



# Transport to Health – Case for Change

**HEALTH BOARD INSIGHTS  
NHS FORTH VALLEY**

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## About this document

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

## Area overview

NHS Forth Valley covers the local authority areas of Falkirk, Clackmannanshire and Stirling, serving a population of around 300,000 people. However, this Health Board area does not align with our study area as Stirling lies outwith the SEStran partnership area. Within the SEStran region, the analysis in this report focuses on Falkirk and Clackmannanshire. The area includes a mix of settlement types and healthcare facilities, including:

- **Urban centres** such as Falkirk, Grangemouth and Larbert
- **Growing commuter and suburban towns** such as Polmont, Bo'ness, Denny and Bonnybridge
- **Rural and semi-rural communities** across Clackmannanshire (including the Hillfoots towns of Dollar, Tillicoultry, Alva and Menstrie)
- **Primary hospitals and specialist centres:** Forth Valley Royal Hospital (Larbert) as the main acute hospital, supported by Stirling Health Centre and Falkirk Community Hospital for local and outpatient services

These contrasting geographies shape the transport needs of the population. Urban areas generally benefit from stronger public transport coverage, while many rural and semi-rural settlements face longer or indirect journeys to reach FVRH or other hospital-based services.

Figure 92 illustrates this geography, showing the distribution of settlements, key A-roads and motorways (including the M9 and M80), and rail corridors such as the Edinburgh–Glasgow line and the Croy–Larbert corridor. Transport accessibility is strongest along these strategic corridors, whereas parts of Clackmannanshire and rural Falkirk experience weaker public transport provision.

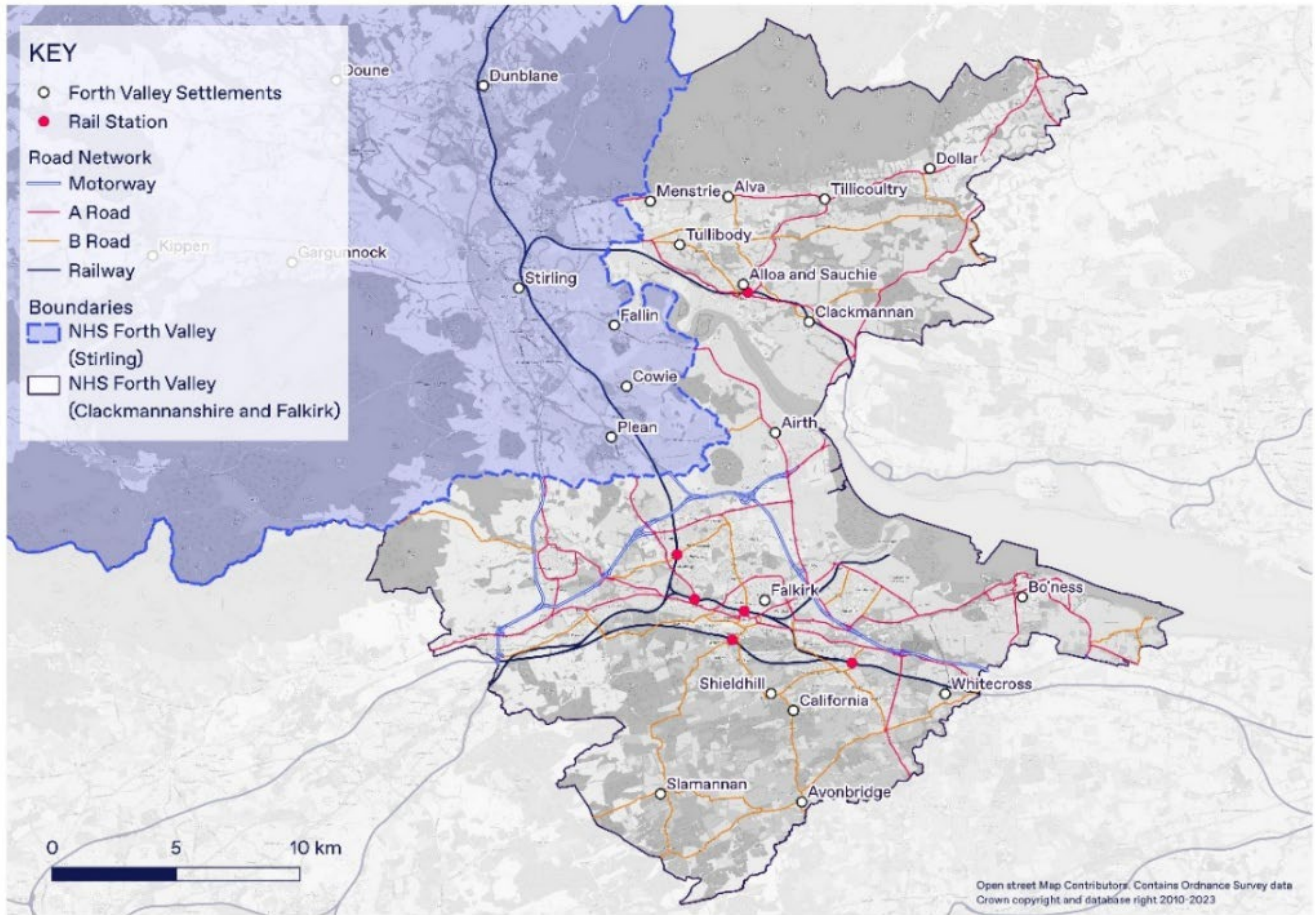


Figure 1: NHS Forth Valley settlements

Primary care facilities are generally aligned with local population centres; however, Figure 93 shows that secondary and acute healthcare services are highly centralised. Forth Valley Royal Hospital acts as the single regional acute hospital, meaning that significant cross-boundary and cross-settlement travel occurs from Falkirk, Clackmannanshire, Bo'ness, the Hillfoots towns and other communities. This centralisation results in longer travel times for many residents, particularly those without access to a private car.

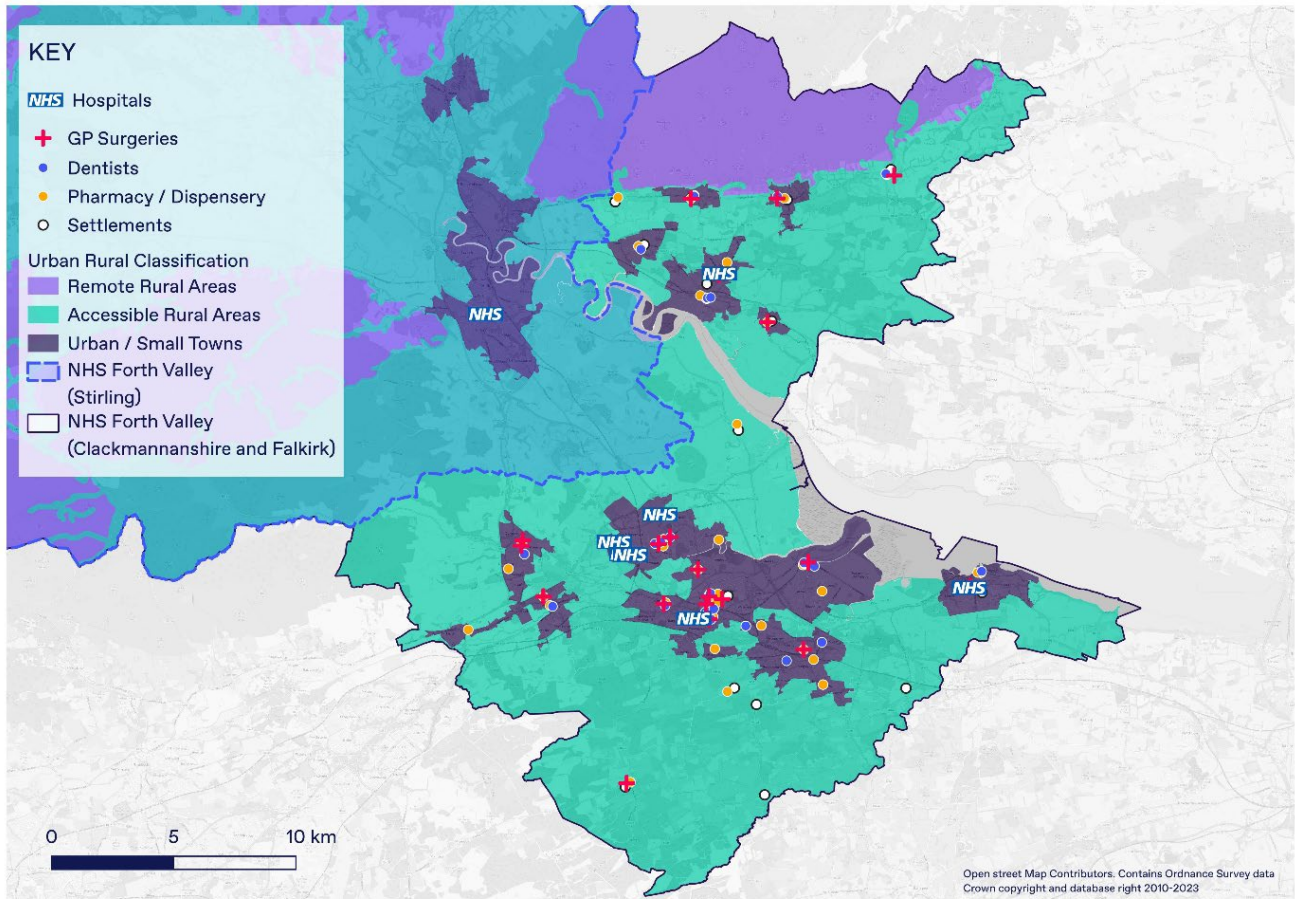


Figure 2: NHS Facilities Forth Valley

Figure 94 presents modelled public transport travel times from Transport Scotland's TRACC model. This model was chosen for this area due to patients often travelling to the two primary hospitals in the area FVRH and Stirling Community hospital. Most areas in Clackmannanshire have journey times exceeding 40 minutes to FVRH or Stirling Community hospital with a few areas exceeding 60 minutes. Some areas in the East Falkirk like Bo'ness also experience longer journey times of some exceeding 1 hour.

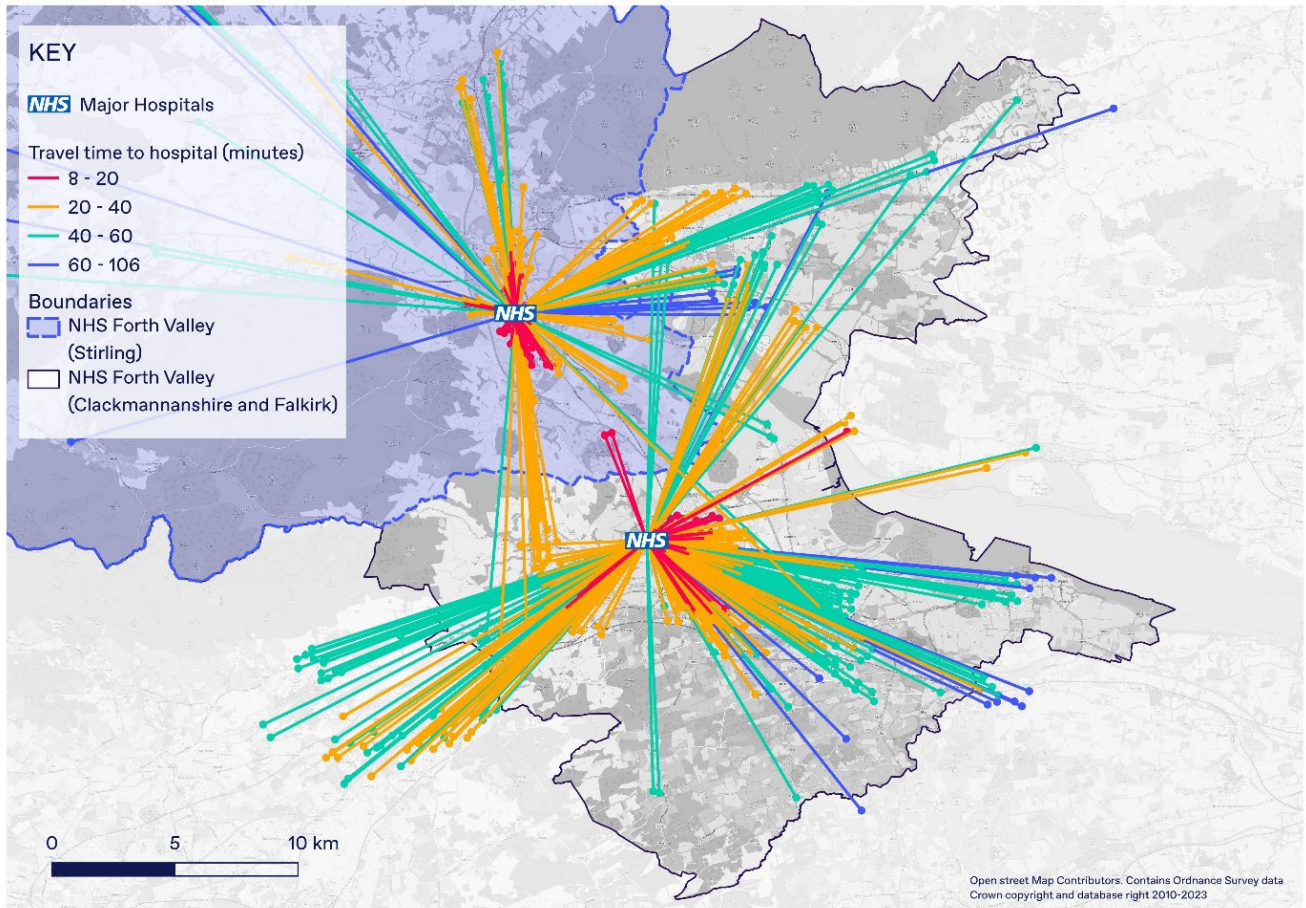


Figure 3: Public transport travel times and number of interchanges to FVRH

Figure 95 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). Among the two local authorities in both NHS Forth Valley and our study area Falkirk has a lower proportion of the population in the most deprived 20% than the Scottish average. Clackmannanshire on the other hand has more of its population in datazones which are in the 20% most deprived. This is in addition to longer journey times to hospitals at FRVH and Stirling community hospital; these areas should be a priority focus for intervention.

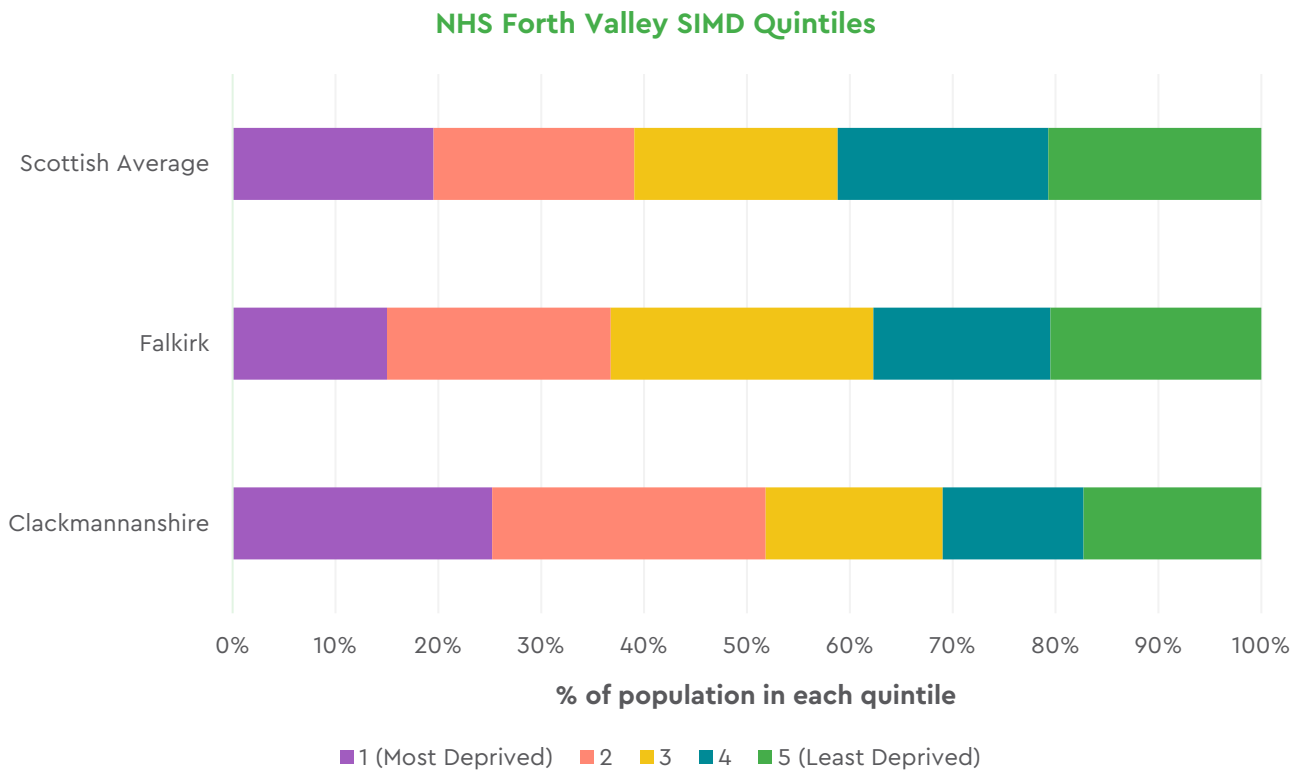


Figure 4: NHS Forth Valley proportion of population in each SIMD quintile

A total of **196 survey respondents** live within the NHS Forth Valley area, providing detailed insight into the transport challenges and behaviours of residents in Falkirk and Clackmannanshire when accessing healthcare services.

## Survey respondent characteristics

Survey respondents from the Forth Valley are less likely than the general population to have access to at least one car or van. This could show a greater interest in the survey from those who struggle to reach healthcare without having access to private transport.

An even greater majority of respondents from the Forth Valley area were women at 79%. 67% were over 60 years old which is in line with the overall survey average.

Similar to other Health Board areas, Forth Valley respondents were more likely to have a long-term health condition or disability and were more likely to provide unpaid care to others.

### NHS Forth Valley survey respondent characteristics vs 2022 census

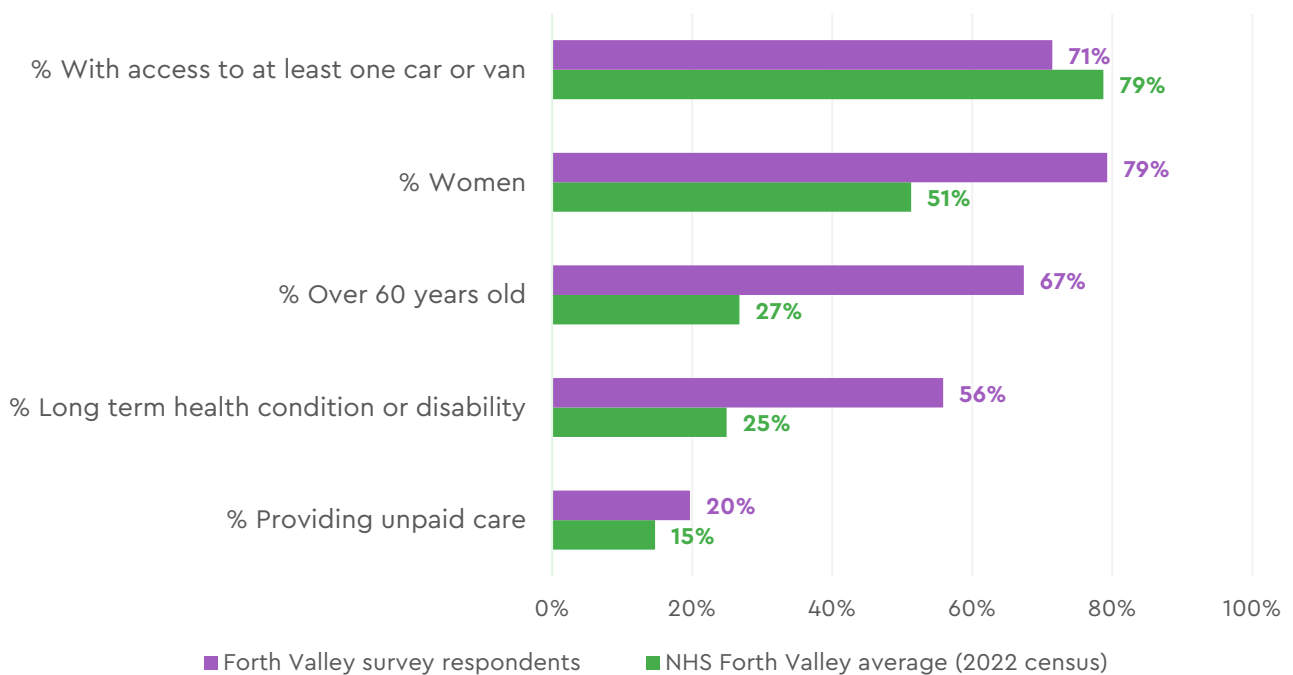


Figure 5: NHS Forth Valley characteristics – respondents vs census

## Patterns of healthcare use

Most respondents in NHS Forth Valley reported travelling for healthcare relatively infrequently. The majority of journeys across most appointment types were reported as either once a year or less, or every few months. As expected, GP and local clinic appointments were attended more regularly than hospital-based services, reflecting their role in routine and ongoing care.

Outpatient secondary care appointments are a common healthcare journey type in the area with most respondents reporting attending one at least every few months. This journey type varies in length as many outpatient appointment types can be held at more local community facilities like Stirling Community Hospital and Clackmannanshire Community Healthcare Centre. This reduces the need to travel long distances, especially for those living in Clackmannanshire. However, the precise split between appointments at community facilities and the FVRH is not known.

### In the past 12 months, how often have you or someone you support travelled for the following types of healthcare?

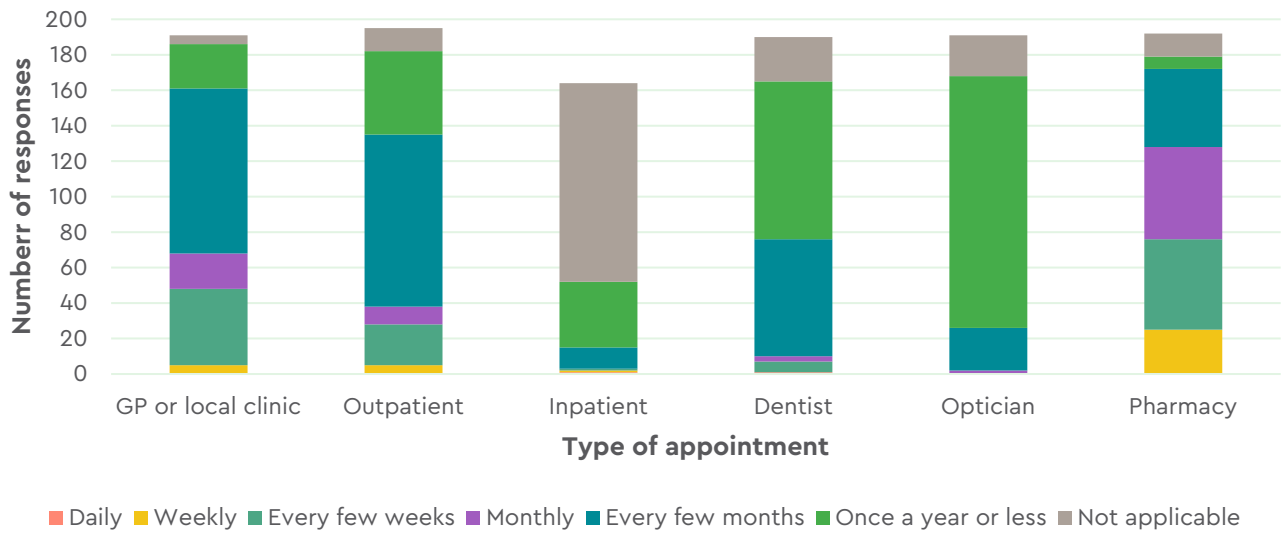


Figure 6: Frequency of visits

Pharmacy visits showed higher frequency than other services, with a notable proportion of respondents attending monthly or every few weeks. Inpatient appointments were least frequent overall, and most commonly reported as not applicable or occurring once a year or less.

### How long journeys take

Journey times vary considerably depending on the type of healthcare being accessed. Travel to GP surgeries, pharmacies and local clinics was most commonly reported as taking under 15 minutes, reflecting their closer alignment with local settlement patterns.

#### How long is your usual one-way journey to a healthcare appointment?

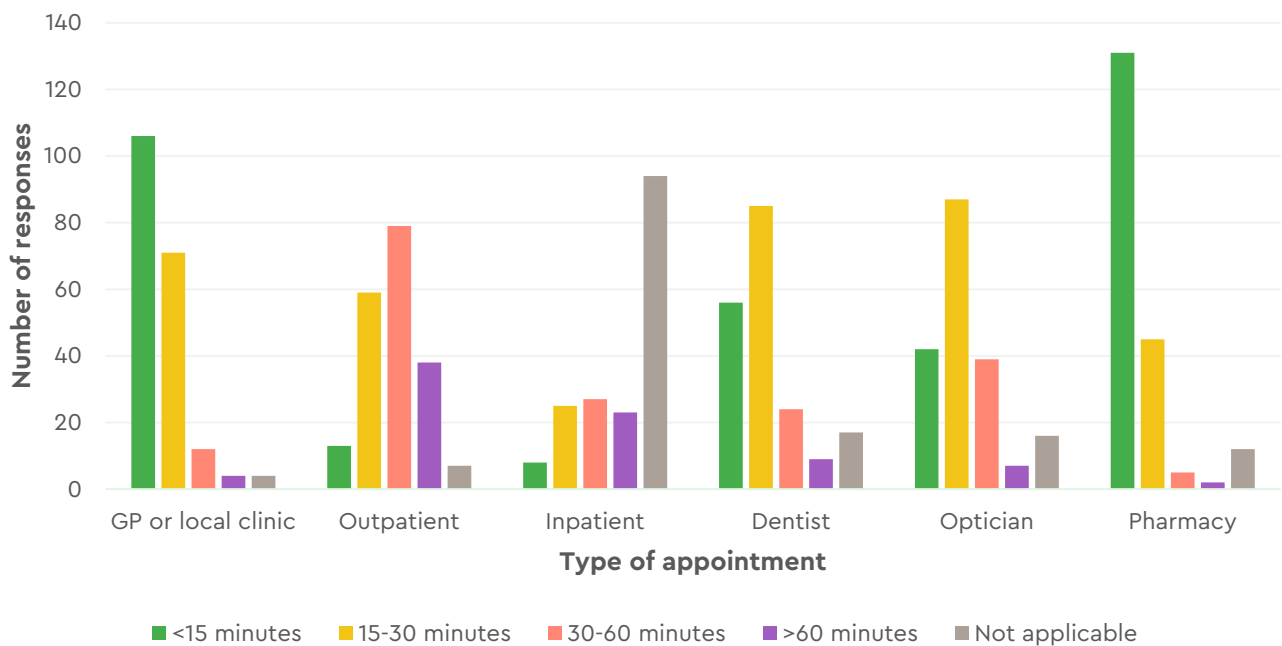


Figure 7: Journey time

In contrast, journeys to hospital-based services, particularly Forth Valley Royal Hospital, were more likely to exceed 30 minutes. A significant proportion of respondents reported travel times of over 60 minutes for inpatient and specialist appointments, especially those travelling from Clackmannanshire or the outer parts of Falkirk. These longer journeys often involved indirect routes or multiple stages.

## How people travel to healthcare

Private car use dominates healthcare travel across NHS Forth Valley, either as a driver or passenger.

Bus travel is the most commonly used public transport mode, particularly for local services and for respondents living in urban areas. Walking plays a role mainly for short trips to GP surgeries or pharmacies.

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

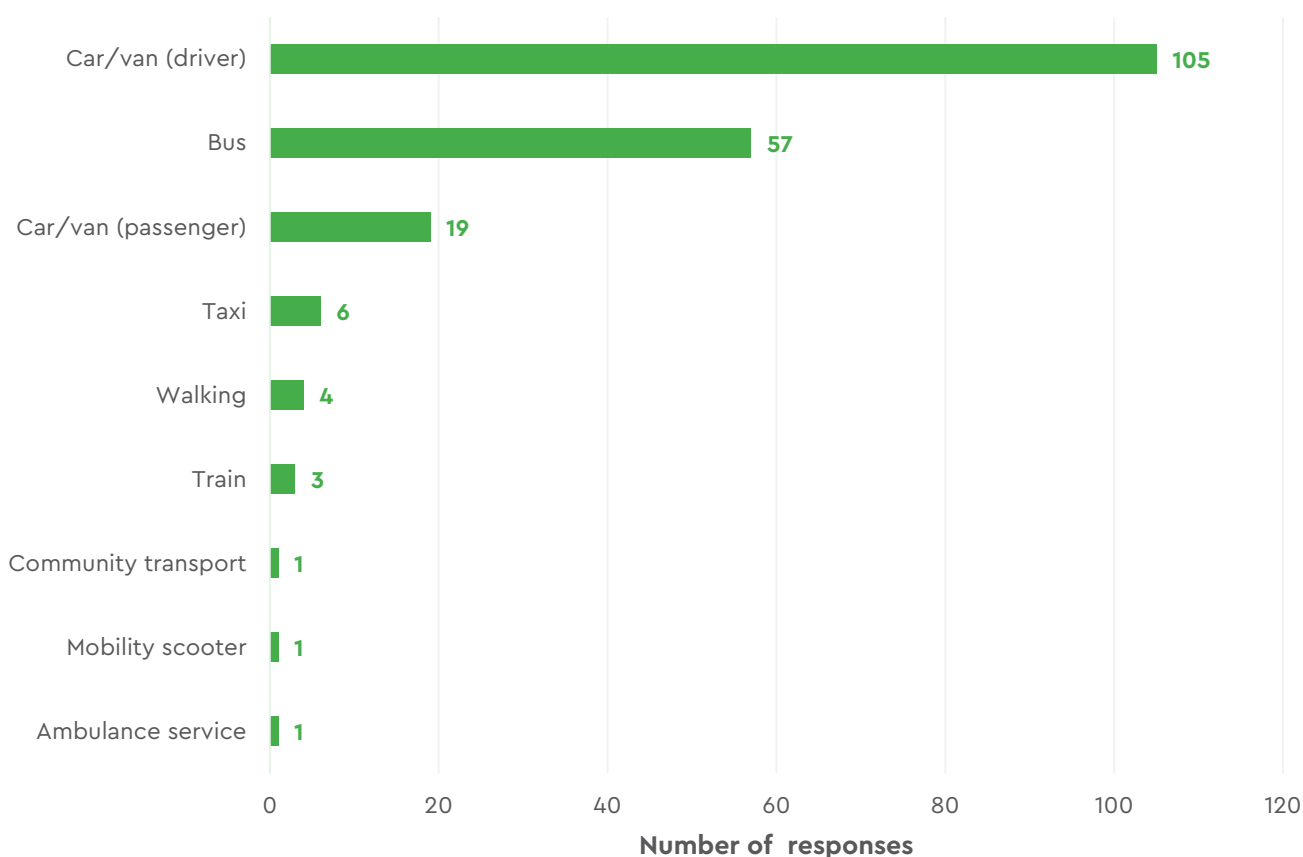


Figure 8: Main mode of transport

When considering backup options, many respondents indicated they would rely on lifts from family or friends if their main mode was unavailable. Public transport and taxis were also cited as alternatives, although a small but important group reported having no suitable backup option, increasing the risk of missed appointments if their usual transport fails.

### Alternative transport mode

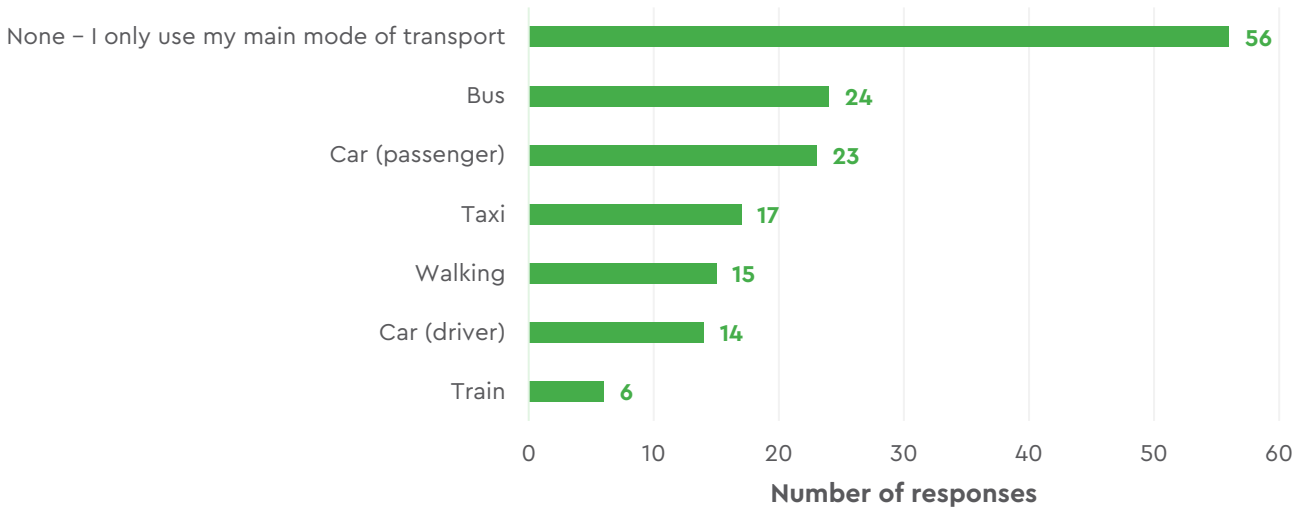


Figure 9: Alternative transport mode

### Reliability of available transport

In line with other health board areas, most respondents described their usual transport to healthcare as reliable. However, a notable minority reported that transport is only sometimes reliable or frequently unreliable. Issues such as delayed or cancelled bus services, missed connections and congestion around hospital sites were highlighted as sources of uncertainty, particularly for time-sensitive appointments.

When considering reliability by mode car drivers found their mode the most reliable whilst, car passengers mainly selected 'usually reliable' and bus users were most likely to select 'sometimes reliable'.

### How reliable do you find the transport you usually use for healthcare?

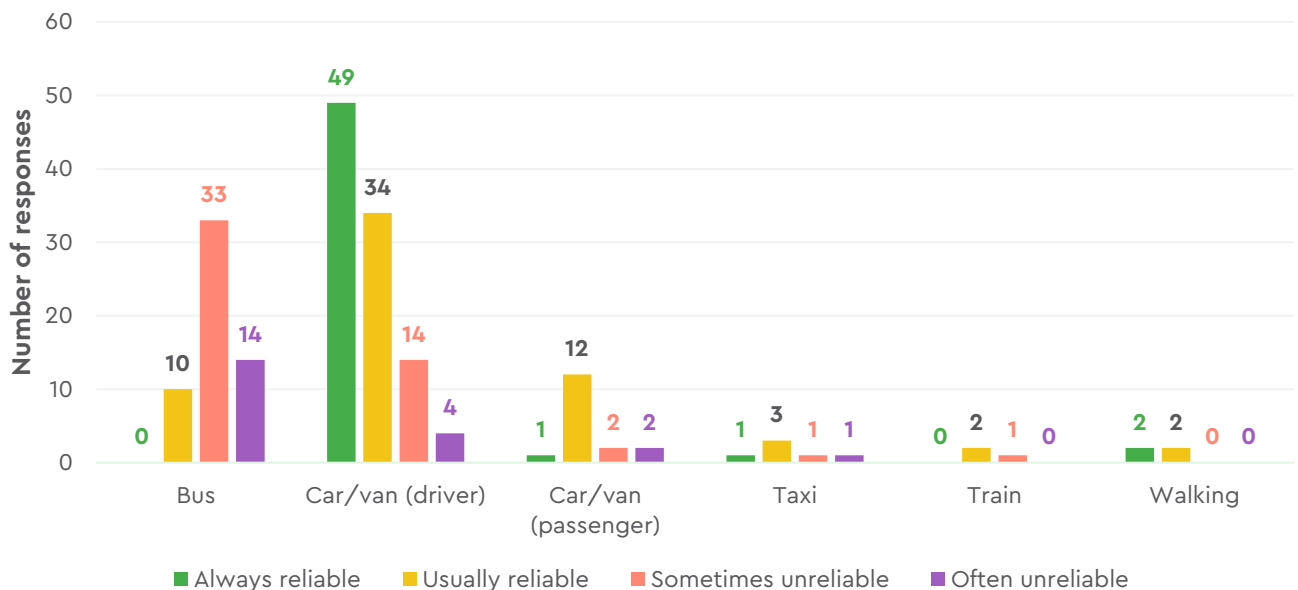


Figure 10: Transport reliability

## Missed or delayed appointments due to transport

Around one third of respondents reported having missed or delayed a healthcare appointment because of transport-related issues.

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

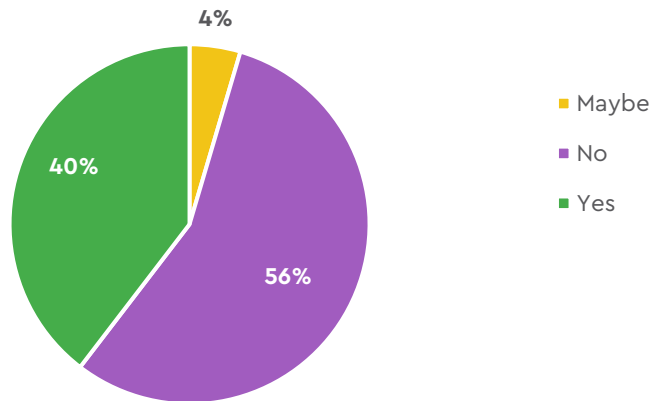


Figure 11: Missed appointments

The most commonly cited reasons were delays to public transport services, traffic congestion and difficulties with parking. Accessibility and mobility-related barriers also featured strongly, particularly for respondents with long-term health conditions or caring responsibilities. In some cases, reliance on others for transport or the lack of suitable alternatives contributed to missed or postponed care.

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

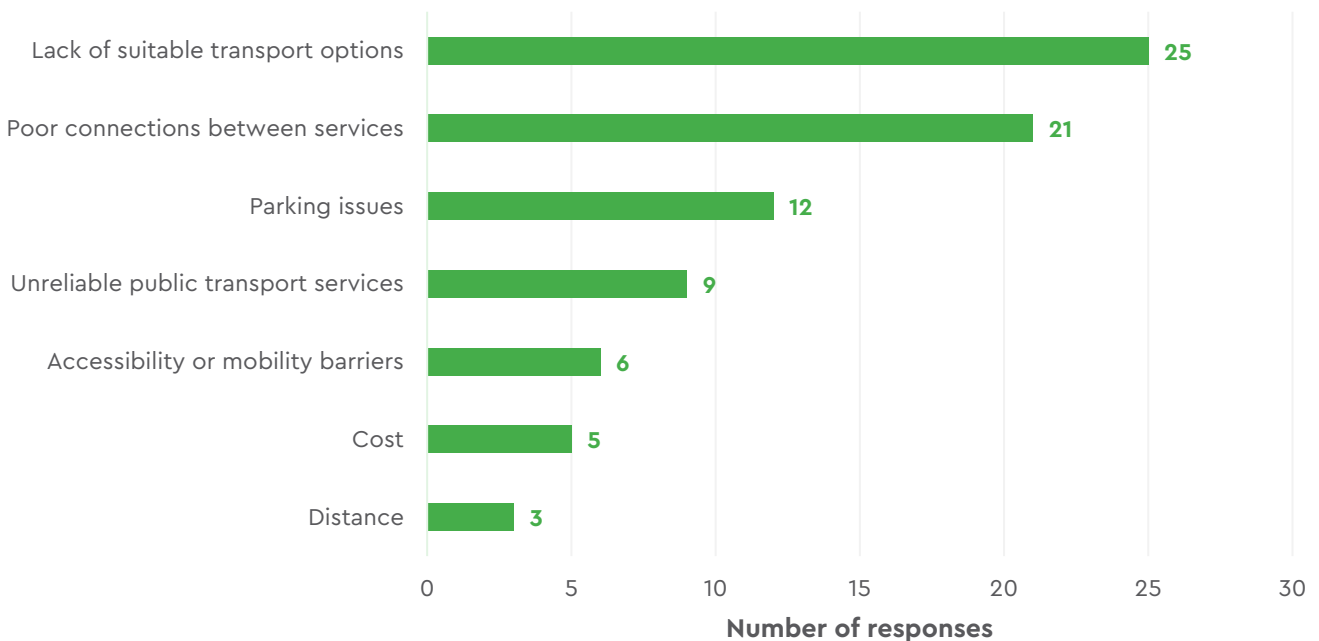


Figure 12: Reason for missed appointment

## Effect of transport costs on attendance

Most respondents stated that transport costs do not affect their ability to attend healthcare appointments. However, a minority reported that costs either sometimes or regularly influence attendance, indicating that affordability remains a barrier for some groups, particularly those requiring frequent or long-distance travel.

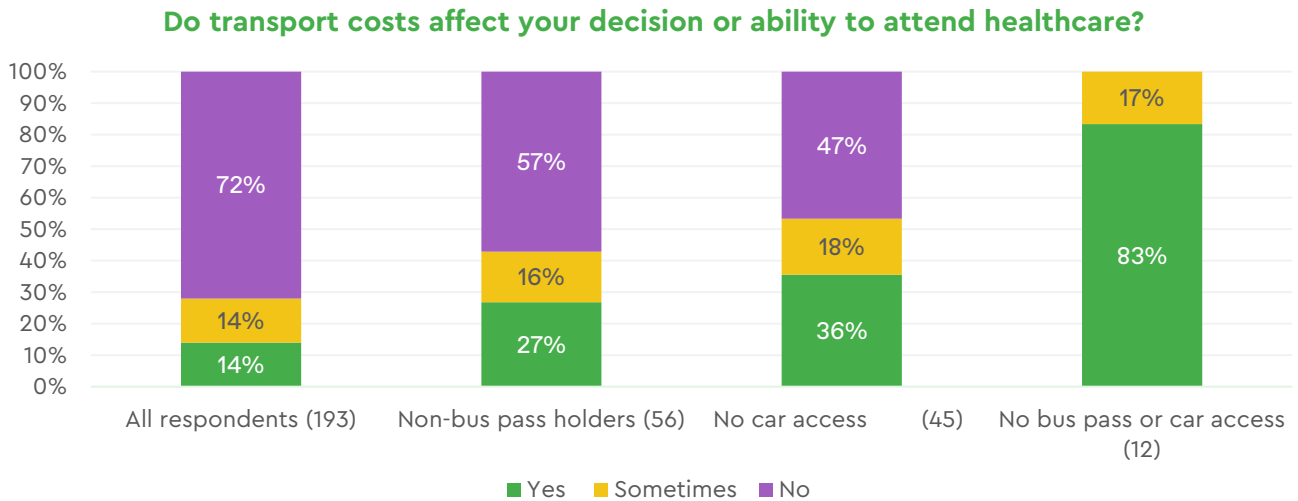


Figure 13: Cost of journey affects attendance

When considering those that face more up-front costs non-bus pass holders were more likely to report transport costs as a barrier and those without access to a car were even likelier to find transport costs a barrier.

## Cost of the most recent healthcare journey

The majority of respondents reported that their most recent healthcare journey involved no direct cost. Among those who did incur costs, most spent under £10, with only a small number reporting higher expenses. This suggests that while many journeys are low-cost, a minority of patients face significant travel expenses.

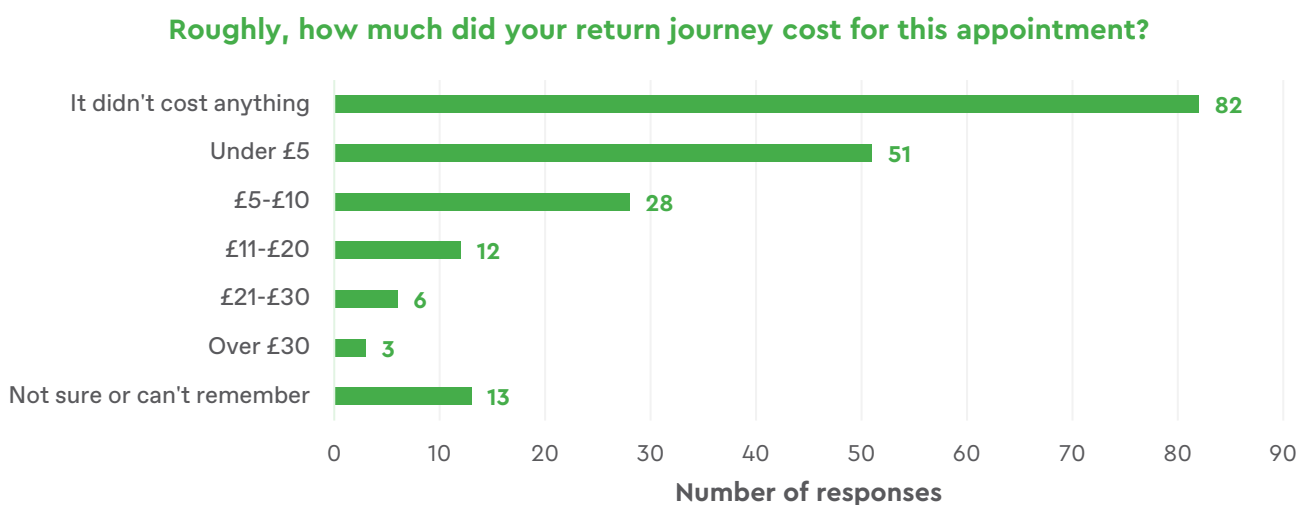


Figure 14: Cost of journey

### Healthcare costs by appointment type

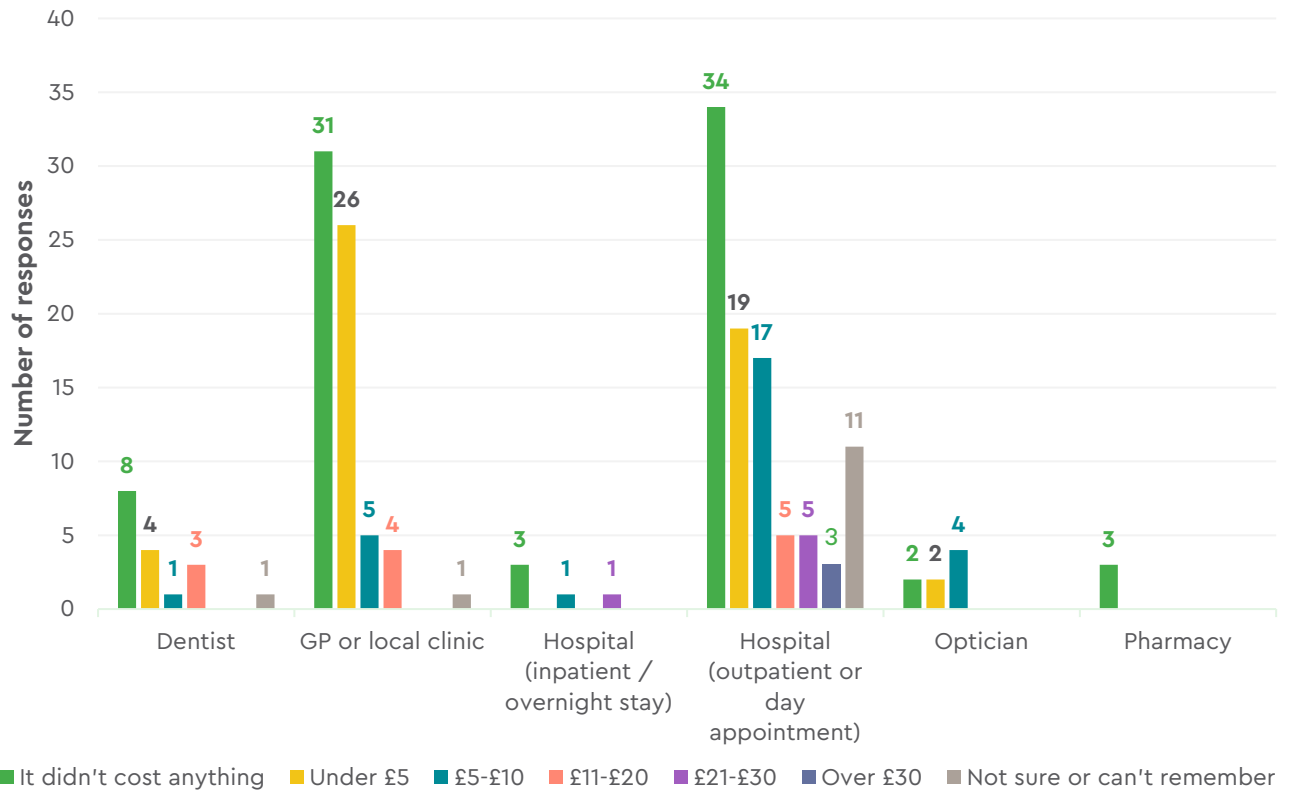


Figure 15: Cost of healthcare per appointment type

Healthcare travel costs vary by appointment type. GP, pharmacy and local clinic visits are most likely to incur no cost, reflecting their proximity to where people live and the ability to walk or use short bus journeys. In contrast, hospital-based appointments, particularly outpatient and inpatient care, are more likely to involve a financial cost. Where costs are incurred, they are most commonly associated with longer journeys, use of private cars, or reliance on taxis where public transport options are limited or unsuitable. This indicates that travel costs are more closely linked to the location and type of service than to healthcare use overall.

## How people find travel information

Respondents most commonly used digital tools such as online maps and journey planners to find travel information. NHS websites and appointment letters were also important sources. Fewer respondents relied on advice from healthcare staff, community transport providers or local transport apps.

Ease of accessing and understanding information varied. While many reported that information is usually easy to find, a notable minority had trouble particularly where journeys were complex or required coordination across different services.

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

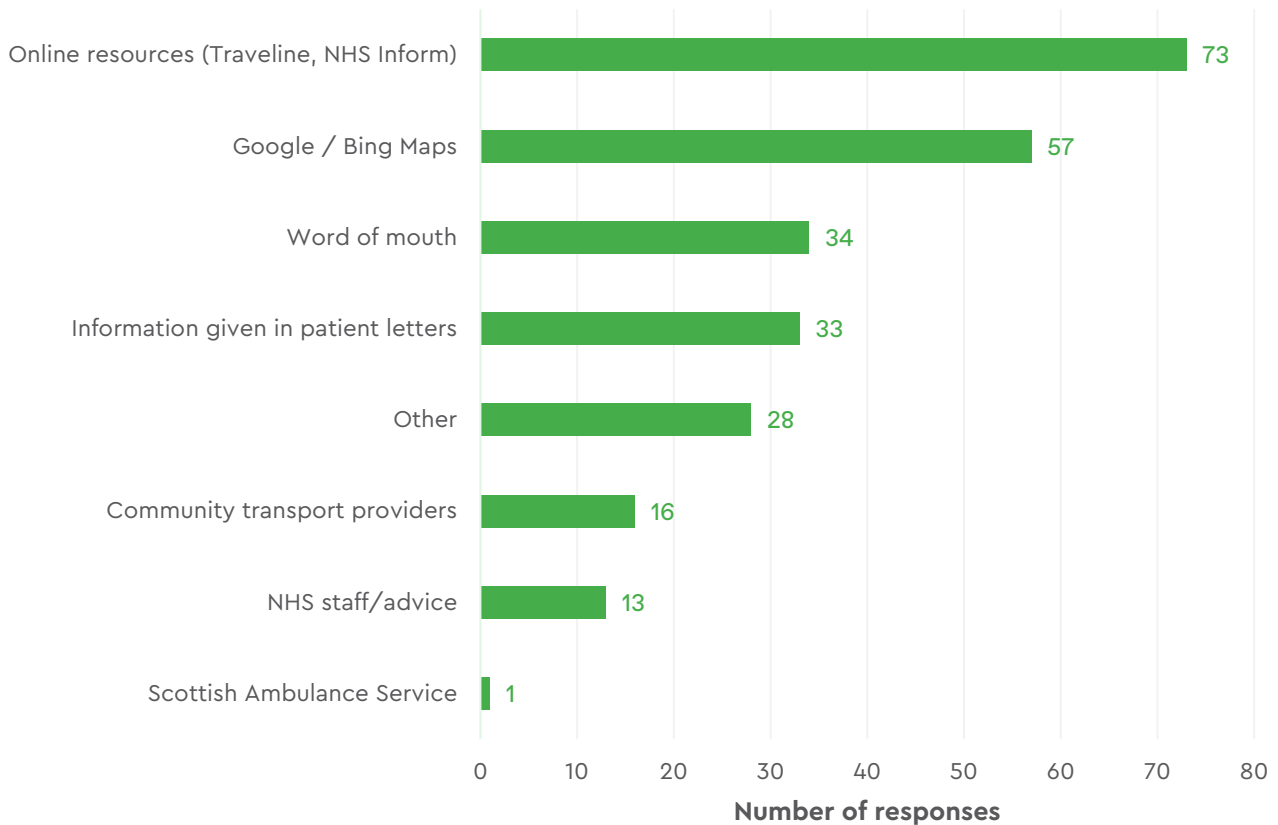


Figure 16: Where do you get your information?

## Digital confidence in planning healthcare travel

Overall digital confidence among respondents was high, with most reporting that they are confident using online tools to plan or book travel. However, a smaller group reported limited confidence or reliance on non-digital methods, highlighting the continued need for accessible offline options.

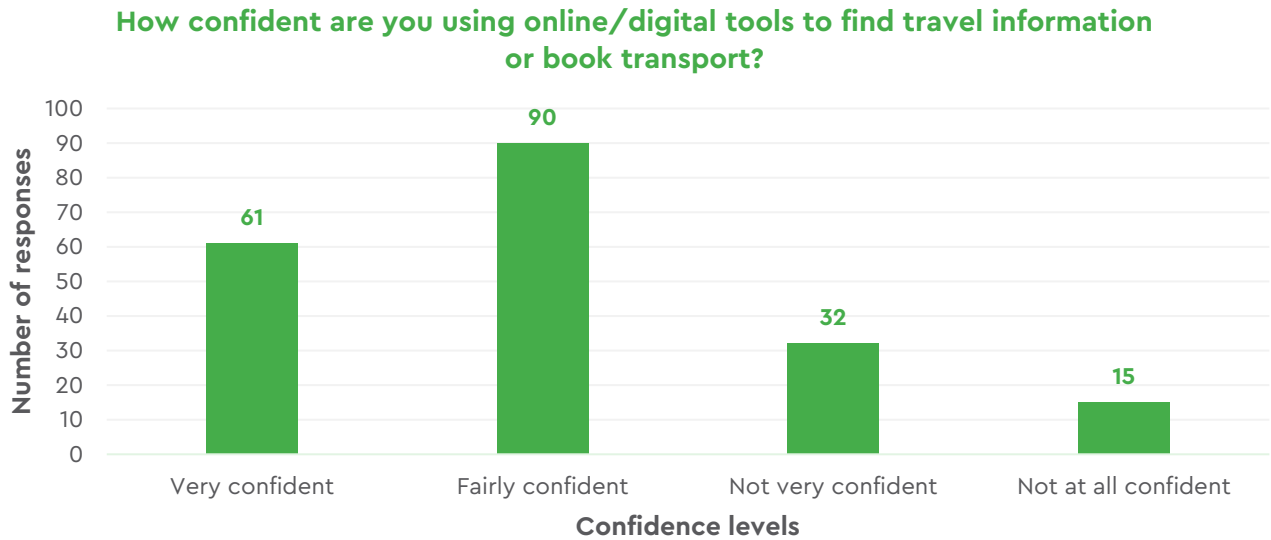


Figure 17: Confidence online

Most respondents reported that they usually use online or digital tools to find travel information or book transport for healthcare appointments. A further proportion said they use digital tools sometimes, while a smaller group reported that they rarely or never do so. This suggests that digital tools are the primary method for planning healthcare travel for most people in NHS Forth Valley, but that reliance on non-digital options remains important for a minority, particularly where confidence, accessibility or complex journeys present barriers.

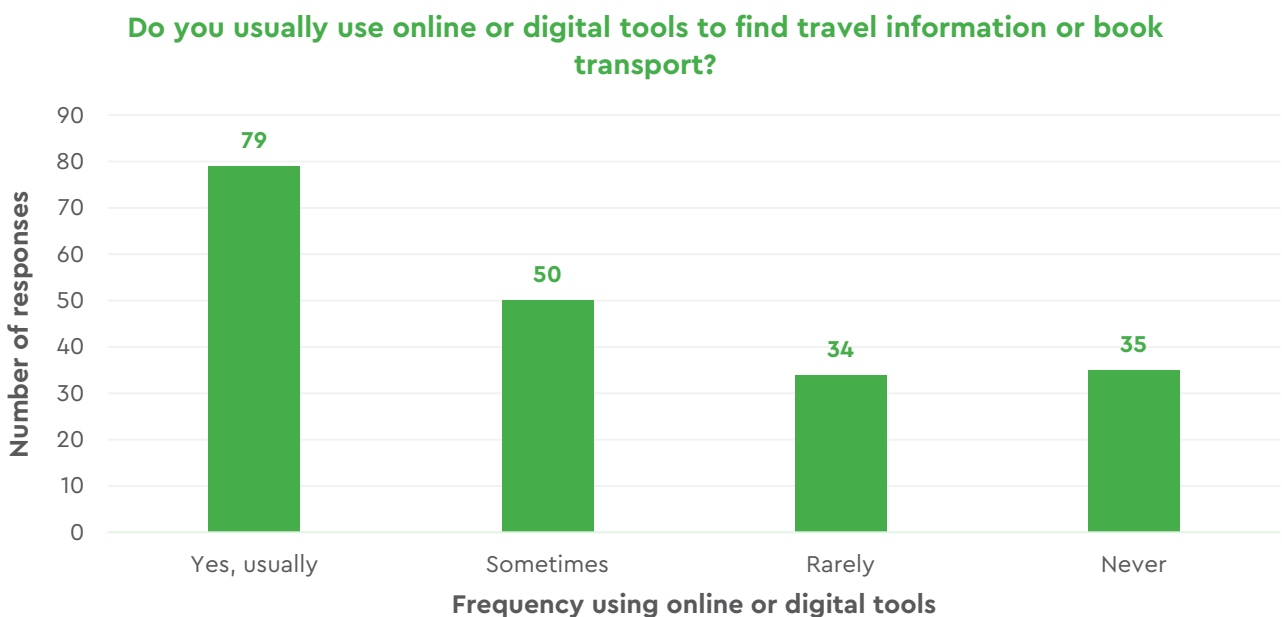


Figure 18: Do you utilise online tools

## Severity of transport barriers

The most significant barriers reported relate to the lack of direct public transport routes, limited-service frequency and parking difficulties at hospital sites. Poor coordination between services and challenges linked to accessibility and mobility were also highlighted. Cost was identified as a barrier for fewer respondents, but where present, its impact was substantial.

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

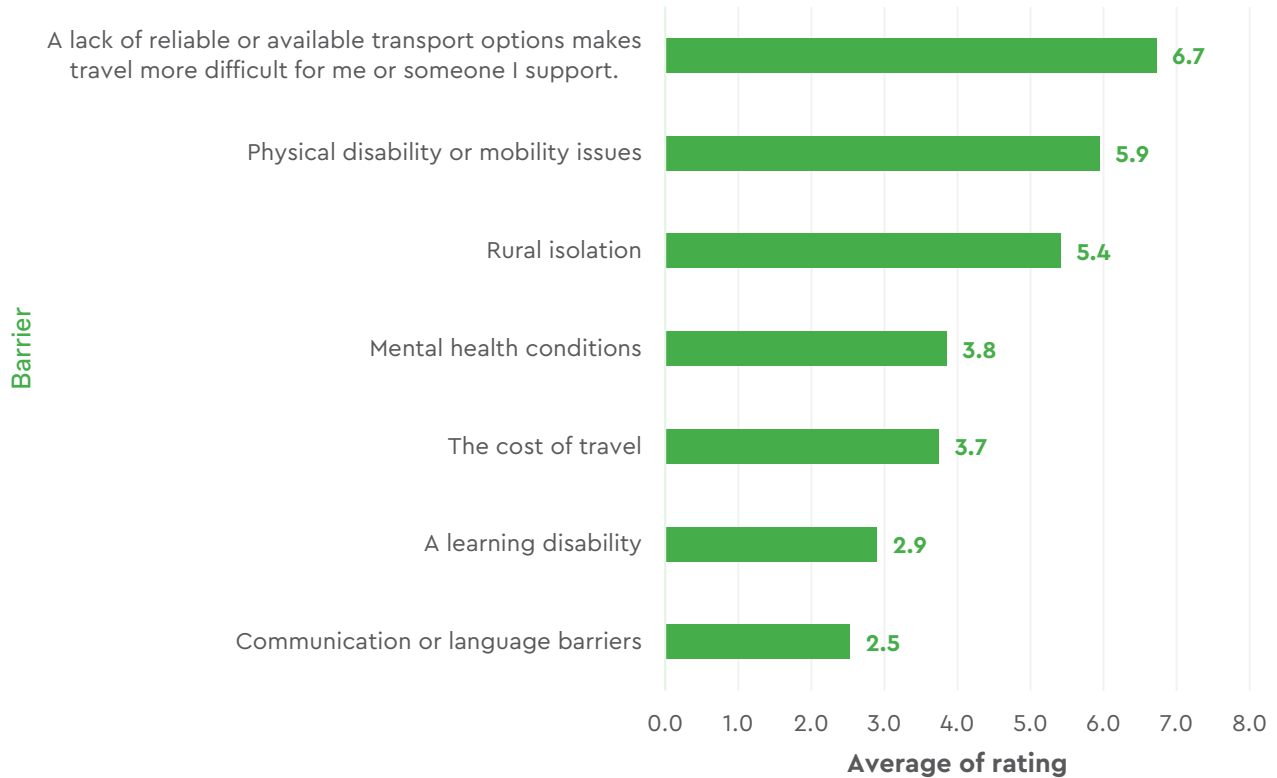


Figure 19: Difficulties with travel

## Which group experience the greatest barriers

People with disabilities, long-term health conditions and caring responsibilities were more likely to experience transport-related barriers. Older people and those without access to a private car reported particular difficulty with indirect journeys, digital tools and service reliability.

### Reported transport barriers by disability status

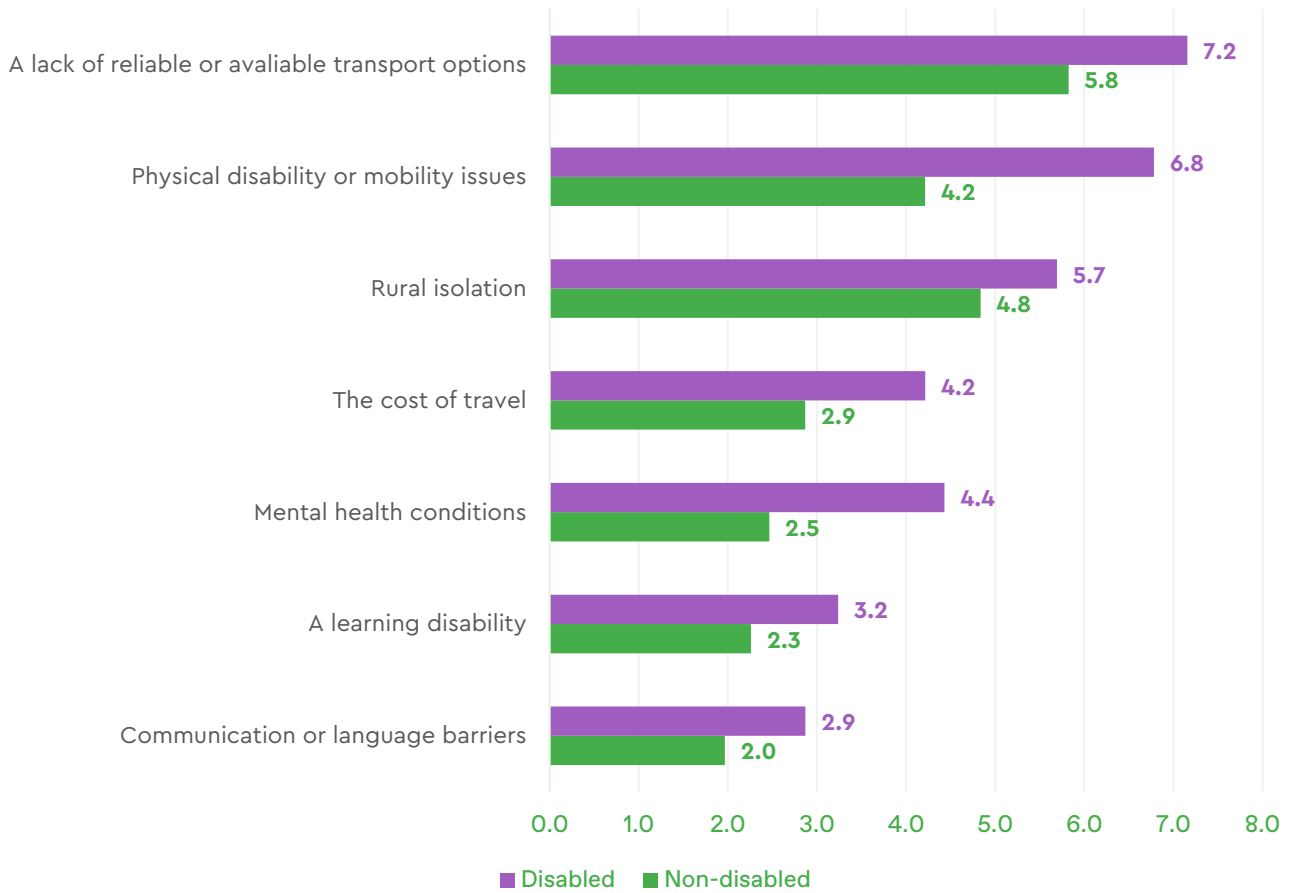


Figure 20: Transport barriers

## What improvements people want

Respondents most frequently called for more direct and reliable public transport services to healthcare facilities. Improved parking provision, better coordination between transport services, clearer travel information and enhanced support for disabled users and carers were also widely requested. Reducing the cost of travel and improving access to specialist transport were identified as additional priorities.

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

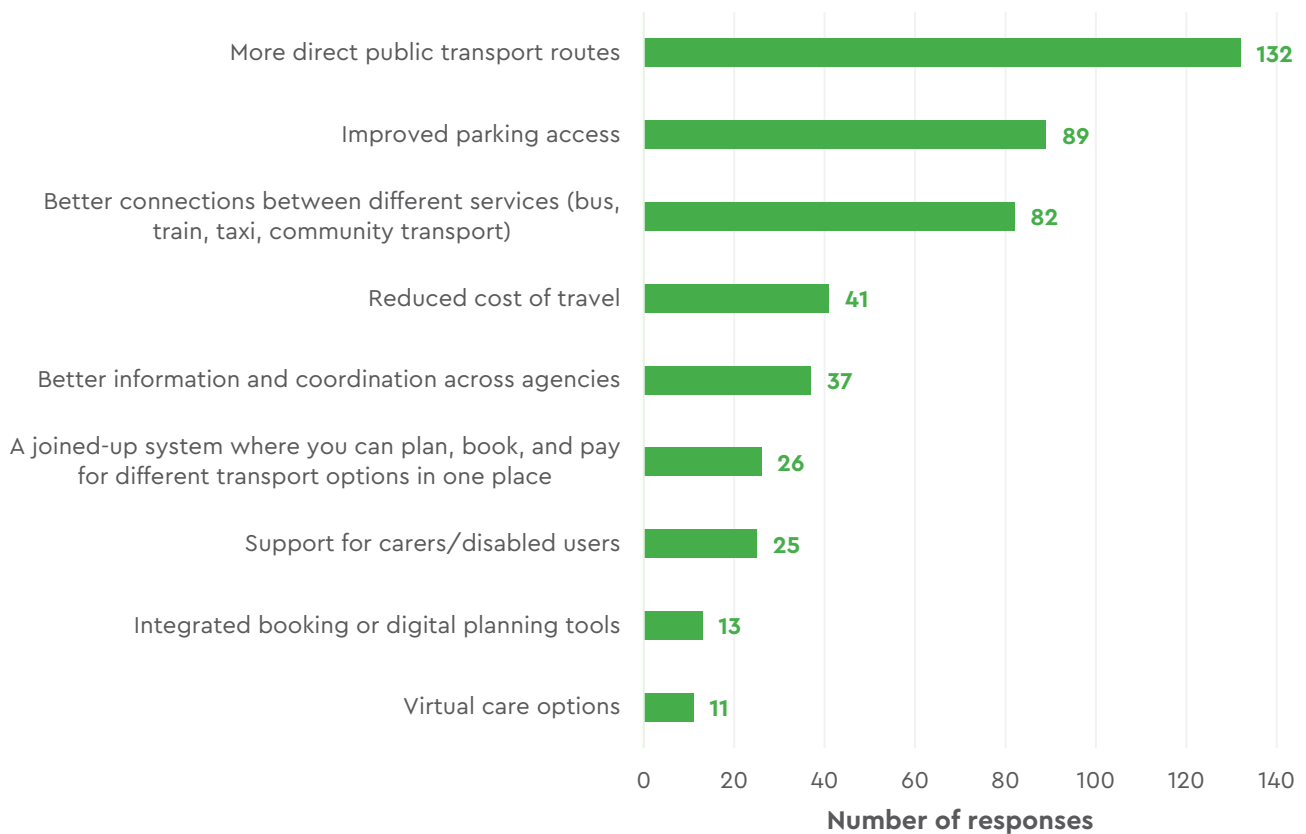


Figure 21: What would help access healthcare appointments

Responses show a mixed picture of support needs. The most common response was that no additional help is needed, suggesting many respondents are confident finding or booking travel independently. However, a substantial number identified specific improvements that would make this easier.

Paper timetables or printed leaflets were the most frequently requested form of support after this, highlighting the continued importance of non-digital options. Easier-to-use digital tools and websites were also widely requested, indicating that while many people use online tools, usability remains a barrier for some.

Smaller numbers of respondents said that phone helplines, in-person support at clinics or hubs, or advice from GPs and NHS staff would help. Community organisations were mentioned least often.

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

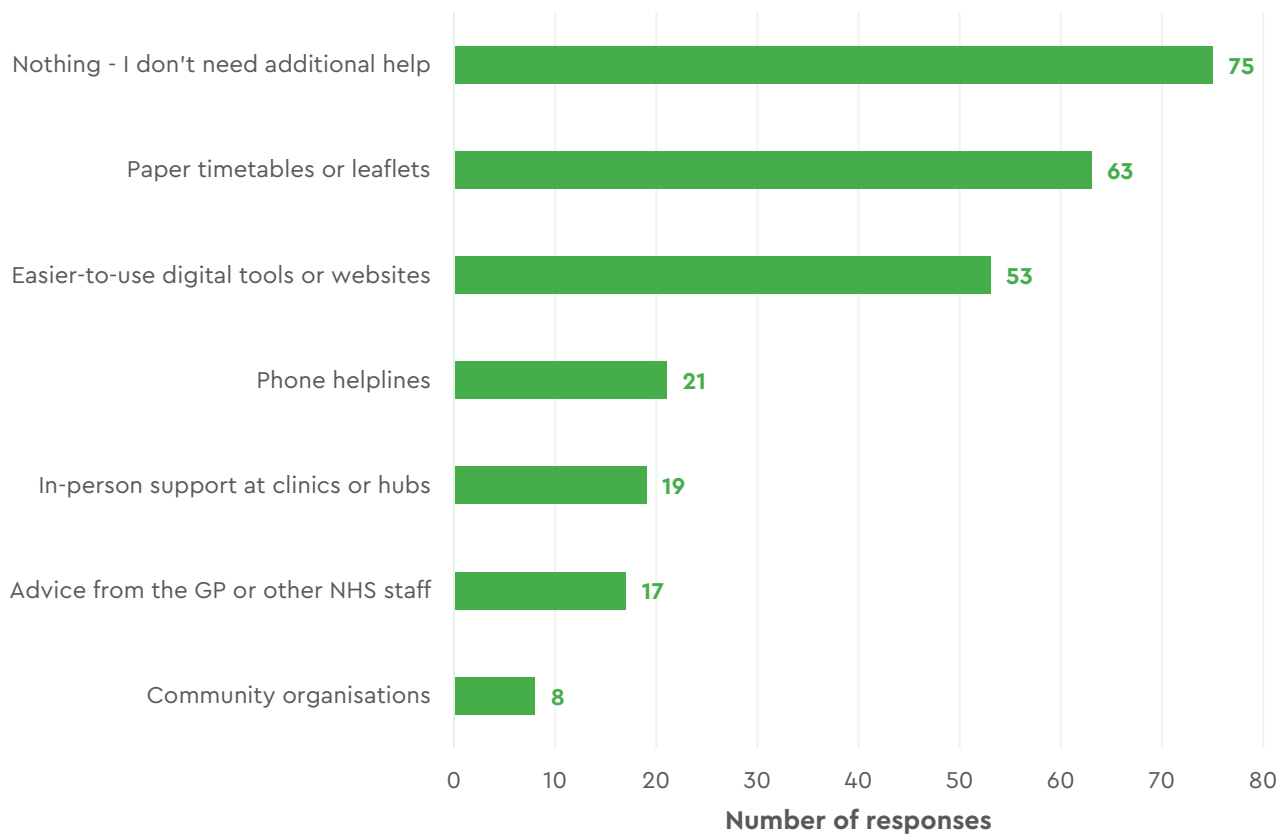


Figure 22: What would make it easier to find and book transport

# Qualitative insights: Lived experience of travelling to healthcare

## Primary and community care

Travelling to primary and community healthcare services was generally perceived as easier than accessing secondary or tertiary care across NHS Forth Valley. Many respondents described GP practices, pharmacies and dentists as being relatively close to home, particularly in more urban areas such as Falkirk, Stirling and Alloa.

"Usually, I walk to the GP surgery or pharmacy."

However, despite this more positive overall picture, significant challenges remain for particular groups. Respondents with mobility issues, long-term conditions, or caring responsibilities reported ongoing difficulties reaching even local services.

"Without access to a car & because access to public transport requires a long walk - which I am unable to do, I'd find it virtually impossible to attend a health care appointment."

Rurality and local service availability also affected access to primary care. Respondents in smaller towns and rural areas described fewer local services, limited appointment choice, and greater reliance on transport.

"Dollar is simply not set up for healthcare access for anyone who cannot drive a car. Especially the elderly."

For some, appointment timing compounded these issues, particularly where public transport did not align with urgent or same-day appointments.

"When the GP service does a phone appointment and then they decide they want to see you in 15 and you don't feel well enough to drive to the practice."

## Secondary and tertiary care

### Distance to healthcare

Distance to hospital-based care was a recurring theme in qualitative responses. Many respondents highlighted the challenges of travelling to Forth Valley Royal Hospital (FVRH), particularly from Clackmannanshire and more rural parts of Falkirk.

"Trying to reach Forth Valley Royal Hospital from the Braes area"

For some patients, specialist appointments located outside the Health Board area added further complexity, often involving longer journeys and additional transport changes.

"Travelling outside local health board area to access various appointments"

Respondents described how long travel distances increased fatigue, stress and costs, particularly for those attending repeated appointments or managing ongoing conditions.

## Public transport

Public transport issues were one of the most frequently raised barriers to accessing healthcare. Respondents described services as indirect and infrequent. Infrequent services which often mean long wait times before or after appointments where a suitably timed bus is not available.

### Indirect services and journey complexity

Many respondents reported needing to take multiple buses or trains to reach hospital appointments, increasing journey times and uncertainty.

"Hospital appointments a lot more effort if using bus - 4x time due as bus doesn't take a direct route. Need to go via town centre and change."

Complex journeys were seen as particularly challenging for older people, those with disabilities, or people attending early morning appointments.

"I suffer from social anxiety, changing buses and no direct routes can cause more stress and anxiety on top of anxiety already feeling going to appointment"

### Infrequent or limited services

Infrequent services were commonly cited, particularly outside peak hours or in less urban areas.

"Local bus service is poor. Only comes at most hourly, and never on a Sunday."

Respondents noted that return journeys were often more problematic, leading to long waits after appointments and additional fatigue.

## Parking at major hospitals

Parking at Forth Valley Royal Hospital was a major concern raised by respondents. Difficulties finding a parking space were frequently described as stressful and time-consuming.

"Parking at Forth Valley Royal Hospital is a nightmare for parking"

Several respondents reported building extra time into their journey solely to secure parking, adding to the overall burden of attending appointments.

"Need to go about 30 minutes early and hope a space becomes available."

Concerns were also raised about the distance from parking areas to hospital entrances, particularly for those with mobility issues.

## Community transport and taxis

Community transport and taxi services were often described as unreliable, unavailable, or expensive. Respondents noted difficulties booking services, limited capacity, and long notice periods.

"Phoning transport is a nightmare; I wouldn't get transport to GPs or dentist."

The cost of taxis was highlighted as a significant barrier, particularly for those on low incomes or requiring frequent hospital visits.

"We mostly have to get a taxi, though very rarely a friend takes us."

Some respondents reported being unsure what options were available, suggesting a lack of clear information about transport support.

## Patient transport

Patient transport services were mentioned mainly in relation to difficulties accessing them. Respondents described being ineligible, refused transport, or struggling with inflexible pick-up times.

"Very few patients are allowed hospital transport. Even with disability and health problems you are not allowed hospital transport."

Fixed pick-up times and long waits were reported as problematic, particularly for people with health conditions that made waiting difficult.

## Accessibility

Accessibility issues cut across many responses and affected multiple modes of transport. Key issues raised included:

- Being unable to drive due to health conditions or disability
- Long distances to bus stops or stations

- Limited availability of wheelchair-accessible transport
- Inflexibility of patient and community transport services
- Difficulty accessing disabled parking at hospital sites

"Limited vehicles with wheelchair access with Dial-a-Journey\* and limited access to areas outwith Central Region"

\* door-to-door transport and mobility service based in Stirling

Respondents highlighted how these barriers often combined, leaving them reliant on others for lifts or forced to miss appointments.

## Additional impacts

### Reliance on driving or lifts

A common impact of transport barriers was reliance on driving or lifts from friends and family. Many respondents stated they would be unable to attend appointments without access to a car.

"If I didn't have someone to drive me to hospital appointments or admissions, I would have to get a very unreliable bus"

There was also concern about future ability to attend appointments as people age or if they become unable to drive.

"Had to give up my car due to failing eyesight."

### Time and financial impacts

Respondents described healthcare travel as time-consuming, often requiring time off work or a full day to attend short appointments.

"Nearly 5 hours for a 17-20-mile journey there and back."

The financial burden of transport, particularly taxis, was also highlighted.

### Missed or delayed appointments

Some respondents reported missing, delaying or cancelling appointments due to transport difficulties, cost, or lack of suitable options.

"Often miss hospital appointments because it is too painful or nauseating to travel there comfortably."

# Summary of insights for NHS Forth Valley

The transport challenges experienced by residents in NHS Forth Valley reflect a combination of service centralisation, uneven public transport provision and varying levels of car dependency across Falkirk and Clackmannanshire. While many people are able to access primary care locally with relatively short journeys, access to hospital-based services, particularly Forth Valley Royal Hospital (FVRH), presents more significant and persistent barriers. These challenges are most acutely felt by people without access to a private car, those with disabilities or long-term health conditions, older people, and carers.

## → **Centralisation of acute healthcare at Forth Valley Royal Hospital**

The centralisation of acute and specialist services at Forth Valley Royal Hospital is a defining feature of Transport to Health in NHS Forth Valley. While the site benefits from good strategic road access, it generates long and complex journeys for many residents, particularly those travelling from Clackmannanshire, the Hillfoots towns and the outer parts of Falkirk. Public transport journeys to FVRH are often indirect, require multiple stages and can exceed an hour, turning routine appointments into time-consuming and tiring experiences. This centralisation increases reliance on private cars and disadvantages those unable to drive.

## → **Contrast between primary and secondary care access**

Access to primary and community healthcare is generally more straightforward, especially in urban areas such as Falkirk, Alloa and Stirling, where GP practices, pharmacies and dentists are often within walking distance or a short bus journey. However, this more positive picture masks ongoing issues for people with mobility problems, those living in smaller towns or semi-rural areas, and those requiring urgent or same-day appointments. For these groups, even short journeys can become challenging where walking distances are too long, or public transport does not align with appointment times.

## → **Public transport service limitations**

Public transport service issues were among the most commonly cited barriers across qualitative responses. Indirect routes, infrequent services and poor alignment with appointment times, particularly early mornings, evenings and weekends, make public transport an unreliable option for hospital travel. Complex journeys involving multiple changes increase stress, uncertainty and fatigue, especially for older people, those with anxiety, or people managing ongoing health conditions. Return journeys were frequently described as particularly problematic, often involving long waits after appointments.

→ **High reliance on private cars and lifts**

Private car use dominates healthcare travel in NHS Forth Valley, reflecting both the geography of services and limitations in public transport. Many respondents stated they would be unable to attend hospital appointments without driving themselves or relying on lifts from family and friends. This reliance raises concerns about future access to healthcare as people age, experience declining health, or lose the ability to drive, highlighting a growing vulnerability among older populations.

→ **Parking pressures at Forth Valley Royal Hospital**

Parking at FVRH emerged as a significant and recurring issue. Respondents frequently described difficulty finding spaces, the need to arrive early to secure parking, and the stress associated with potentially missing appointments. For people with mobility issues, the distance between parking areas and hospital entrances further compounds the challenge, adding physical strain to already demanding journeys.

→ **Community transport and taxi constraints**

Community transport and taxi services were seen as important alternatives but are currently constrained by limited availability, booking difficulties and cost. Respondents described services as unreliable, requiring long notice periods or being unavailable when needed. Taxi costs were highlighted as a particular burden for those on low incomes or attending frequent appointments, making these options unsustainable for regular healthcare travel.

→ **Patient transport capacity and eligibility**

Patient transport services were commonly mentioned in relation to ineligibility or refusal, rather than positive experiences. Fixed pick-up times, long waits and limited capacity were seen as poorly suited to people with complex health needs. Where patient transport was unavailable, respondents were often forced to rely on unsuitable alternatives, such as public transport or expensive taxis, or to delay or miss appointments altogether.

→ **Accessibility and mobility barriers**

Accessibility issues cut across all modes of transport. Being unable to drive, long distances to bus stops, limited wheelchair-accessible vehicles, inflexible transport services and difficulty accessing disabled parking were all highlighted. These barriers frequently interact, leaving disabled people and those with long-term conditions disproportionately affected and more likely to rely on others for transport or to experience missed care.

→ **Time, cost and health impacts**

Although transport costs were not the primary barrier for most respondents, they had a substantial impact on a minority, particularly those reliant on taxis or travelling longer distances for hospital care. Time costs were more widely felt, with many respondents describing healthcare travel as taking several hours or requiring time off work for relatively short appointments. Long and stressful journeys were also reported to worsen symptoms for some patients, particularly those experiencing pain, fatigue or nausea.



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