus stops and unreliable timetables increased the risk of lateness or cancellation. Respondents described cancelling appointments when buses operated only once an hour or failed to arrive, and others highlighted the difficulty of aligning fixed appointment times with limited service availability.

"Public transport options are poor where I live, nearest bus stop is 0.7 miles and buses are only once an hour so getting to Markinch (GP/pharmacy), Leven (optician) or Kirkcaldy (dentist) in time for appointment would be very difficult."

Parking and reliance on private transport

Across NHS Fife, respondents consistently reported that poor hospital parking is a major barrier to accessing healthcare and is a key reason why many feel forced to rely on private cars rather than public transport. Parking problems were reported at both GP surgeries and hospitals but were most frequently associated with Victoria Hospital in Kirkcaldy and Ninewells.

Lack of available spaces, particularly disabled parking, was a recurring issue. Several respondents with Blue Badges stated they were still unable to secure suitable parking, with one noting: "Despite having a blue badge, I rarely get a disabled space." Others described having to arrive 45 minutes to an hour early just to find parking, adding significant stress to already worrying appointments. One participant described the experience as a

"Stressful nightmare"

Parking difficulties also undermine patient safety and carer support. Some carers reported needing to drop off vulnerable patients before searching for a space, leaving them temporarily unsupported. One respondent explained:

"I can't get parking, therefore have to abandon him, try find parking, hope he can get to his appointment safely without my support."

For wheelchair users, parking problems are compounded by poor accessibility from remote parking areas, including uneven pavements and long walking distances. One respondent noted that even when council parking is available, surfaces make it:

"Difficult to push a wheelchair over uneven surfaces."

The emotional impact of parking stress was particularly evident for patients undergoing major treatment. One respondent stated clearly:

"Parking at hospital causes huge stress to cancer patients."

Others described driving in circles for extended periods due to lack of spaces and unsafe parking conditions.

In rural areas and during evenings, limited public transport further increases reliance on private cars, intensifying pressure on already constrained hospital parking. One respondent noted that travelling to Kirkcaldy and then trying to park late at night is:

"So stressful... when there is no public transport."

Accessibility and health-related needs

Respondents across NHS Fife highlighted that physical accessibility, health conditions and caring responsibilities significantly limit how people can travel to healthcare. For many, public transport is either difficult or impossible to use due to mobility needs, treatment requirements or caring duties.

Several participants reported that public transport is physically inaccessible, including issues such as steep steps on coaches and insufficient time for those with mobility difficulties to board and disembark safely. One carer explained that buses are:

"Restrictive for the person I care for because they need more time to react, stand up, walk down... before the bus can move off."

For people with disabilities or complex health needs, public transport is often not a viable option at all. One respondent stated clearly:

"Public transport isn't an option, travel by car is the only option due to disabilities."

Another added that a car is essential when caring for an elderly relative with "mobility, sight and dementia issues."

Caring responsibilities further restrict travel options. Carers described situations where they must make long, complex journeys when the usual driver becomes the patient. One respondent noted:

"I am carer for my husband who is the driver. So, if he's the one in hospital, I have to get two buses to get there."

Others described the physical impossibility of dropping off dependants and then parking separately due to disability.

Limited access to clear transport information also creates accessibility barriers. Some respondents highlighted that timetables are often only available online, which excludes those without smartphones:

"Bus or train timetables are in general only accessible using a smart phone."

Reductions in local bus services disproportionately affect those with limited mobility, particularly when walking to alternative stops is not possible. One participant explained that when a nearby service is unavailable, they are simply unable to reach appointments due to their limited walking ability.

Stress, cost and limited alternatives

Many respondents described significant financial and emotional strain linked to the cost of travel and the lack of affordable alternatives for getting to healthcare appointments across NHS Fife.

Transport costs are a major barrier, particularly where taxis are required for part of the journey. One respondent explained that travelling to Kirkcaldy often means:

"a taxi for at least one part of the journey which costs £40-£50".

while others stated simply that "cabs are extremely expensive." Even accessing GP services can involve high costs, with one respondent noting:

"Our GP surgery is now based in the next town requiring £20 taxi fares to attend."

Fuel costs were also highlighted as a constraint, particularly for those travelling long distances by car.

The cost of time is equally significant, with many people losing income to attend appointments. Respondents described

"Hours lost in pay from time taken off work"

and the difficulty of attending appointments that are only available during working hours. One person said:

"I work full time; I avoid going to the doctor's because they are only available during working hours."

Travel time and costs combine to create additional pressure when appointments are limited to weekdays.

Poor communication and information barriers add to stress and undermine confidence in the transport system, particularly for disabled passengers. One respondent who is sight-impaired described being left behind during a replacement bus service despite explaining their needs, with the driver and colleagues:

"Walking past me, not saying a word"

and only learning the bus was leaving when strangers intervened. This experience highlights gaps in disability awareness and service communication.

At hospital sites, poor signage and wayfinding further increase anxiety at already stressful times. One parent described arriving for an ENT appointment at Victoria Hospital in Kirkcaldy but being unable to identify the correct building, noting that:

"Nothing about that building told me we were in the right location"

and that small fixes to signage could make a major difference.

Summary of insights for NHS Fife

The evidence from NHS Fife highlights a pattern of broadly accessible local primary care, contrasted with significant challenges accessing secondary care, especially for residents of rural, coastal and semi-rural communities. These challenges arise from settlement patterns, uneven public transport coverage, reduced bus service frequency and the centralised location of specialist hospital services.

Key themes emerging from the data and lived experience

- **Good access to primary care, but long and complex journeys for hospital-based care**
Most respondents reach GP surgeries and pharmacies within 15 minutes, indicating strong local provision. However, journeys to Victoria Hospital and other specialist centres often exceed 60 minutes, particularly for residents in North Fife, East Neuk and more rural inland settlements. These longer trips frequently involve multiple bus changes and extended waiting times.
- **High reliance on the private car, driven by limited and indirect public transport**
Car use is the most common way to reach healthcare across Fife. Public transport plays an important role for those without car access, but respondents consistently described indirect routes, reduced frequencies and unreliable services. Some communities, such as

Limekilns and Tayport, reported losing direct links to Fife hospitals, with services now routing via Dundee.

→ **Public transport reliability issues contribute to missed and delayed appointments**

Over one third of respondents reported missing or postponing appointments due to transport issues. The most common reasons included delayed or cancelled buses, traffic congestion, long walking distances to stops and difficulty aligning appointment times with hourly services.

→ **Parking pressures at major hospitals create significant stress and reinforce car dependency**

Victoria Hospital in Kirkcaldy was repeatedly described as difficult to access by car, with respondents reporting long search times, limited disabled parking and high stress levels, particularly for older patients and those undergoing major treatment. Poor accessibility from distant parking areas further affects wheelchair users and carers.

→ **Disabled people and those with mobility or health-related needs face the greatest transport barriers**

Respondents with disabilities described public transport as physically inaccessible, unpredictable or too demanding for their condition. Many stated that the car is the only viable mode. Carers also reported challenges when they become the patient or must accompany relatives with complex needs.

→ **Transport costs remain a barrier for a minority, especially in rural areas**

While most respondents did not report cost-related barriers, those reliant on taxis faced significant expense. Single journeys to Kirkcaldy costing £20–£50 were commonly reported, alongside lost income due to time taken off work.

→ **Strong demand for flexible, coordinated and affordable alternatives**

Respondents expressed the highest support for demand-responsive transport, followed by improved direct public transport routes, better coordination between services and expanded hospital transport provision. Clearer travel information and enhanced support for disabled people and carers were also priorities.



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Report authored by

