Transport to Health – Case for Change

HEALTH BOARD INSIGHTS
NHS LOTHIAN

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South East of Scotland Transport Partnership

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Contents

About this document

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

Area overview

NHS Lothian covers the City of Edinburgh, East Lothian, Midlothian and West Lothian. It is the most populous Health Board in the SEStran region and contains a mix of distinct settlement types and healthcare facilities, including:

- Dense urban centres (Edinburgh)
- Rapidly growing commuter towns (Midlothian, West Lothian, East Lothian)
- Coastal communities and rural settlements
- Major regional hospitals including the Royal Infirmary of Edinburgh (RIE), Western General Hospital (WGH), St John's Hospital (Livingston), and East Lothian Community Hospital

These contrasting geographies shape the transport needs of the population. Edinburgh benefits from extensive public transport coverage, whereas many residents of Midlothian, West Lothian and East Lothian rely on longer or multi-stage public transport journeys to reach major hospitals, particularly those located in the capital.

Figure 28 illustrates this geography, including the distribution of settlements, key A-roads and motorways, and rail corridors such as the A1 corridor, Borders Railway, Edinburgh–Glasgow line and North Berwick line. Connectivity is strongest along these corridors, while parts of Midlothian, East Lothian and western West Lothian experience weaker public transport provision.

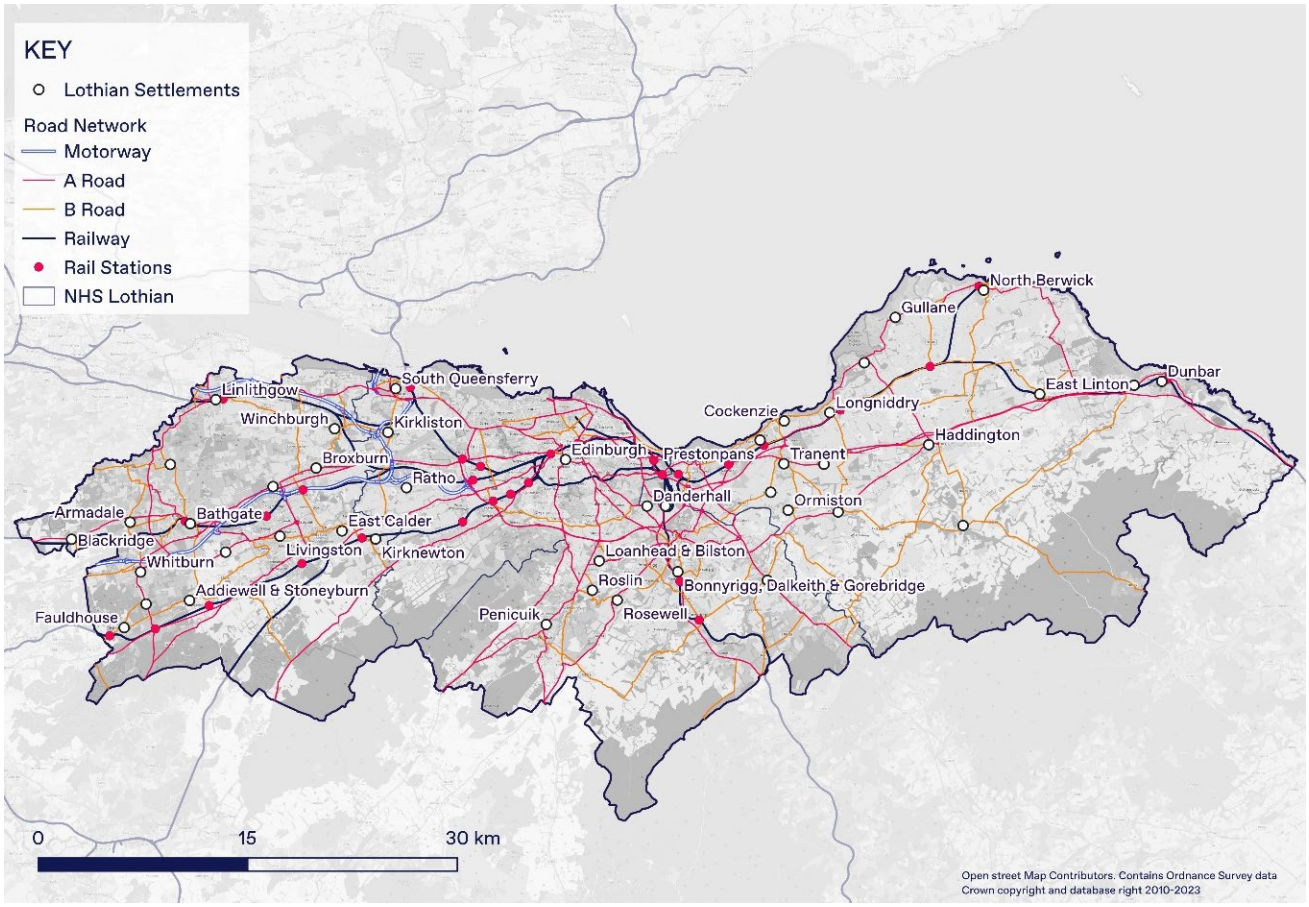

Figure 1: NHS Lothian Settlements and Transport Network

Primary healthcare services are broadly aligned with settlement centres, but Figure 29 shows that secondary and specialist services are much more centralised. The concentration of acute hospitals in Edinburgh means that significant cross-boundary travel occurs, including travel from Livingston, Haddington, Penicuik, Tranent and coastal East Lothian into the city for diagnostics, outpatient care and specialist treatment.

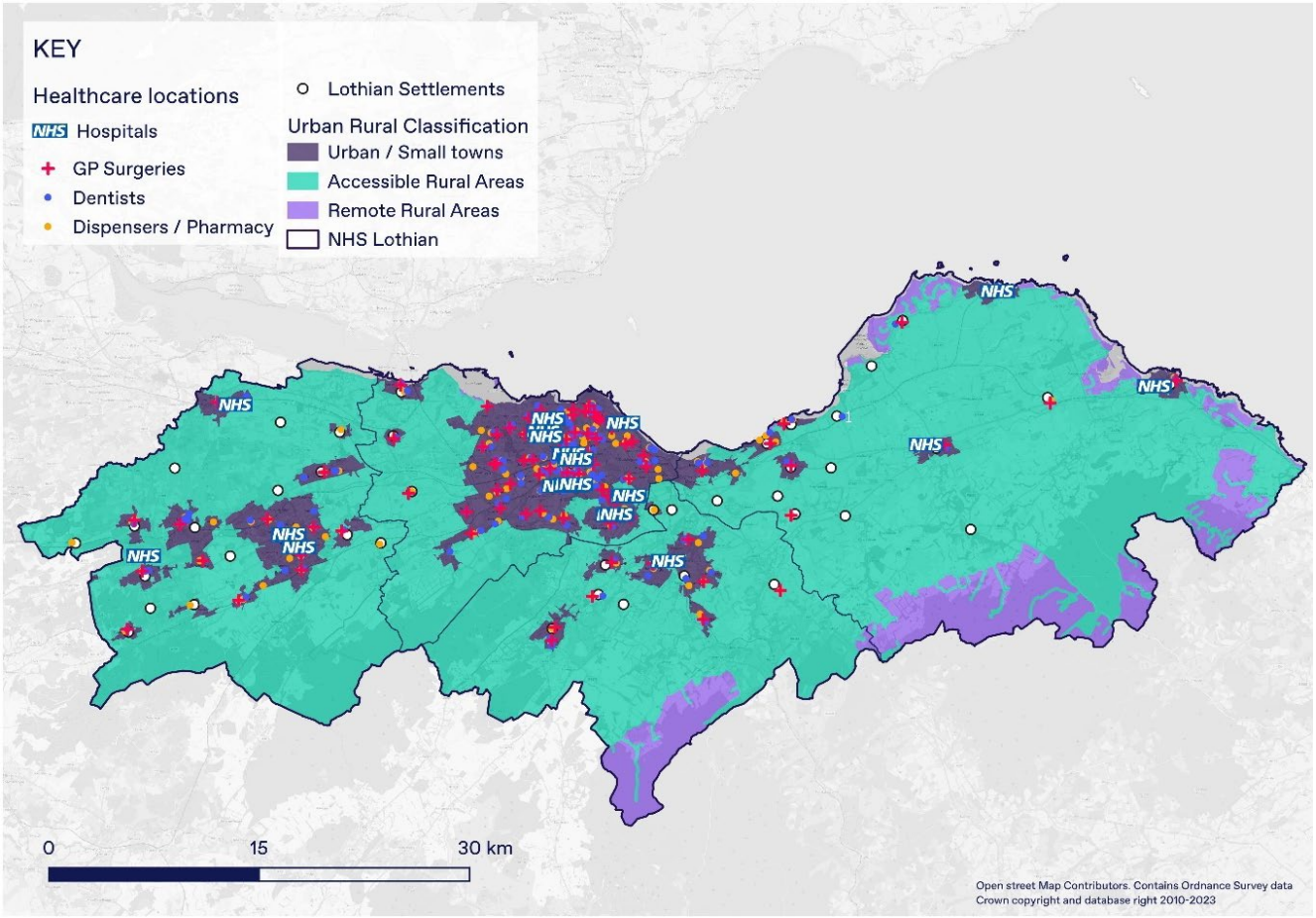

Figure 2: All healthcare locations in NHS Lothian against Settlements and Urban-Rural Classification

Travel times to major hospitals vary substantially. Figure 30 shows modelled public transport travel times and interchange requirements to the Royal Infirmary of Edinburgh from key towns across the Lothian area. Many residents face journeys of 60–90 minutes or more by public transport, often requiring two buses or a bus-rail combination. These patterns align closely with public consultation findings, which frequently highlighted indirect routes, limited direct services and long travel times.

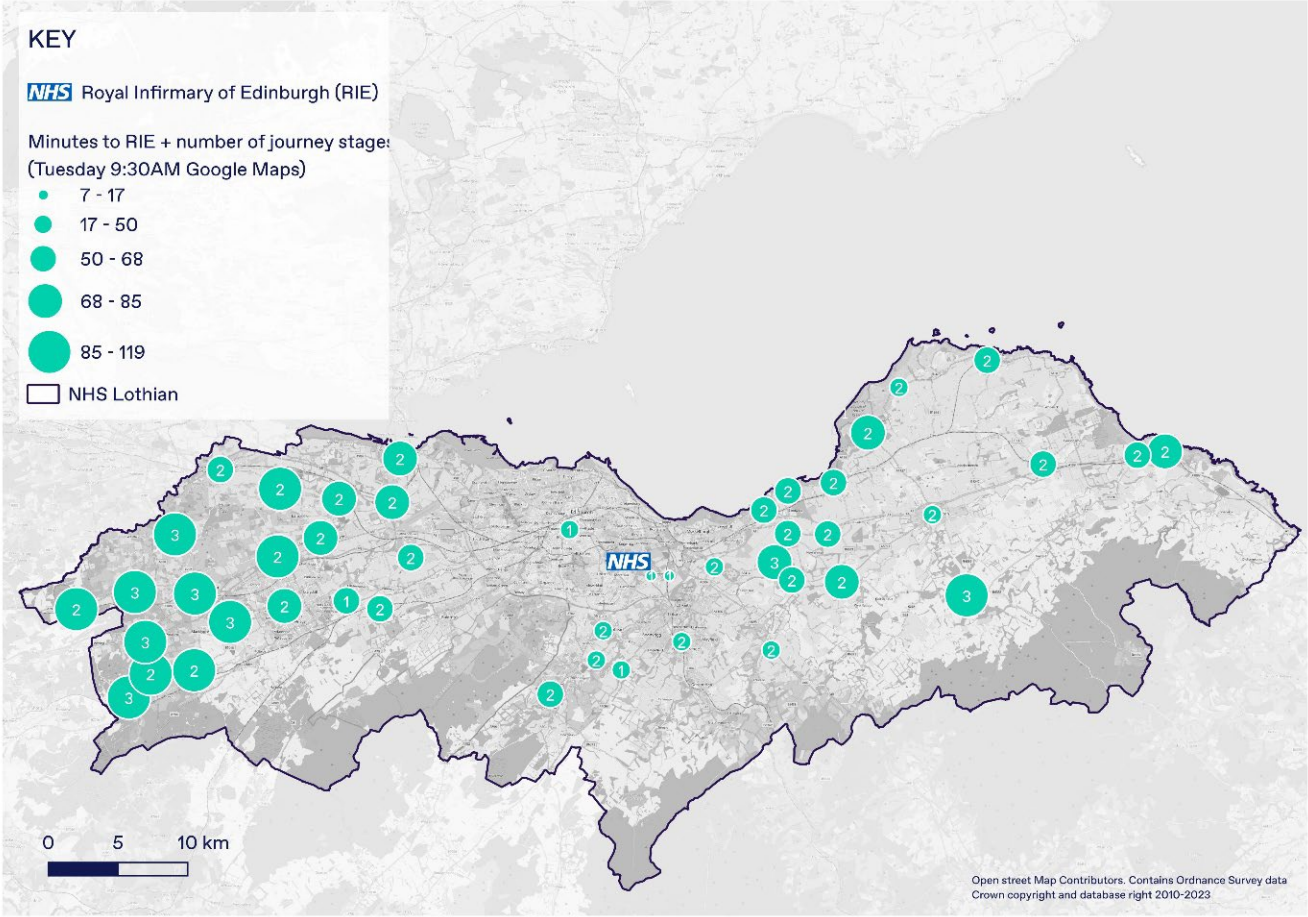

Figure 3: Minutes to RIE and number of journey stages.

Figure 31 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). All four council areas within the Health Board have a lower than national average proportion of the population in the 20% most deprived areas. The City of Edinburgh has the highest proportion of people in the most deprived quintile, alignining with a lower car ownership rate.

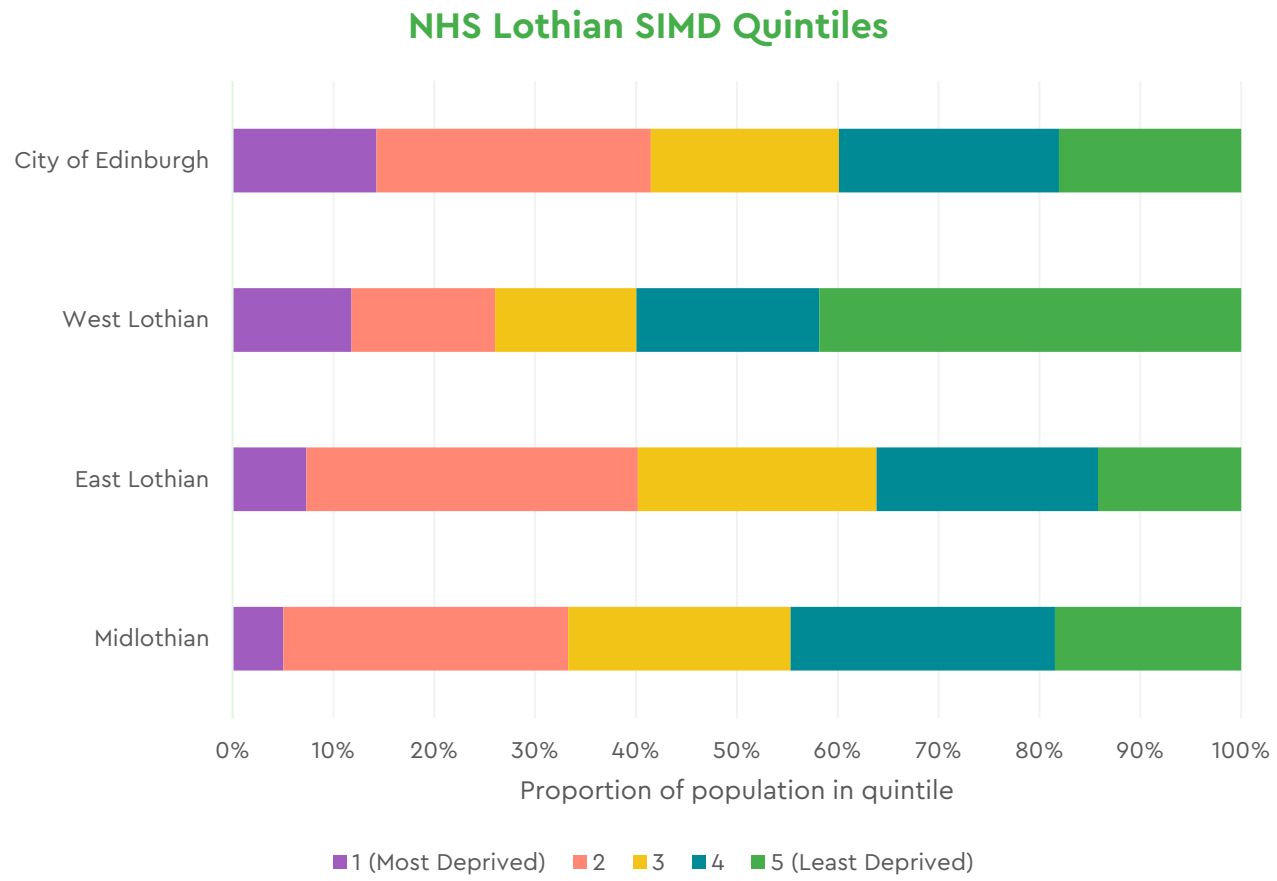

Figure 4: Proportion of NHS Lothian population in each SIMD quintile by local authority

A total of **694 survey respondents** live within the NHS Lothian area, providing a strong base of evidence on how residents across Edinburgh, Midlothian, East Lothian and West Lothian currently experience Transport to Health.

Lothian survey respondent characteristics

Survey respondents from NHS Lothian were more likely than the average Lothian resident to have access to a car. When Edinburgh is taken on its own 66% of survey respondents report having access to at least one car, this compares to 62% of Edinburgh's population having access to at least one car via census statistics.

Despite our survey skewing slightly towards car owners, people living in Edinburgh are less likely to have access to a car than SEStran residents overall with 75% of overall respondents reporting access to a car compared to 66% of Edinburgh respondents.

Figure 32 provides a summary of key characteristics of NHS Lothian respondents. Respondents were also much more likely to be women, over 60 years old, providing unpaid care or have a long-term health condition or disability than general population.

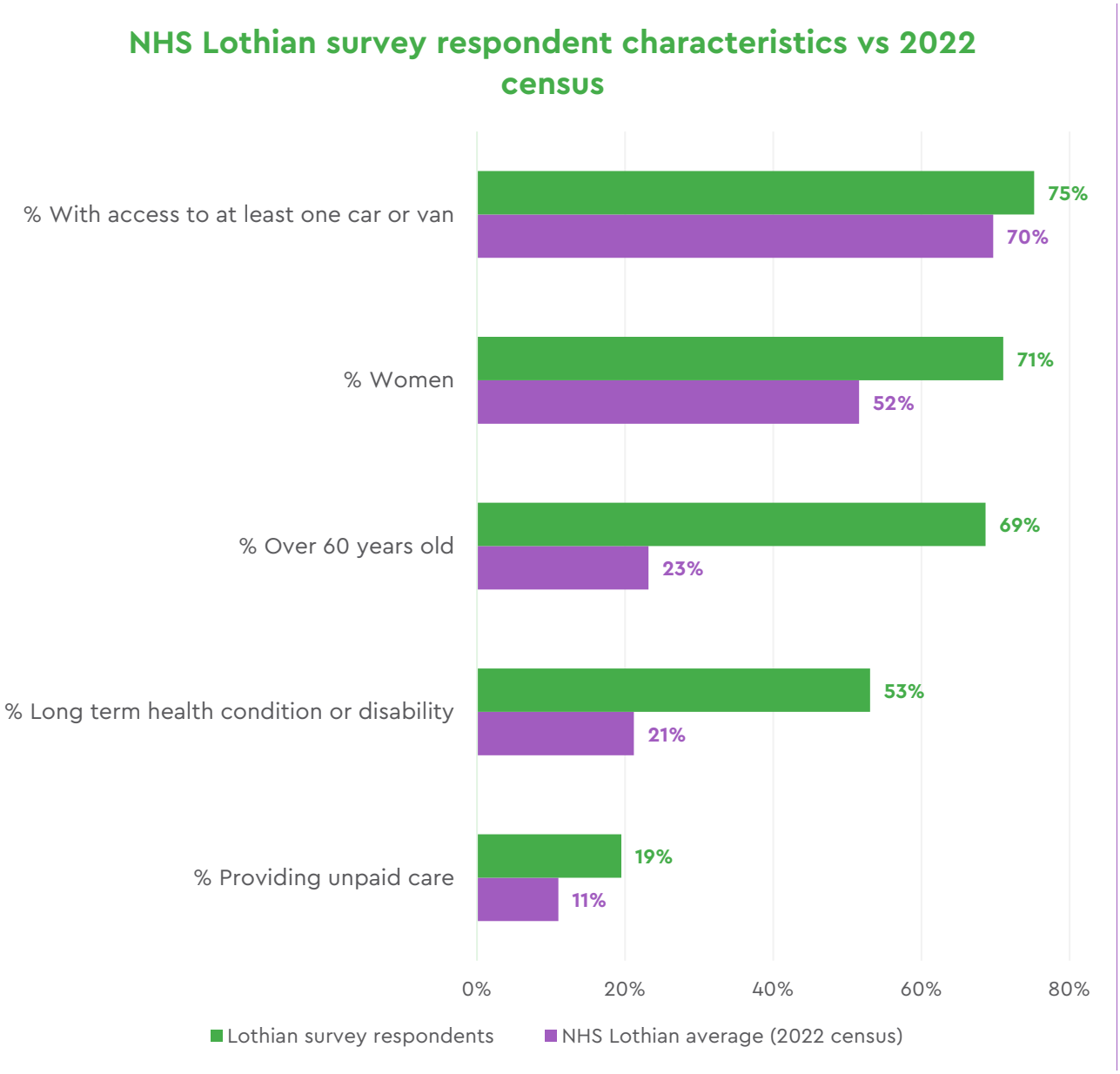

Figure 5: NHS Lothian survey respondents vs Lothian general population (2022 census)

Patterns of healthcare use

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.

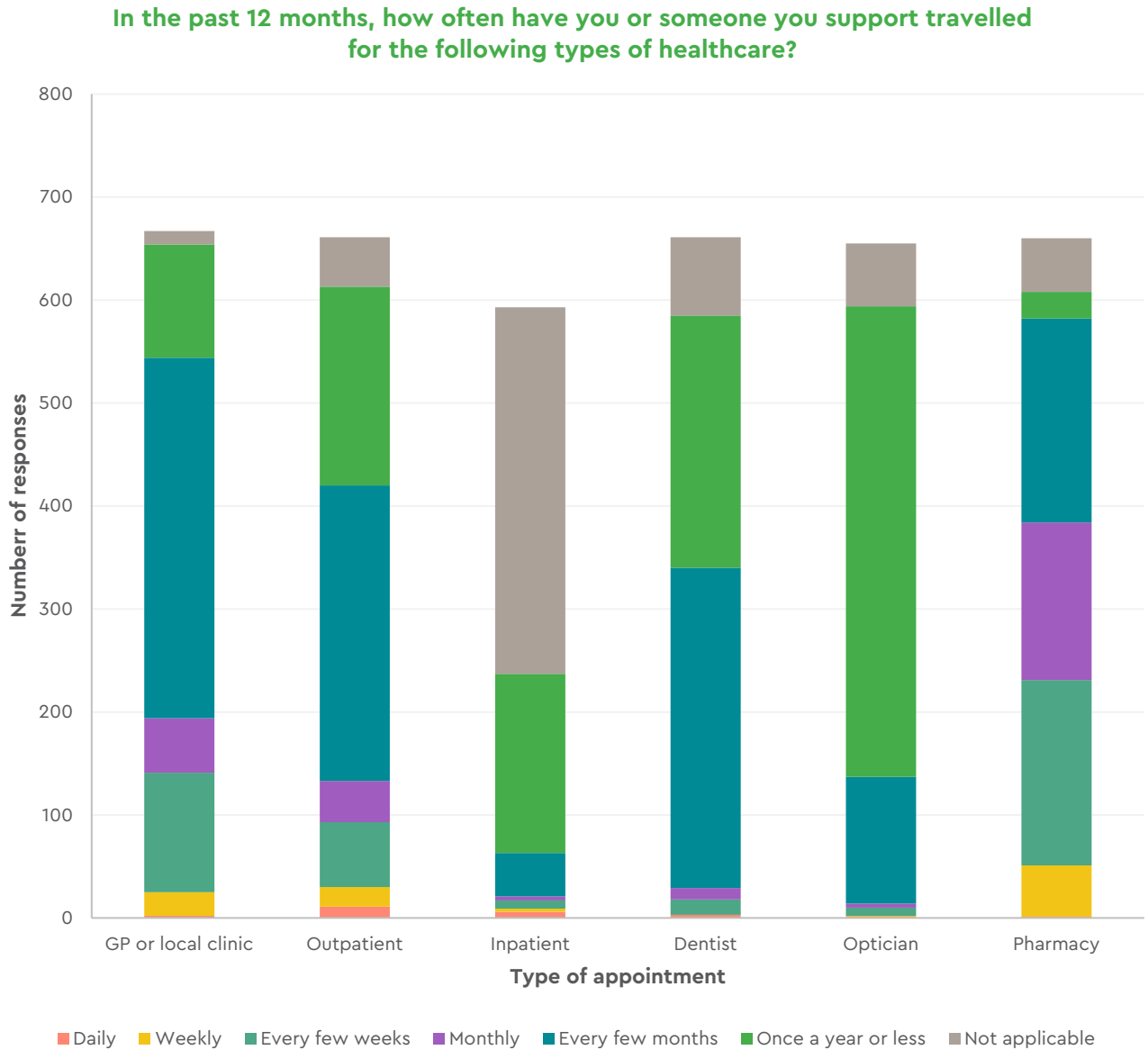

Figure 6: Frequency of visits

The frequency of travel to different healthcare appointment types was consistent between NHS Lothian as a whole and the City of Edinburgh.

How long journeys take

Journey times vary by type of appointment. GP or local clinic and pharmacy appointments were most commonly reached within 15 minutes. Outpatient, dental and optometry trips fall mainly within the 15–30-minute range, while hospital-based or inpatient journeys are more likely to exceed 30 minutes. Inpatient appointments were associated with the longest travel times, with a higher proportion of respondents reporting journeys of over 60 minutes, suggesting greater travel burdens when accessing hospital-based care.

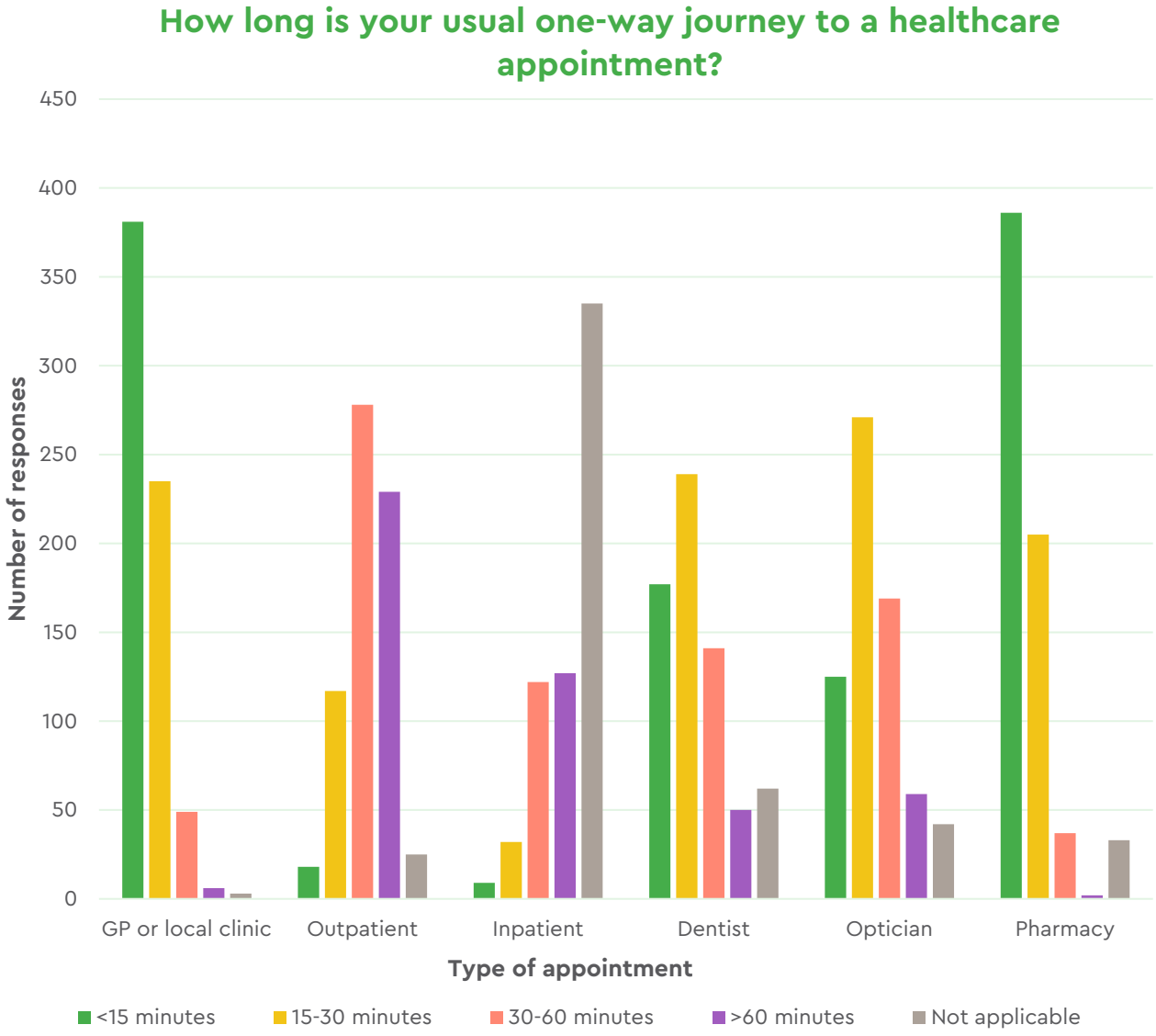

Figure 7: Journey time

The difference in reported journey times between those living in the City of Edinburgh and wider NHS Lothian responses was negligible. A similar pattern of longer journey times for secondary care appointments was evident from respondents in Edinburgh, despite a denser public transport network and closer proximity to large acute hospitals. This may be due to traffic congestion which affects both car drivers and bus passengers. Some appointments being located at St John's Hospital in Livingston may also contribute to slightly longer journey times.

How people travel to healthcare

Car travel (as a driver or passenger) is the predominant main mode for respondents across the Lothian area. Bus travel represents the most common public transport mode, and is particularly significant in Edinburgh, where respondents report higher levels of bus use. Walking is commonly used for nearby GP or pharmacy appointments.

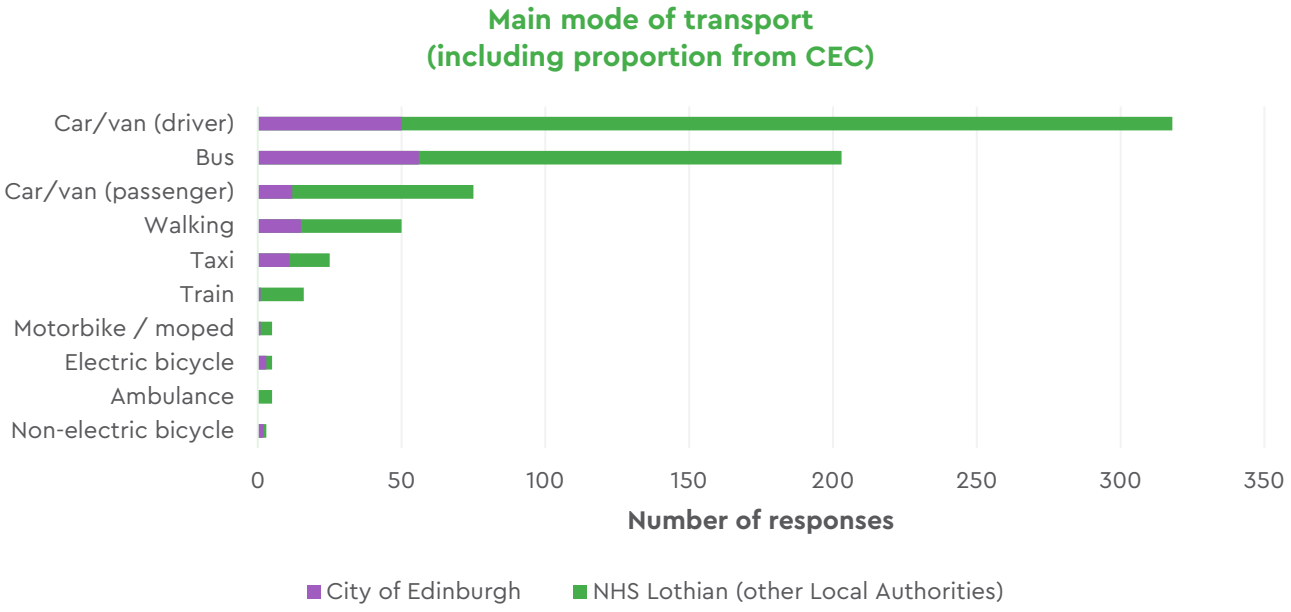

Figure 8: Main mode of transport (including highlight of those from CEC)

In terms of backup options, many respondents indicated that they would switch from their usual mode to public transport or rely on lifts from family or friends if their main option was unavailable. Taxis were also used as a fallback by a smaller proportion of respondents. Many reported having no backup transport mode, highlighting potential vulnerability if their usual travel option is disrupted.

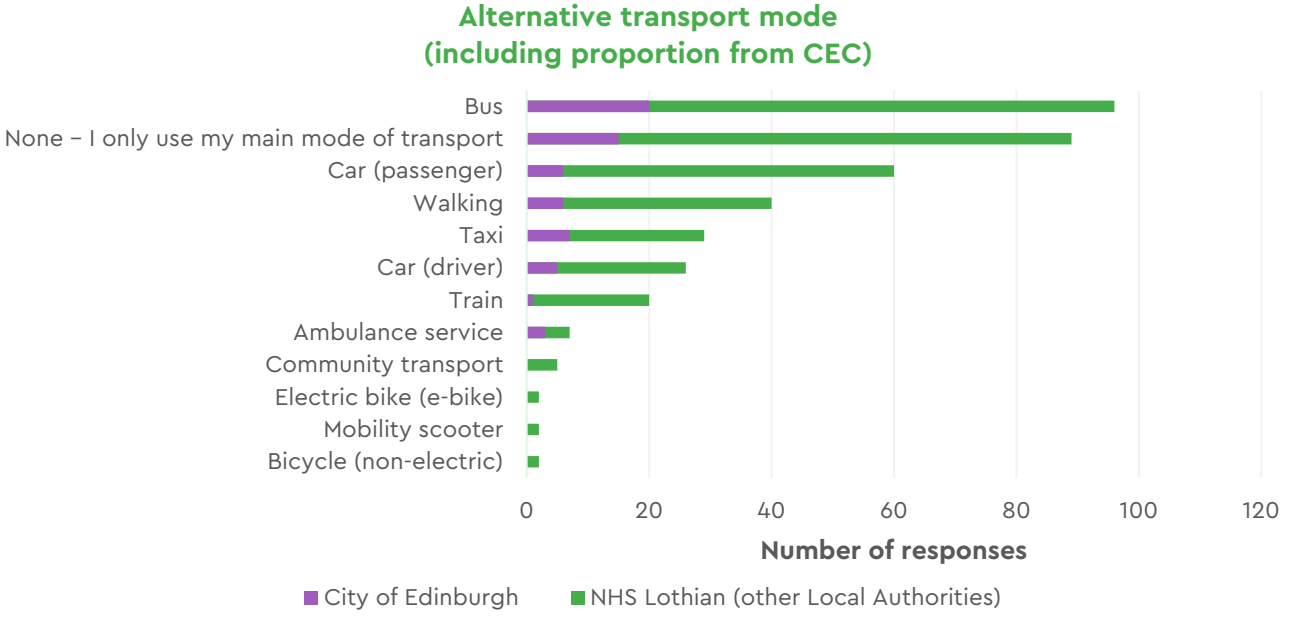

Figure 9: Alternative transport mode (including highlight of those from CEC)

Reliability of available transport

Most respondents reported that their usual transport to healthcare is reliable. Around 44% stated it is usually reliable and a further 30% described it as always reliable. 18% reported that transport is "sometimes unreliable" and 8% "often unreliable", indicating that while overall reliability is generally good, there are pockets of inconsistency that affect a minority of users.

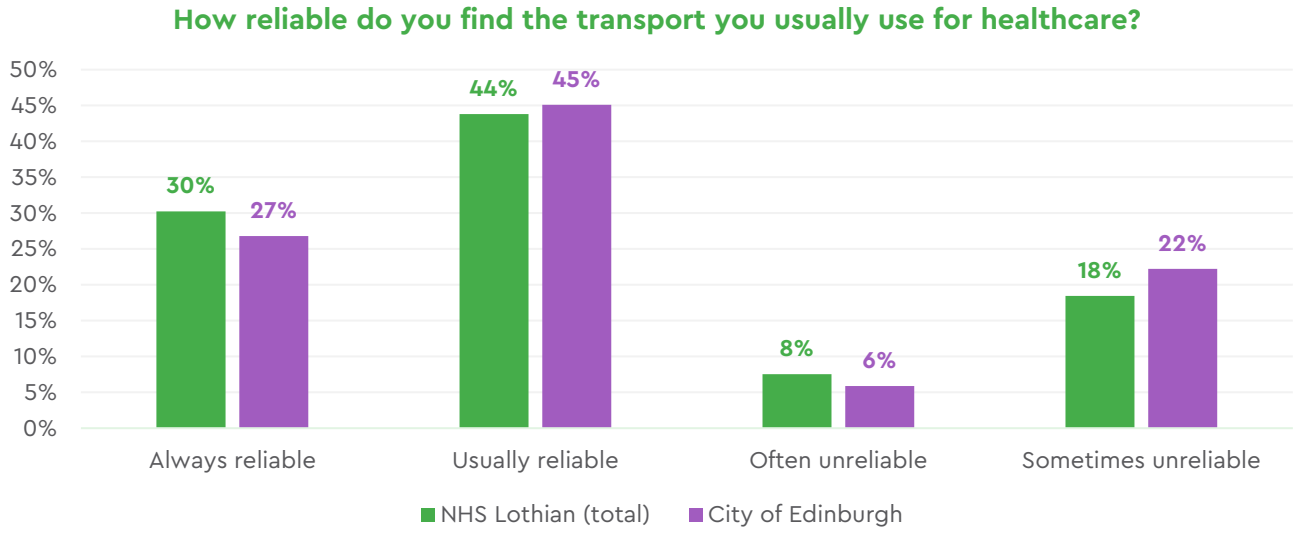

Figure 10: Transport reliability

Missed or delayed healthcare due to transport

Over one third of respondents (36%) reported that they have missed or delayed a healthcare appointment due to transport issues, while 58% said they had not. A small proportion (6%) were unsure. Among those affected, the most common reasons were traffic delays and delayed transport services. Accessibility and mobility issues were also a significant factor. Other contributing reasons included reliance on family for transport and parking difficulties, while costs, poor connections, distance, lack of information and personal car issues were cited less frequently.

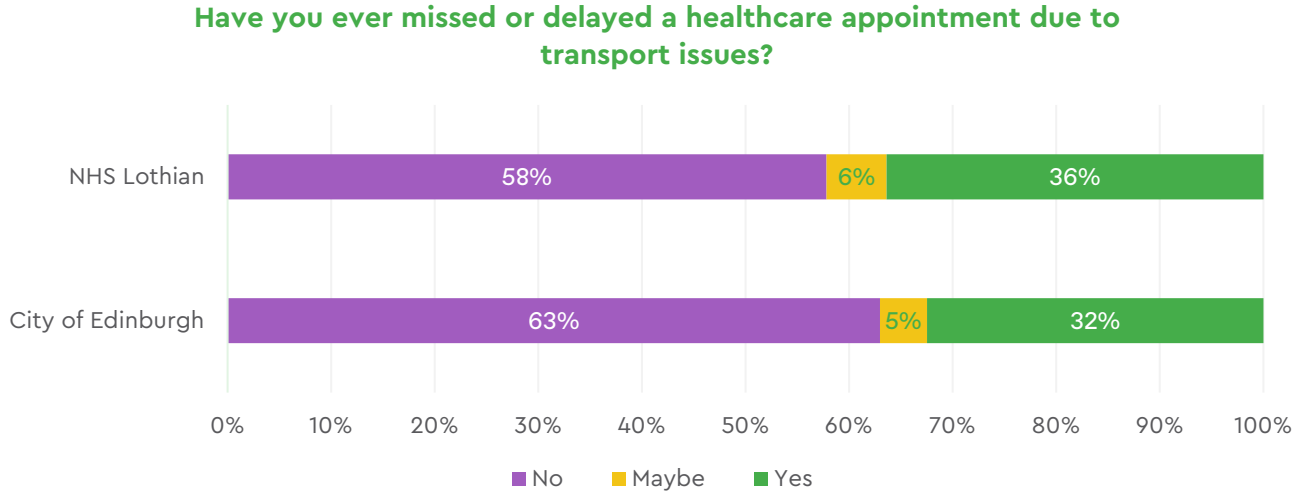

Figure 11: Missed appointments

For those that had missed appointments due to transport issues, and more specifically, a lack of suitable transport options. Accessibility and mobility issues were also commonly cited barriers. A smaller number of respondents highlighted over-reliance on family members for lifts and difficulties with parking. Other factors, including poor transport connections, personal care issues, lack of information, cost and distance, were mentioned less frequently.

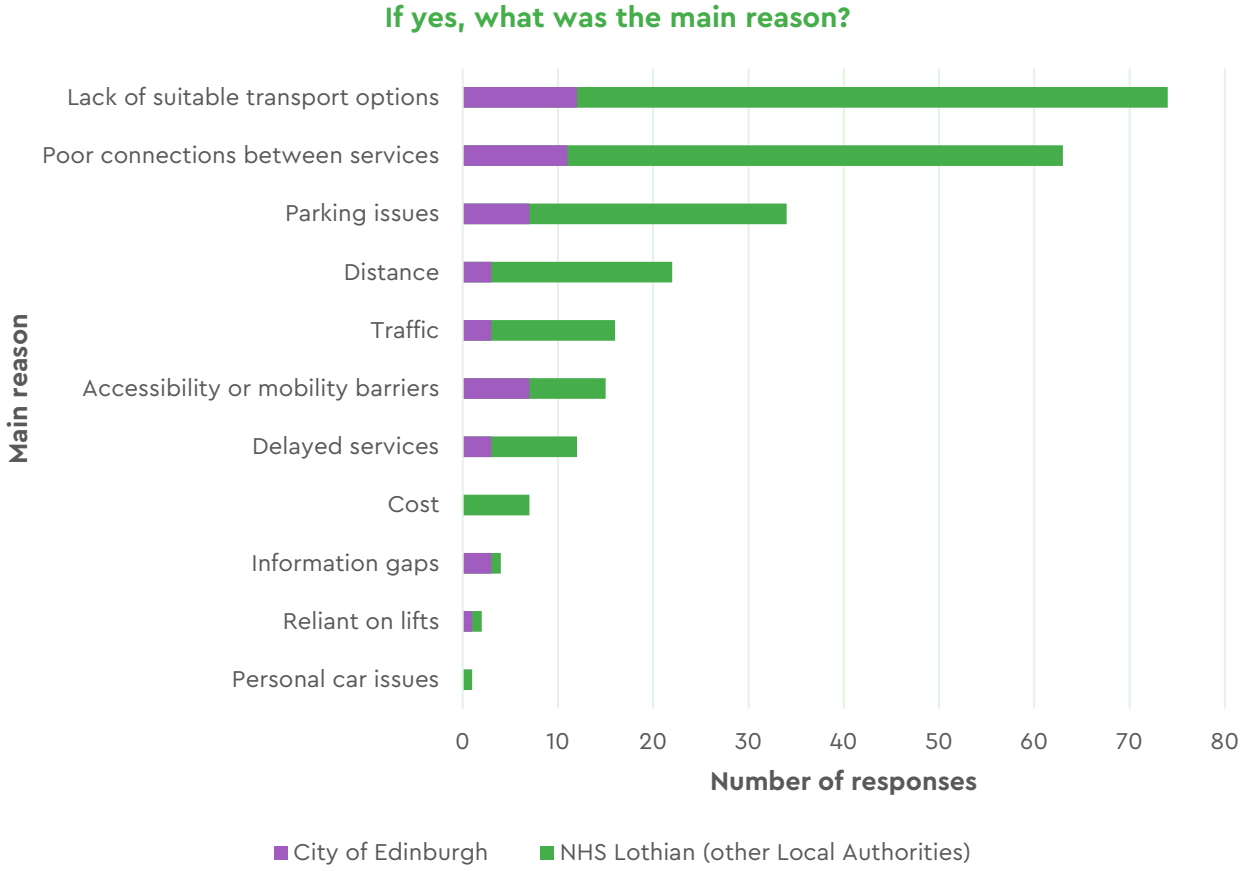

Figure 12: Main reason for missed appointments (including highlight of CEC responses)

Effect of transport costs on attendance

Most respondents (76%) stated that transport costs do not affect their decision or ability to attend healthcare. However, 11% reported that costs do affect their attendance, and a further 13% said that costs sometimes have an impact. This indicates that while cost is not a barrier for most, it remains a significant issue for a minority of patients.

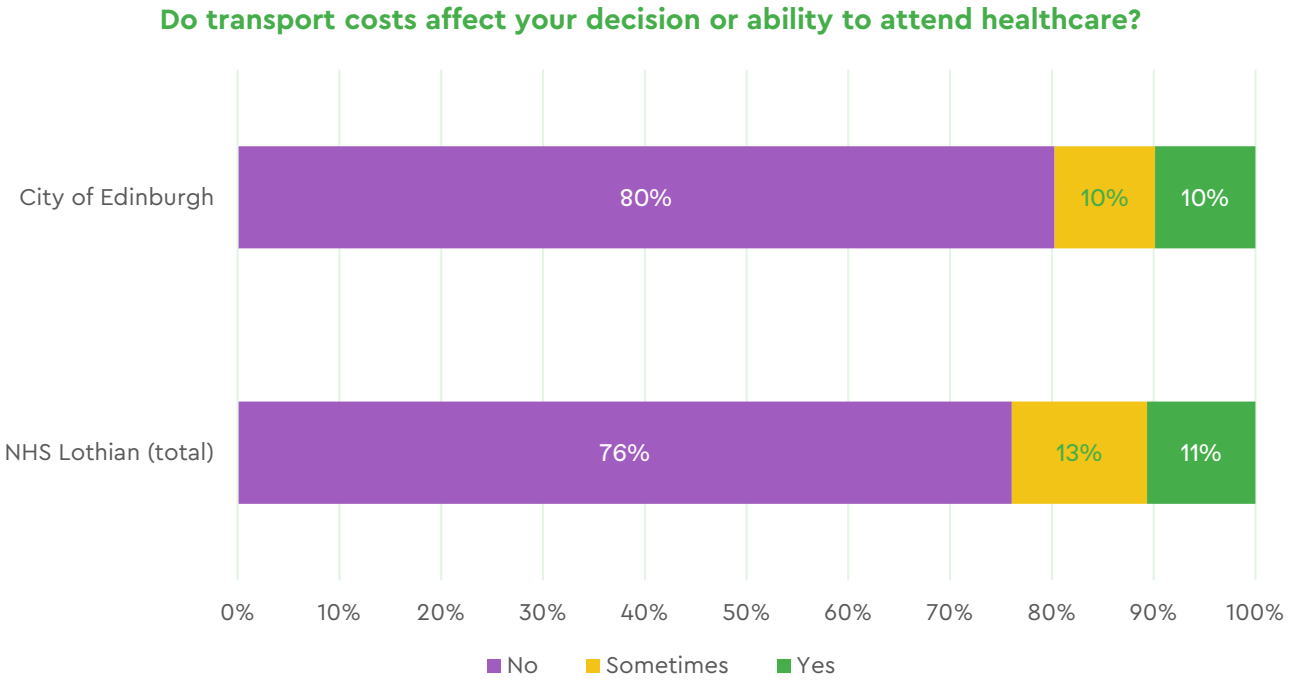

Figure 13: Transport affects healthcare

Cost of the most recent healthcare journey

Most respondents reported that their most recent return journey to a healthcare appointment did not cost anything. Among those who did incur a cost, 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, this suggests that while most journeys are low cost or free, a minority of patients face higher travel expenses.

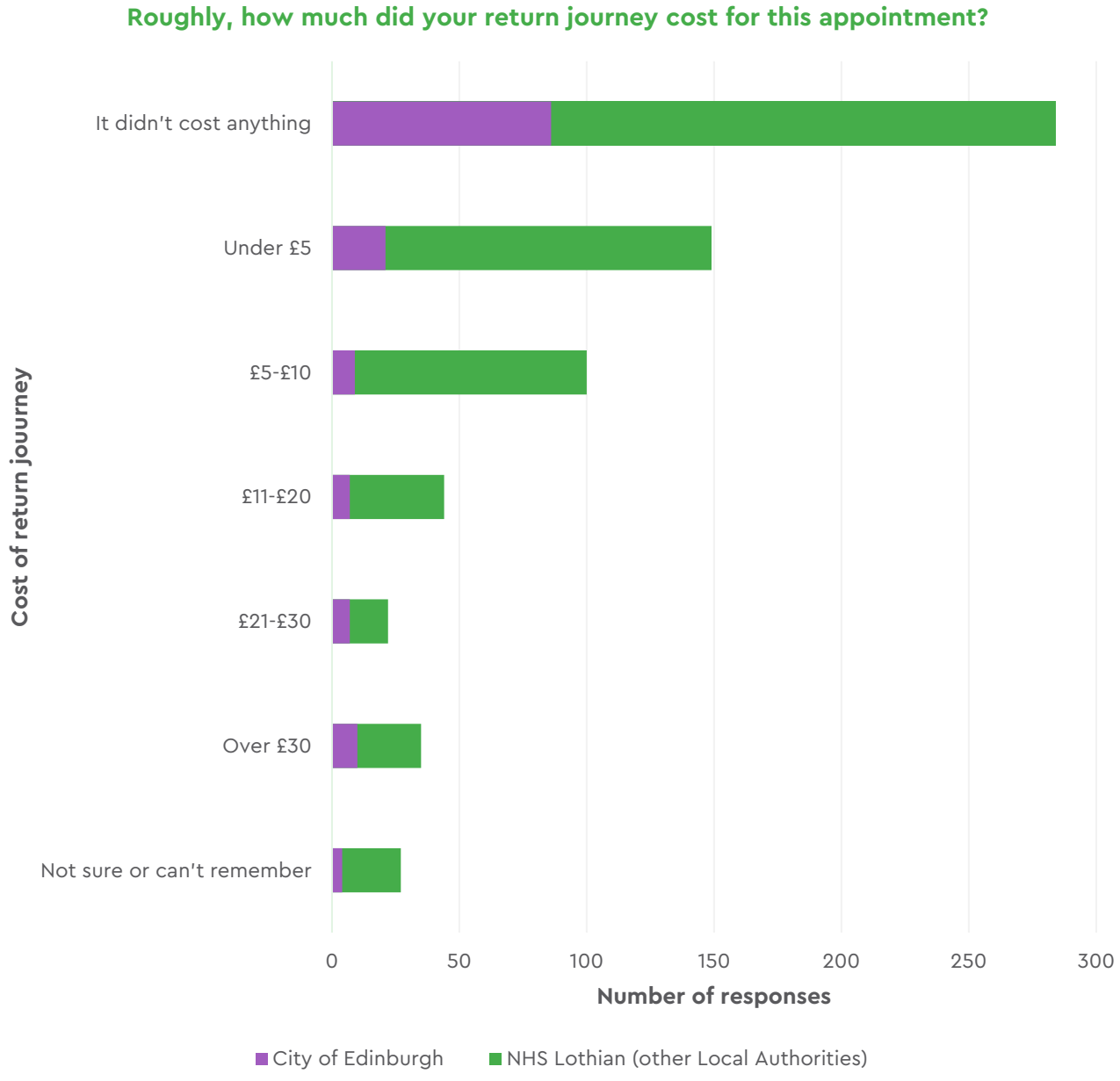

Figure 14: Cost of journey

How people find travel information

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.

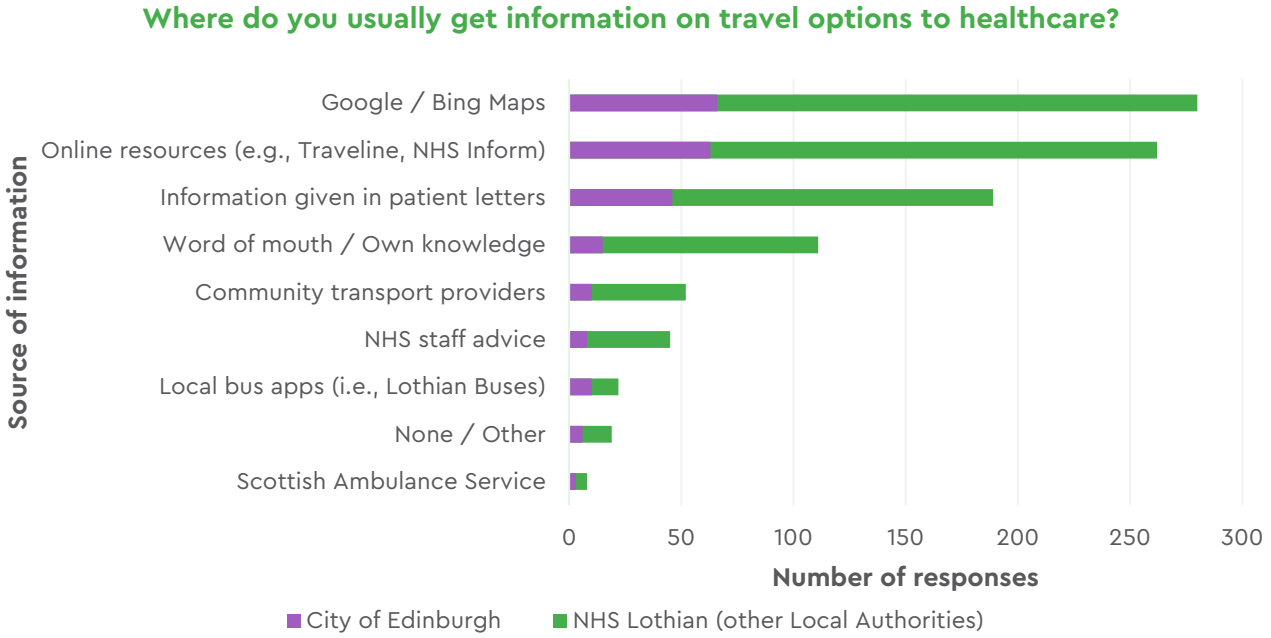

Figure 15: Where do you get your information?

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 stated that it is "always" easy. A notable minority reported that they rarely or never find the information easy to access or understand.

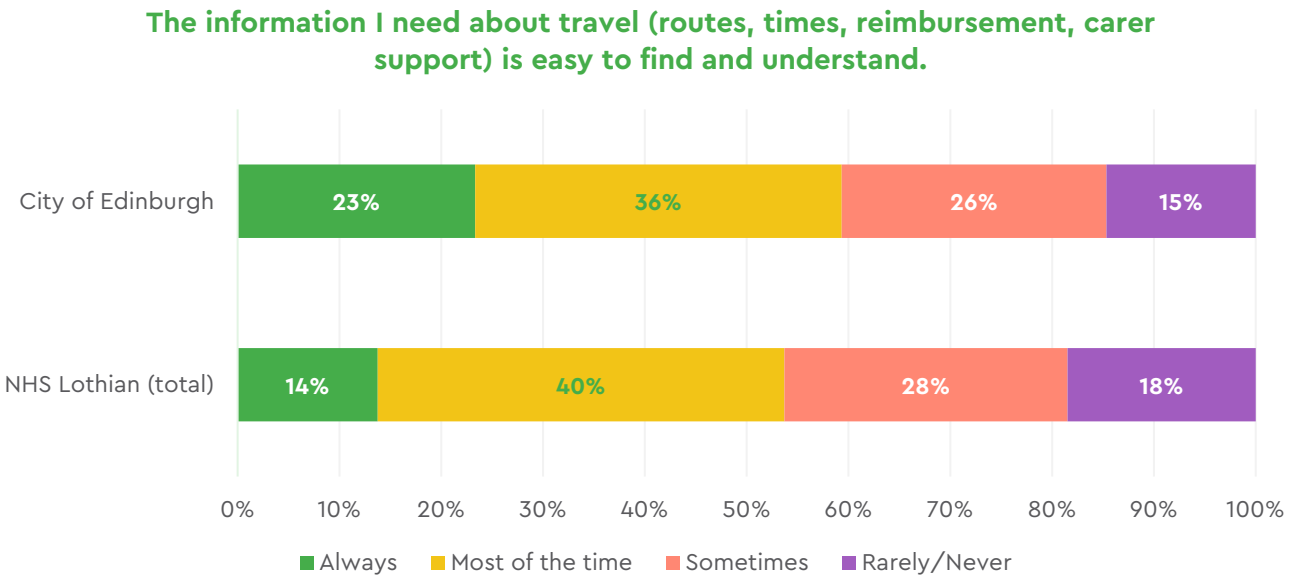

Figure 16: Digestible information

Many respondents reported not needing additional help to find or book transport. However, 'Easier to use digital tools or websites' was the most popular intervention selected. This is followed by paper timetables or leaflets and in-person support. This demonstrates that to improve information about transport options to healthcare appointments a variety of methods need to be employed to reach as many people as possible.

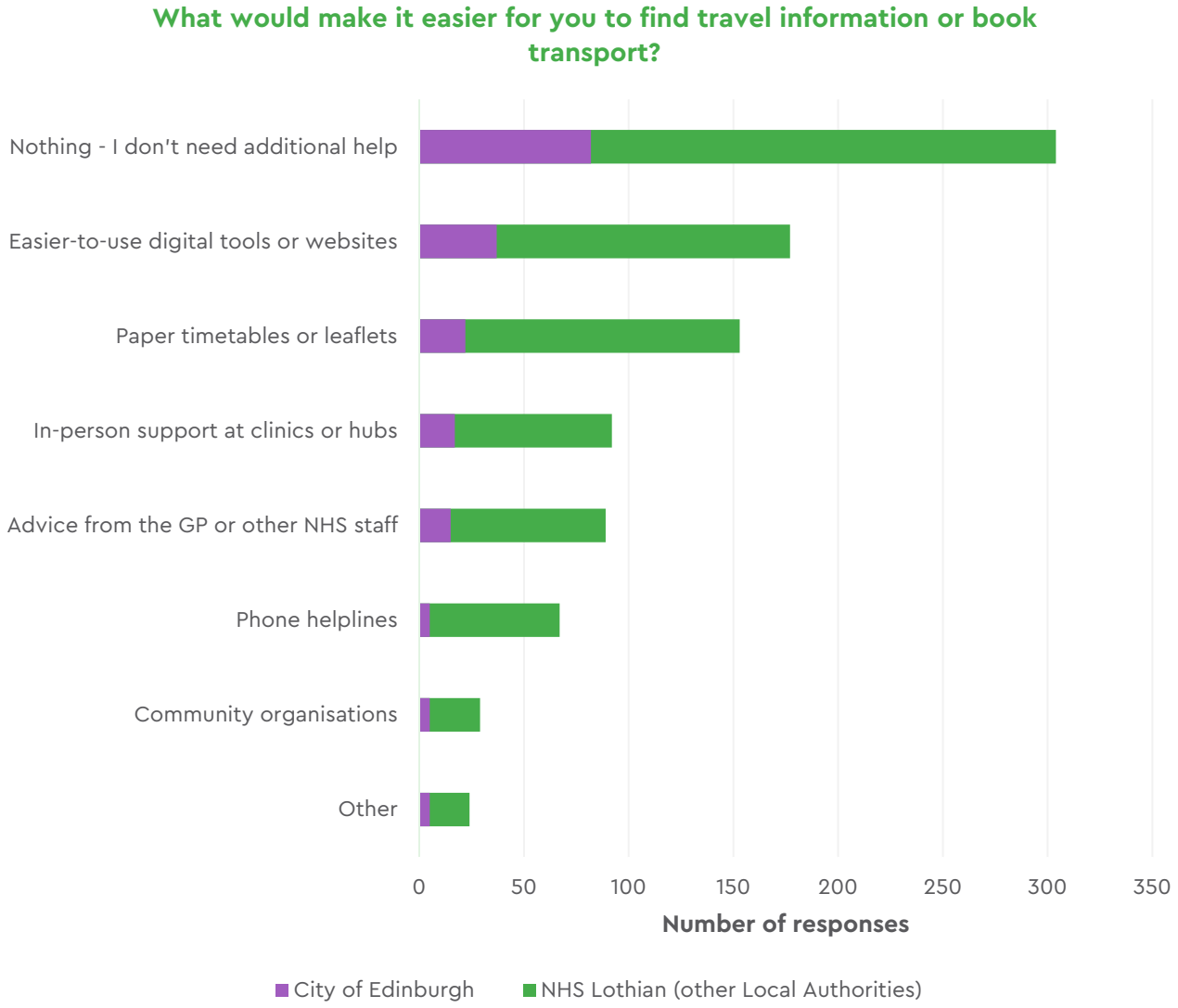

Figure 17: what would make it easier to book?

Digital confidence in planning healthcare travel

Digital confidence is generally high among respondents in NHS Lothian. Most report being "very" or "fairly" confident using online tools for planning or booking transport. A minority indicate limited confidence, highlighting the need for accessible non-digital options.

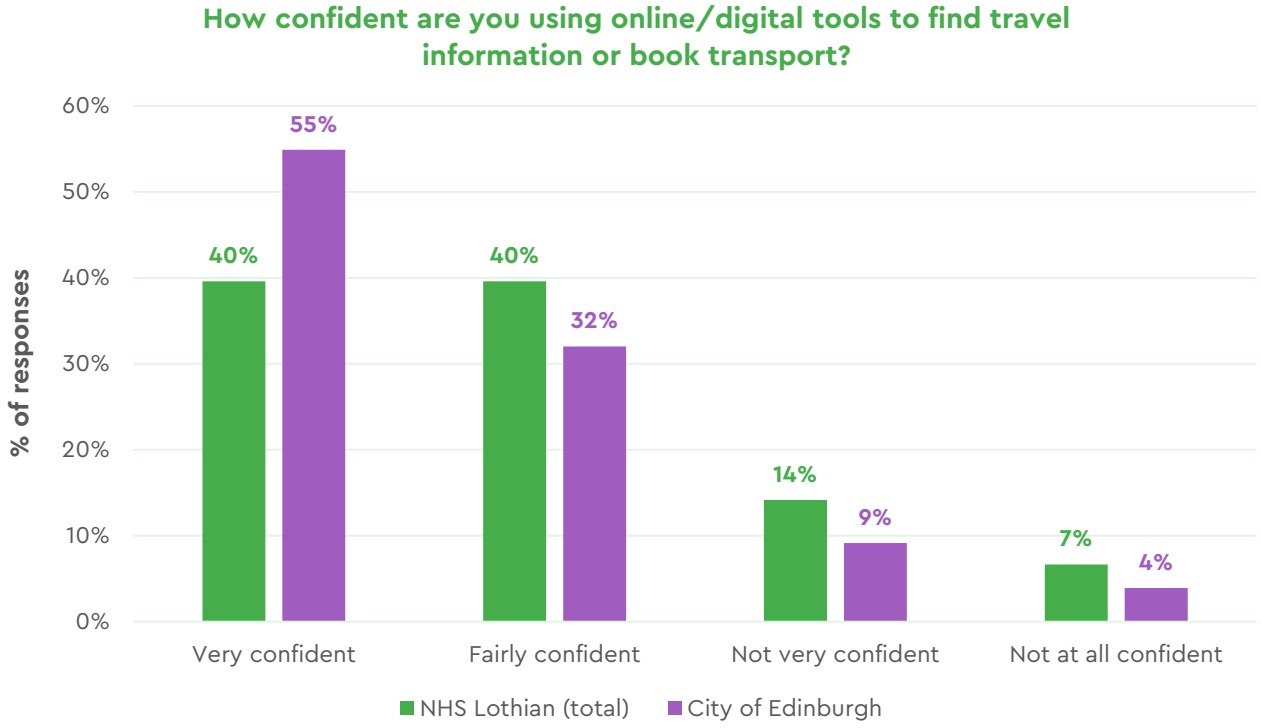

Figure 18: Confidence online

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

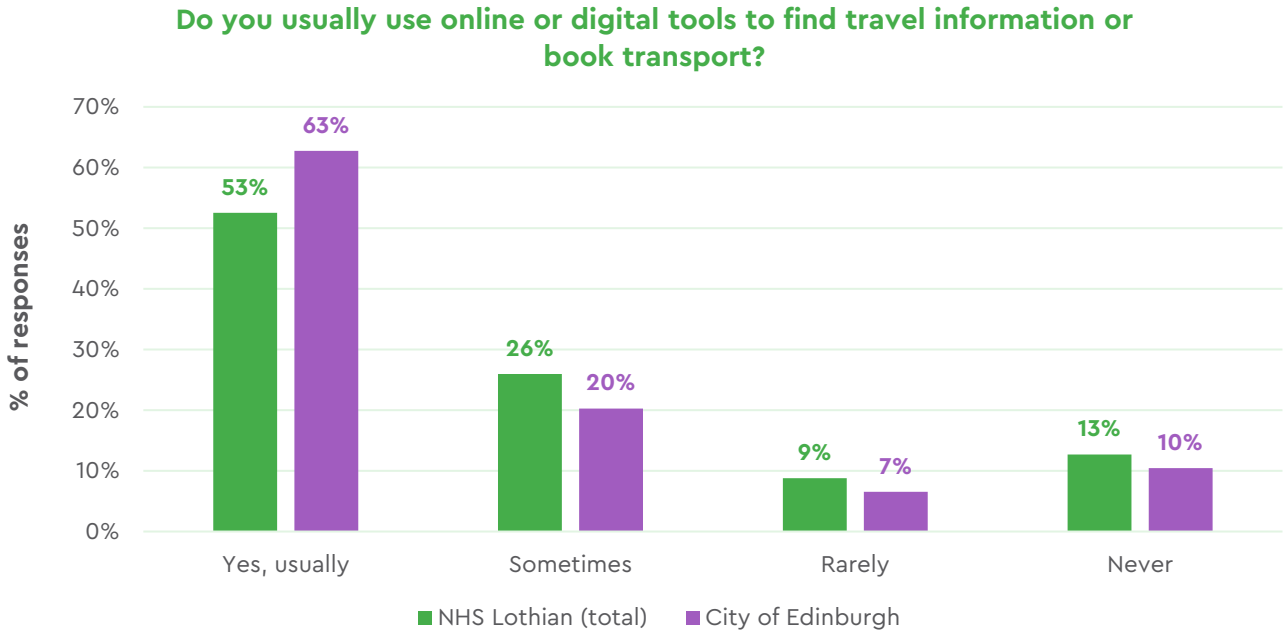

Figure 19: How do you use online tools

Severity of transport barriers

Respondents identified several significant transport barriers affecting access to healthcare. The most severe and commonly reported issue was the lack of direct public transport routes to healthcare facilities. Parking difficulties were also a major concern, particularly for hospital-based appointments. Poor connections between different transport services, such as bus, rail, taxi and community transport, were highlighted as a further barrier. A moderate number of respondents also reported challenges linked to limited service availability and difficulties with coordination and information across agencies. Cost and access to appropriate support for disabled people and carers were identified as additional, though less widely reported, barriers.

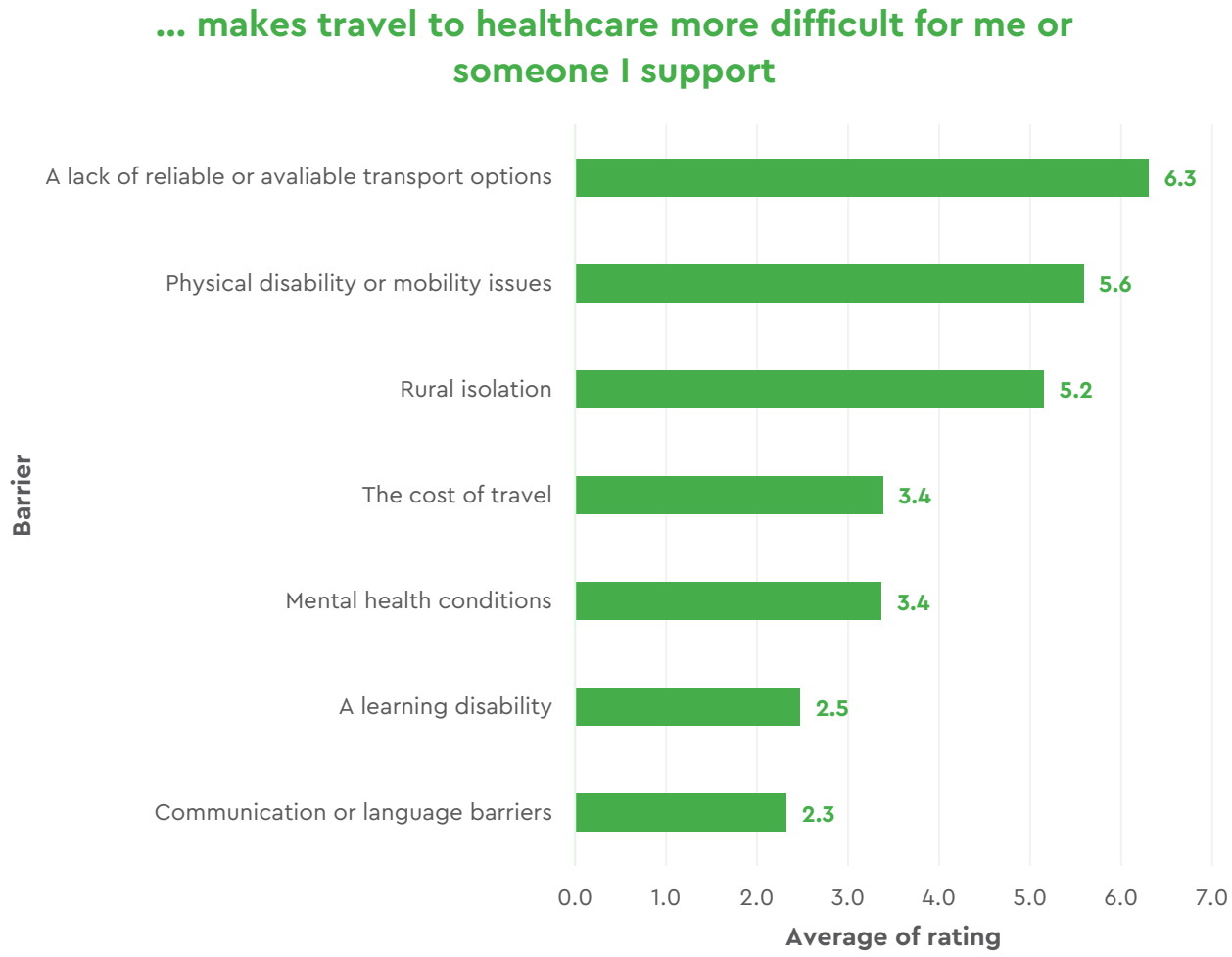

Figure 20: Difficulties with travel

Responses from the City of Edinburgh followed a similar pattern to those of NHS Lothian overall. However, the salience of 'Rural isolation' as a barrier to healthcare travel was much reduced for Edinburgh residents.

Which groups experience the greatest barriers

People with disabilities and long-term health conditions were more likely to experience accessibility and mobility-related barriers, including difficulties using public transport and reliance on others for lifts. Older people were more affected by digital barriers, limited service availability and reduced confidence in using online tools.

Carers frequently reported time pressures, reliance on others, and the complexity of coordinating transport around caring responsibilities.

Reported Transport Barriers by Disability Status

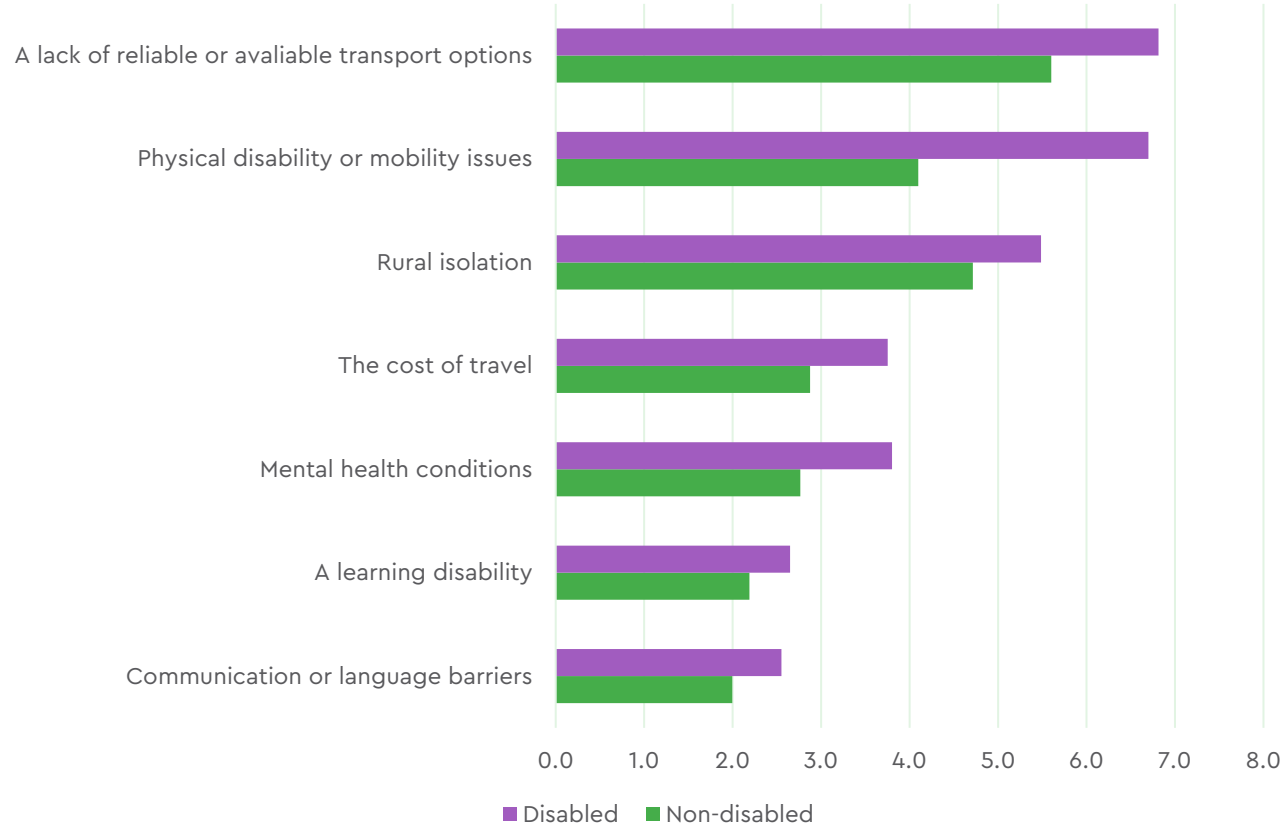

Figure 21: Transport barriers

What solutions people will consider

The most likely solution respondents were to consider to help access healthcare was remote consultations. This shows there is a willingness among patients to receive more care without travelling to appointments in person, this could help reduce journeys to healthcare for some suitable use cases. Hospital or clinic transport was the second most popular option, demonstrating a strong demand for purpose-built transport, particularly for healthcare journeys, alongside evidence that existing options do not meet the needs of all users.

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

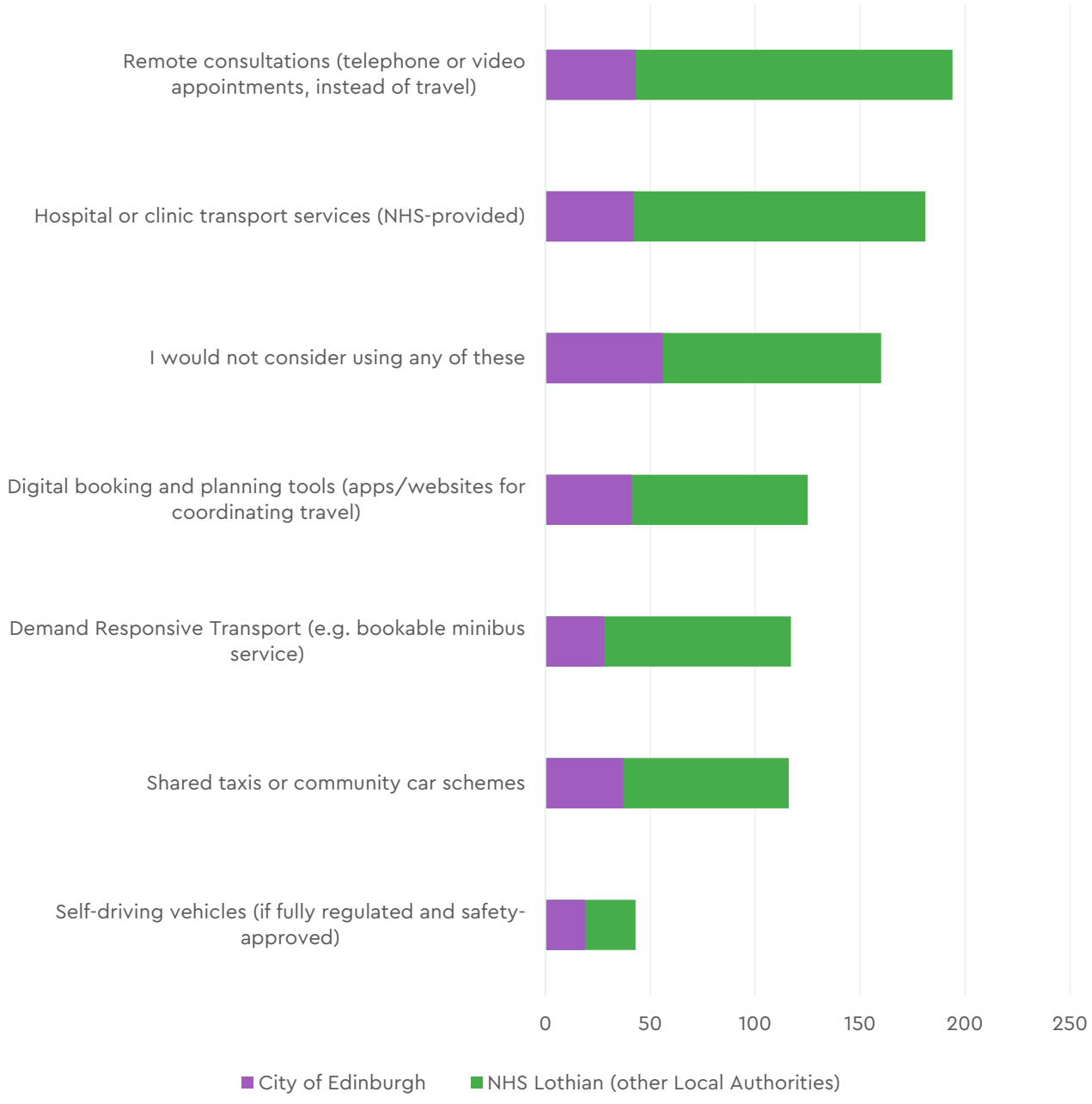

Figure 22: What would help access healthcare

Qualitative insights: Lived experience of travelling to healthcare

Open-text responses from NHS Lothian residents provide important context to the survey findings. Several consistent themes emerged across Edinburgh, East Lothian, Midlothian and West Lothian, reflecting a combination of long journeys, indirect routes, accessibility issues and reliance on private or informal transport.

Indirect, lengthy or multi-stage public transport journeys

Across NHS Lothian, respondents consistently described significant challenges related to the availability of accessible transport, long journey times and the distance to healthcare services. For many, accessing hospital care requires multiple bus journeys, long travel times and complex planning, particularly where there is no direct bus route to major hospital sites.

Several respondents reported that travelling to hospitals such as the Royal Infirmary of Edinburgh, Western General and St John's Hospital often requires two buses or a combination of bus, train and taxi, with journeys taking up to 90 minutes each way or longer. One participant explained:

> "If my husband is not available to drive us it's two buses to get to RIE... which can take anything from 35 minutes to 1 hour 15 minutes each way."

Long journeys were particularly difficult for those who do not drive:

> "I don't drive so rely on public transport and living at the opposite side of the city to the hospital takes almost 1.5 hours each way."

Distance to services was also linked to the centralisation of care, with people frequently being referred outwith their local area for treatment. This resulted in journeys that were described as time-consuming, stressful and costly, especially for older people:

> "We are elderly... we need to drive to the railway station, catch the train and take a taxi. This can be expensive and takes up a lot of time."

In some cases, people were required to travel over 28 miles for day surgery, which was viewed as unreasonable and avoidable where local facilities exist:

> "Don't send people 28 miles away for day surgery."

Lack of direct routes and reduced bus frequencies

A recurring theme was the lack of direct public transport routes to NHS facilities, even from densely populated areas. Respondents described routes being indirect, poorly connected or having reduced frequency over time.

One respondent from Leith highlighted the impact of this on someone with limited mobility:

> "There is no direct bus from Leith to the Western General... my partner is not up to walking between bus stops or sitting waiting for the connecting bus."

The absence of direct services was particularly problematic for regular outpatient and secondary care appointments:

> "The difficulty for me is there is no direct bus to ERI which I have to attend every 6 months."

Indirect routes often added significant additional travel time and resulted in time off work:

> "Indirect bus services approx. 2 hours one way (time off if workday)."

Parking pressures and continued reliance on the car

Parking availability at hospitals was another commonly reported barrier. Even where respondents had access to a car and a Blue Badge, parking close to hospital entrances was not guaranteed:

> "My husband has a blue badge, but you can't guarantee a parking place that is close enough to hospital."

As a result, some respondents relied on private cars due to limited suitable public transport options, particularly where connecting services were unreliable or physically demanding. For these users, parking pressures at hospital sites add further stress and barriers. Park and Ride was used as a compromise by some, although this increased journey length:

> "I am more likely to drive to the Park & Ride and then get a bus... which makes it a much longer journey."

Accessibility barriers for disabled people and those with long-term conditions

For people with limited mobility, transport challenges were compounded by limited accessible options. Respondents highlighted a shortage of wheelchair-accessible taxis, with many tied into school transport contracts:

> "Only a few taxis in our area take wheelchairs and a lot of these are tied into school contracts."

> "My partner can't manage the walk between connecting buses."

Health conditions also influence travel planning:

> "We have to consider times if she needs to access toilets which could mean getting off a bus to find a toilet."

These factors made public transport unpredictable, physically demanding and unsuitable for some patients.

Cost, stress and reliance on informal support

For those without access to a car, arranging transport often depended on family, friends or lifts, creating stress and uncertainty, especially following procedures:

> "If we can't get a lift, I don't know what we'll do as we can't afford a taxi, and he can't get a bus when he's had a painful surgical procedure."

Transport costs were also a concern for longer journeys involving trains and taxis. This created an additional burden for older people and those on fixed incomes:

> "We are elderly... train plus taxi is expensive and takes a lot of time."

Summary of insights for NHS Lothian

Evidence for NHS Lothian highlights a series of transport pressures shaped by the centralisation of acute care in Edinburgh and the diverse settlement patterns across the Health Board.

Key themes emerging from the data and lived experience

- **Hospital journeys are significantly longer and more complex than primary care travel**
  Many residents across East Lothian, Midlothian and West Lothian report hospital journeys of 60–90 minutes involving two buses or multimodal trips, reflecting indirect connections to major sites such as RIE, WGH and St John's.

- **Lack of direct public transport routes is the most consistently reported barrier**
  Indirect services, limited frequency and poorly aligned timetables particularly affect regular outpatient users and those travelling for specialist care.

- **Continued dependence on private cars despite parking pressures**
  Although Edinburgh has good public transport coverage, many respondents rely on driving due to journey complexity and accessibility issues.

- **Disabled people and those with long-term conditions face disproportionate barriers**
  Limited availability of accessible taxis, long walking distances between interchanges and the physical demands of multi-stage travel make public transport unsuitable for many.

- **Cost is not a universal barrier but can be significant for those without car access**
  Rail–taxi combinations and long bus trips impose financial strain, especially on older and low-income residents.

- **Spatial disparities are clear across the Board area**
  Edinburgh respondents experience shorter, more reliable journeys, whereas outer authorities report the longest travel times, higher reliance on informal support and the fewest direct hospital connections.

- **Overall**
  NHS Lothian performs relatively well for primary care access but less effectively for hospital and specialist appointments, creating a pattern of disadvantage for disabled people, older adults and residents living further from Edinburgh's main hospital sites.

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