

# **Tell us what you think about the Patient Transport Service**

**Involvement findings report**

**Final – September 2026**

**The Involvement Team**

**Better health  
and wellbeing for all...**

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## Plain English summary

### Background and why we did this work

The NHS provides Patient Transport Services (PTS) for people who cannot travel safely to healthcare appointments because of their health or mobility needs.

The NHS is reviewing how this service works to make sure it is fair, consistent and available for the people who need it most.

Before making any decisions, we wanted to hear from people who use the service, their carers and the wider public. We asked people what they thought about the proposed changes, what might work well and what they were worried about.

We collected feedback through a public survey, conversations led by Healthwatch, and discussions with patient groups and community organisations. The views shared in this report will help inform future decisions.

### Who we heard from

We spoke with 1,466 people.

- A total of 1,385 people completed our survey. This gave us information about people's experiences, views and concerns.
- Healthwatch also spoke to 81 people through interviews and small group discussions. These conversations gave people the chance to talk in more detail about how Patient Transport Services affect their lives.

We also heard from patient forums, community groups and voluntary organisations to help us understand the views of different communities across the North East.

By using different ways to gather feedback, we were able to hear from a wide range of people and better understand what matters most to those who rely on Patient Transport Services.

### What people told us

#### Patient Transport Services are important

People told us that Patient Transport Services (PTS) are much more than a way of getting to hospital. Many said the service is a lifeline because it helps them get the healthcare they need. Without it, some people said they would not be able to attend appointments at all.

#### Many people have no other way to travel

Many people said they do not have another way to travel. Public transport can be difficult to use because of poor health, mobility problems, long journeys or where they live. Paying for taxis can be expensive, especially for people who need regular treatment. Family and friends are not always able to help.

#### People are worried about losing access to healthcare

Many people understood why the NHS is reviewing the service and agreed that support should go to the people who need it most. However, they were worried that some people could miss appointments or become less healthy if they could no longer use Patient Transport Services.

### **People want decisions to be fair**

People said that decisions should look at the whole person, not just one medical condition. They wanted assessments to take account of things like physical and mental health, mobility, disability, where someone lives, their financial situation, and whether they have anyone who can help them travel.

### **Most people understood the proposed approach**

Most people understood the idea of looking at someone's individual needs when deciding whether they need Patient Transport Services. More than eight in ten people (83%) said the idea of a needs-based assessment was clear. Almost eight in ten (78%) also felt positive about having a short conversation with a member of the team about their travel needs before booking transport.

### **Good communication matters**

People said that clear communication is very important. They wanted easy-to-understand information about who can use the service, what any changes would mean, and what other travel support is available. They also wanted better communication about pick-up times, delays and return journeys.

### **People shared ideas to improve the service**

Many people suggested ways to improve the current service. These included making the booking process easier, making decisions more consistent, reducing the need to repeat the same information, and making sure staff understand people's individual needs.

### **Patient Transport Services support independence**

People told us that Patient Transport Services help them stay independent, get to healthcare appointments safely and reduce barriers to receiving care. They felt that any future changes should continue to protect people with the greatest need and make sure everyone can access the healthcare they need.

## **Conclusion**

This involvement has helped us understand what is important to people who use Patient Transport Services.

People told us that the service is a vital part of helping many patients get to healthcare appointments safely. They also shared ideas about how the service could be improved.

The NHS will use these findings, along with other information, to help make decisions about the future of Patient Transport Services. The views shared through this involvement will help make sure that the experiences of patients, carers and communities are part of the decision-making process.

# Executive summary

## Background

The North East and North Cumbria Integrated Care Board (ICB), working with NHS provider organisations, is reviewing Patient Transport Services (PTS) to ensure they remain fair, consistent and sustainable. The review follows NHS England guidance and considers how eligibility, communication and wider transport support can be improved while ensuring NHS-funded transport remains available for people who need it most.

No decisions had been made at the time of this involvement. The purpose of the involvement was to understand how the proposed changes may affect patients, carers and communities, identify potential barriers to accessing healthcare, and gather feedback to inform future decision making.

## Involvement approach

A mixed-method approach was used to gather feedback from people with experience of Patient Transport Services and the wider public. This included a large-scale public survey, qualitative conversations facilitated by Healthwatch, and discussions with patient forums and community groups. Efforts were made to hear from people who may experience greater barriers to accessing healthcare, including older people, disabled people, people living in rural communities, those on low incomes and people receiving regular hospital treatment.

## Response and reach

The involvement generated a high level of participation from across the North East and in total, we heard from 1466 people.

A total of 1,385 people completed the public survey, providing both quantitative and qualitative feedback. Healthwatch also listened to 81 people through one-to-one interviews and discussion groups, with additional feedback gathered through patient forums and community organisations.

Most participants had direct experience of using Patient Transport Services and many were living with long-term health conditions, disabilities or mobility difficulties, ensuring the findings reflect the views of people most likely to be affected by future changes.

## Key findings

Several consistent themes emerged across all involvement activities.

Participants described Patient Transport Services as an essential service that enables access to healthcare rather than simply providing transport. Many regarded the service as a lifeline that supports independence, dignity and confidence when attending healthcare appointments.

Although many participants understood the reasons for reviewing the service and broadly supported the principle of a needs-based assessment, there were widespread concerns

about how changes might affect access to healthcare. Many worried that some people would no longer be able to attend appointments because of mobility difficulties, disability, limited public transport, long travel distances, financial pressures or a lack of support from family and friends. Survey findings showed broad understanding of the proposed approach. More than eight in ten respondents (83%) said the concept of a needs-based assessment was clear, while almost eight in ten (78%) expressed a positive view towards having a short conversation about their travel needs before booking patient transport. However, this acceptance of the proposed assessment approach sat alongside concerns about how changes might affect access to healthcare, particularly for people with mobility difficulties, disabilities, limited transport options or little support from family and friends.

Across all involvement methods, respondents consistently highlighted the importance of assessing people according to their individual circumstances rather than applying fixed rules. Participants emphasised that transport needs are often influenced by multiple factors, including physical health, mobility, mental health, sensory impairments, cognitive needs, rurality and available support.

Communication emerged as one of the strongest themes throughout the involvement. Participants wanted clearer information about eligibility, proposed changes, alternative transport options and the Healthcare Travel Costs Scheme. There was also strong support for improving communication during journeys, particularly around delays and return transport.

Respondents also identified opportunities to improve the current service, including greater consistency in eligibility decisions, reducing the need for people to repeatedly explain their circumstances, improving booking processes and increasing awareness of alternative transport support.

## **Implications for the system**

The findings suggest broad support for improving fairness and consistency within Patient Transport Services, provided future arrangements remain person-centred and protect access for those with the greatest need.

The involvement also highlights the importance of designing assessment processes that recognise the complexity of people's circumstances, communicating proposed changes clearly and accessibly, and ensuring that suitable alternative support is available where appropriate.

Alongside informing decisions about eligibility, the findings identify wider opportunities to improve the overall patient experience through better communication, improved booking processes, greater consistency and enhanced signposting to alternative transport options.

## **Conclusion**

This involvement provides a comprehensive understanding of the experiences, concerns and priorities of people who use Patient Transport Services and those who support them.

Across all involvement methods, the consistent message was that Patient Transport Services play a vital role in enabling access to healthcare for many of the region's most

vulnerable patients. Participants recognised the need for a fair and sustainable service but emphasised that any future changes should protect those with the greatest need, minimise barriers to healthcare and continue to support dignity, independence and equitable access to care.

## Key findings (Cross-cutting themes)

The survey, Healthwatch conversations and discussions with patient forums and community groups identified several consistent themes. Although each involvement method explored different aspects of the proposed changes, the same key messages emerged across all forms of involvement, providing a high degree of confidence that these reflect the priorities and concerns of people who rely on Patient Transport Services.

### Patient Transport Services are an essential part of accessing healthcare

Participants described Patient Transport Services (PTS) as much more than a transport service. For many people, it enables access to essential healthcare that would otherwise be difficult or impossible to receive.

People consistently described PTS as a "lifeline", particularly those living with long-term health conditions, disabilities, reduced mobility or sensory impairments. Participants also highlighted the reassurance, practical support and confidence that the service provides, helping people attend appointments safely and maintain their independence.

### Many people have no realistic alternative

One of the strongest themes across all evidence was that alternative transport options are often limited or unsuitable.

Many respondents explained that public transport is inaccessible because of mobility difficulties, complex journeys, poor rural transport links or long travel distances. Taxis were frequently viewed as unaffordable, particularly for people attending regular appointments or travelling to specialist hospitals. While family and friends sometimes provide support, many said this could not be relied upon because of work commitments, caring responsibilities or their own health needs.

Overall, many participants felt patient transport remained their only realistic option.

### Concerns focus on maintaining access to healthcare

Although many people understood the reasons for reviewing eligibility and supported the principle of a needs-based assessment, concerns consistently centred on the potential impact on access to healthcare.

Participants worried that if people could no longer access patient transport, they may delay, miss or decline appointments, leading to poorer health outcomes and widening health inequalities. These concerns were particularly strong for older people, disabled people, those living in rural areas and people without alternative transport or support networks.

### Support for a personalised, needs-based approach

There was broad support for assessing people according to their individual needs rather than applying fixed rules.

Participants recognised that transport requirements are influenced by a combination of factors including mobility, disability, mental health, sensory impairments, fluctuating conditions, distance to hospital, financial circumstances and available support. Many

stressed that decisions should consider a person's overall circumstances rather than a single medical condition or criterion.

### **Communication will be critical**

Communication emerged as one of the most consistent themes throughout the involvement.

People wanted clearer information about the proposed changes, eligibility criteria and the support available if they were no longer eligible for PTS. Participants also highlighted the need for information in accessible formats and through a range of communication channels to meet different needs.

Communication during journeys was also identified as an area for improvement, particularly around delays, collection times and return transport.

### **Assessment processes must be accessible and fair**

Participants generally accepted that discussing travel needs could support a more personalised service. However, there were concerns that assessment processes, particularly telephone assessments, may not fully recognise complex or hidden needs.

People highlighted the importance of drawing on existing medical information where appropriate, avoiding repeated questioning for people with long-term conditions, and involving carers or support workers where individuals need help communicating their needs.

### **Opportunities to improve the current service**

Alongside concerns about the proposed changes, participants identified several opportunities to improve the existing service.

Common suggestions included improving consistency in eligibility decisions, reducing the need to repeatedly provide the same information, improving booking processes, providing clearer information about alternative transport schemes, reducing waiting times and improving communication throughout the patient journey.

### **Protecting dignity, independence and reducing inequalities**

A consistent message across all involvement activities was that Patient Transport Services contribute to far more than transport alone.

Participants described the service as supporting dignity, independence, confidence and wellbeing while reducing barriers to healthcare. Many felt that any future changes should protect access for those with the greatest need and avoid unintentionally increasing health inequalities.

### **Overall**

Participants recognised the need to ensure Patient Transport Services are used fairly and sustainably. However, the consistent message was that any future changes should continue to protect access for people with the greatest need through a personalised, flexible approach that recognises the complex factors affecting an individual's ability to travel safely to healthcare appointments. Communication, consistency and accessibility were seen as fundamental to achieving this.

## Background and context

Patient Transport Services (PTS) provide NHS-funded, non-emergency transport for people who are unable to travel safely to and from healthcare appointments because of their medical condition, mobility, safety or other health-related needs. The service plays an important role in enabling access to healthcare for people who may otherwise struggle to attend appointments independently.

The North East and North Cumbria Integrated Care Board (ICB), working with NHS provider organisations, is reviewing the way Patient Transport Services are delivered across the region. This work follows national NHS England guidance, which was developed following extensive engagement with patients, patient groups, providers, commissioners and other stakeholders, including a public consultation on the updated eligibility criteria. The guidance sets out a consistent framework for determining eligibility for patient transport based on an individual's health, mobility and safety needs, rather than local variations in practice. The review also considers wider improvements to the service, including clearer communication, more consistent eligibility processes and a standardised approach to the Healthcare Travel Costs Scheme.

The review has been prompted by several operational challenges. Current arrangements vary across organisations, resulting in differences in eligibility criteria, reimbursement rates and booking processes. In addition, demand for Patient Transport Services continues to exceed commissioned capacity, while increasing numbers of booked journeys are not used, reducing the availability of transport for patients who require it most. The overall aim of the programme is to improve fairness, consistency and reliability while ensuring that NHS-funded transport remains available for people with the greatest clinical need.

It is important to note that the review is not intended to remove Patient Transport Services. Many people with significant medical, mobility or safety needs are not expected to experience any change to their eligibility. At the time this involvement was undertaken, no decisions had been made regarding the proposed changes. Instead, the involvement formed part of the evidence-gathering process to ensure that the experiences and views of patients, carers and the wider public informed future decision making.

## Purpose of the involvement work

The purpose of this involvement was to understand how the proposed changes to Patient Transport Services may affect people who use the service, their carers and the wider community before any decisions were made.

Specifically, the involvement sought to:

- understand the potential impact of the proposed changes on different groups of people;
- identify the barriers people may face when travelling to healthcare appointments without Patient Transport Services;

- explore what support people may need if changes are introduced, including awareness of alternative transport options and the Healthcare Travel Costs Scheme;
- understand how eligibility assessments and communication could be designed to be fair, accessible and person-centred; and
- ensure that the experiences and priorities of patients, carers and communities help shape future planning, communications and implementation.

Importantly, this involvement was not an assessment of individual eligibility for Patient Transport Services. Participants were asked to share their experiences and views to help the NHS understand the potential implications of the proposals and identify opportunities to improve the service. All feedback will be considered alongside operational, clinical and equality evidence before any decision is made about future changes.

## Legal duties and governance

The ICB is legally required to involve patients, carers, and the public in its work, as outlined in the [Health and Care Act 2022](#), the [NHS Constitution](#), and other key documents:

- **NHS Act 2006** - ICBs must involve people in:
  - Planning commissioning arrangements
  - Developing proposals that affect services
  - Decisions about how commissioning arrangements operate
- **The Gunning Principles** - While formally applying to consultations, these principles represent good practice for all involvement activity. Consultations must:
  - Be undertaken while proposals are still open to change
  - Provide sufficient information
  - Allow adequate time
  - Properly consider responses before decisions are final
- **Equality and Health Inequalities Duties** - Under the Equality Act 2010, the ICB must:
  - Eliminate discrimination
  - Advance equality of opportunity
  - Foster good relations between communities
- ICBs also have a duty to reduce inequalities in access to and outcomes from health services. This involvement activity contributes directly to meeting those obligations.

## Involvement approach and methods

A mixed-method approach was used to gather views from people with experience of Patient Transport Services (PTS), carers, community organisations and the wider public. The involvement combined a large-scale public survey with qualitative conversations facilitated by Healthwatch and discussions with patient forums and community groups.

Using multiple involvement methods enabled both quantitative and qualitative evidence to be gathered, providing an understanding of the scale of issues alongside people's experiences, concerns and suggestions for improvement. Feedback from all involvement activities has been considered together within this report to provide a comprehensive picture of people's views.

## **Approach to involvement and inclusion**

The involvement was designed to ensure that people who currently use Patient Transport Services, those who may be affected by future changes, and communities who experience barriers to accessing healthcare had the opportunity to share their views. Recognising that no single involvement method would reach everyone, a range of approaches were used to maximise participation and support inclusive involvement. Information was developed in plain English, and people could contribute through a postal survey, an online survey, one-to-one conversations and group discussions. This approach enabled people to participate in ways that best met their needs and preferences.

## **Targeted involvement with inclusion groups**

Alongside the public survey, targeted involvement was undertaken with groups who may be disproportionately affected by changes to Patient Transport Services. Healthwatch facilitated conversations with patients in hospital settings and community locations, while discussions were also held with patient forums, carers, voluntary and community organisations and groups representing people with disabilities, long-term conditions and other inclusion communities. Efforts were made to hear from older people, disabled people, people living in rural areas, people on low incomes, those attending hospital frequently for ongoing treatment and others who may face additional barriers when accessing healthcare.

## **Communications and promotion**

The involvement was promoted through a range of communication channels to maximise awareness and participation. A postal survey was distributed to approximately 6,000 people who had previously used Patient Transport Services, alongside an online survey that was available throughout the involvement period. Healthwatch attended the hospital sites most used by Patient Transport Service to engage with users, offer support to complete the survey and conduct detailed interviews. Information was also shared through NHS organisations, Healthwatch's networks, patient groups, carers' organisations, voluntary and community sector partners and existing stakeholder networks to encourage participation from a broad range of communities.

## **Response and reach**

The involvement generated a substantial level of participation from across the North East. In total, 1,385 people completed the public survey, providing extensive quantitative and qualitative feedback on the proposed changes. Healthwatch also listened to 81 people through one-to-one in-depth interviews and focus groups. Additional feedback was gathered through patient forums and community groups. Collectively, the involvement captured the views of people with significant health, mobility and transport needs, including many who rely on Patient Transport Services to access essential healthcare.

appointments. The demographic profile of participants and the communities reached through each involvement method are presented in the following sections of this report.

## Detailed feedback

### Survey feedback

#### Who took part

A total of 1,385 people completed the public survey. Respondents were drawn from across the North East, with the largest proportions living in County Durham (17%), Newcastle upon Tyne (9%), Gateshead (7%) and Darlington (5%). Around one-third of respondents either lived outside the region or did not provide their location.

The respondent group was predominantly older, with 63% of respondents aged 65 years and over, including 45% aged 75 years and over. Respondents also reported high levels of disability and long-term health conditions that could affect their ability to travel independently.

Overall, 69% of respondents reported living with a physical or mental health condition. Almost half (49%) reported a long-term health condition and 45% reported a physical impairment or mobility issue. Other commonly reported conditions included sensory impairments (17%) and mental health conditions (9%).

The survey also captured the views of people who may face additional barriers when accessing healthcare. This included 35% of respondents who identified as living on a low income or receiving benefits, 17% with sensory impairments, 2% with learning disabilities and 6% who cared for a disabled adult.

Most respondents identified as White (72%) and Christian (59%). Just over half of respondents were female (51%), while 28% were male.

Overall, the survey captured the views of a population with substantial healthcare, mobility and transport needs, many of whom rely on Patient Transport Services to access essential healthcare appointments across the North East.

#### Summary of key survey themes

##### Respondents had extensive experience of using patient transport

The survey was completed primarily by people with recent experience of using NHS Patient Transport Services, either for themselves or for someone they care for. Most respondents used the service because they were unable to travel safely due to mobility difficulties or other health conditions. Many also described additional barriers, including long travel distances, limited public transport and the need for practical support before, during and after hospital appointments.

##### Patient transport provides essential support beyond transport alone

Many respondents described patient transport as more than simply a means of getting to hospital. While just over half did not require someone to accompany them, almost eight in ten considered it important to have support available during their journey. Respondents

highlighted the need for physical assistance, help with communication, reassurance, and support following treatment. Those who required someone to travel with them overwhelmingly regarded this support as important.

### **There was broad understanding of the proposed approach, but concerns remained**

Most respondents understood the principle of introducing a needs-based assessment, with 83% saying the concept was clear. There was also broad acceptance of discussing individual travel needs before booking patient transport, with 78% expressing a positive view towards having a short conversation with a member of the team. However, this did not necessarily translate into reassurance about the potential impact of the changes. More than three-quarters expressed at least some concern, with concern higher among respondents with health conditions and those who met the proposed eligibility criteria. Concern was also substantially higher among respondents who were unclear about how the proposed assessment would work than among those who understood the proposed approach.

### **Many respondents feared the changes would reduce access to healthcare**

The dominant concern was that some people would be unable to attend hospital appointments if patient transport was no longer available. Respondents described having few realistic alternatives because of mobility problems, disability, poor public transport, long travel distances, the cost of taxis and limited support from family or friends. Many believed missed appointments, delayed treatment and poorer health outcomes would result if transport support was reduced.

### **Alternative travel options were often limited**

Many respondents reported having no alternative means of travelling to hospital or they were unsure what alternatives were available. Where alternatives existed, respondents often described practical limitations relating to affordability, accessibility or availability. Information about community transport and volunteer driver schemes was identified as the most helpful form of additional support, suggesting opportunities to improve awareness and signposting.

### **Respondents supported a personalised approach while highlighting opportunities for improvement**

Although many respondents accepted the principle of a needs-based assessment, they stressed that eligibility decisions should consider an individual's overall circumstances rather than applying rigid criteria. Respondents also identified opportunities to improve the booking process, communication, consistency of eligibility assessments, journey reliability and awareness of available transport support. Many described patient transport as a vital service that enables access to healthcare, particularly for older people, disabled people, those living in rural areas and people without other transport options.

## Detailed findings from the survey

### Your experience

#### Q1. In the last 3 years, have you used NHS patient transport for yourself or someone you care for?

Most respondents had experience of using NHS patient transport services. More than eight in ten respondents (83%) reported that they had used NHS patient transport for themselves within the last three years. A further 12% said they had used the service for someone they care for. Only 5% had not used the service, while 1% were unsure.

Overall, the findings indicate that responses were informed largely by people with direct, recent experience of using NHS patient transport services, either for themselves or in a caring role.

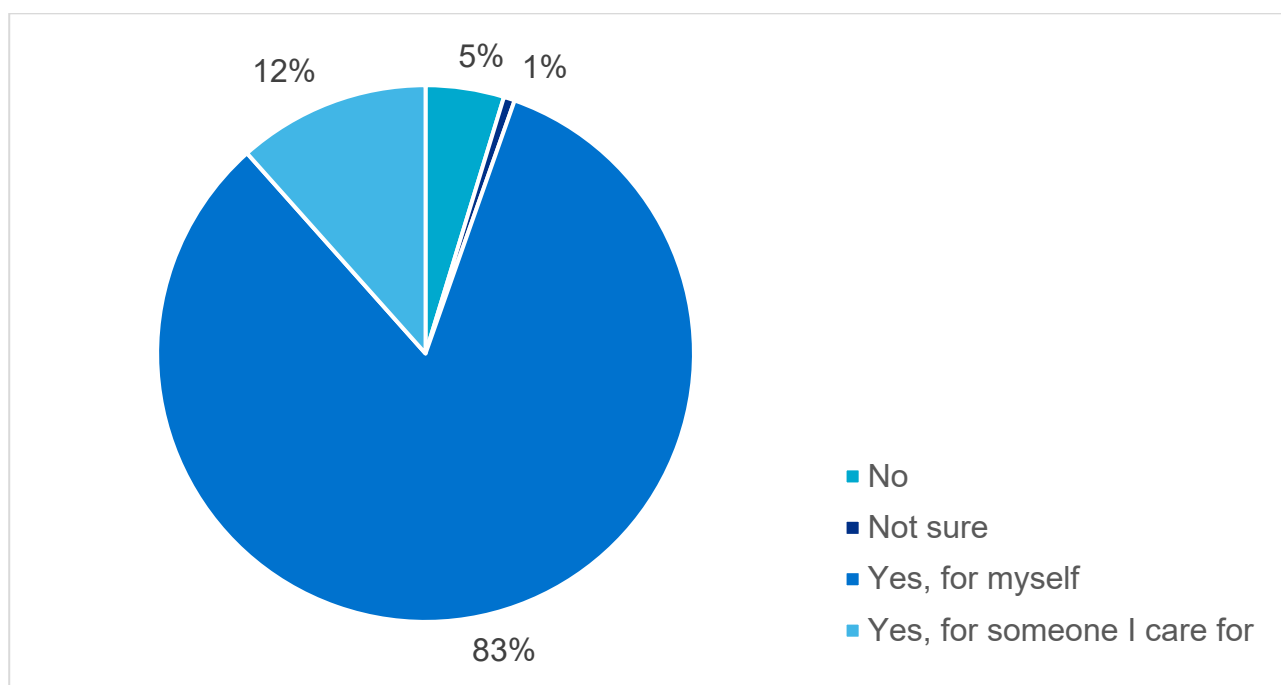


Figure 1: Q1 In the last 3 years, have you used NHS patient transport for yourself or someone you care for?

## Travelling with an escort or companion

### Q2. Why did you get patient transport before?

Respondents most reported needing patient transport because of mobility difficulties. More than two-thirds (68%) said they had problems moving around, making this the most frequently selected reason for using the service. Almost half (47%) said they had a medical reason and could not travel safely on their own.

Around a quarter (24%) said their journey was difficult or they could not get to public transport in time, while 17% said they lived more than 30 miles from the hospital. Smaller proportions reported needing help or support during the journey because of thinking, memory or sensory needs (15%), being advised by a clinician that they needed patient transport (13%), or concerns that it was not safe for them to travel alone (11%). Eight per cent said they used patient transport because they were travelling for regular treatment, such as dialysis, while 5% selected another reason.

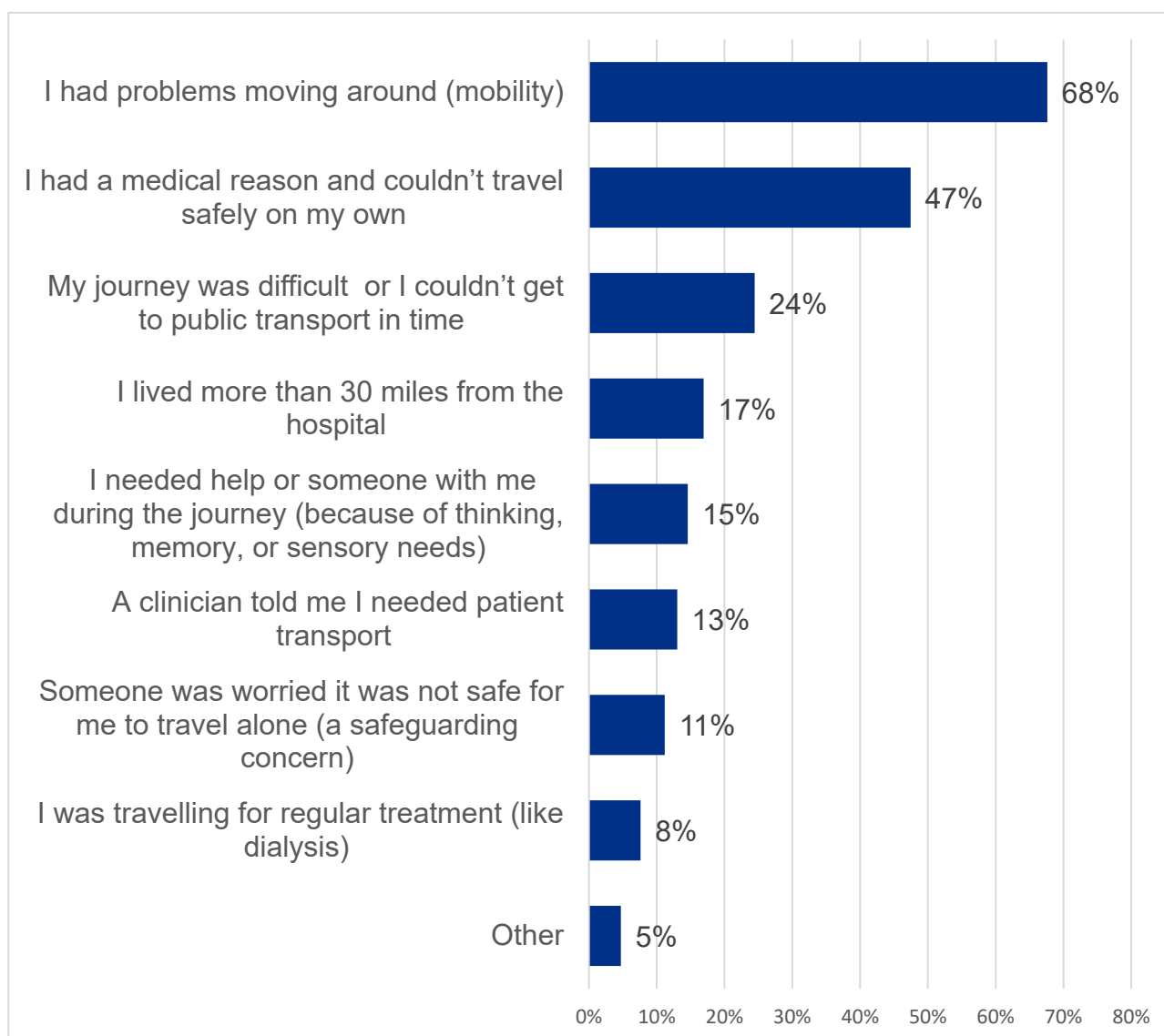


Figure 2: Q2 Why did you get patient transport before?

## **Other responses (n=201)**

Respondents who selected 'Other' largely described additional health conditions or circumstances that made travelling independently difficult. The comments reinforced the quantitative findings, with many respondents describing complex physical disabilities, sensory impairments or long-term health conditions. Others highlighted practical barriers such as long travel distances, limited public transport or the need for support following treatment. A small number shared positive and negative experiences of using patient transport services.

### **Complex health needs and disabilities (n=70)**

The largest theme related to complex physical health conditions and disabilities. Respondents described mobility problems, wheelchair use, amputations, cancer, COPD, osteoporosis, neurological conditions and visual or hearing impairments that made travelling independently difficult or unsafe. Many explained that they required wheelchair-accessible transport or assistance because they could not safely transfer into a car or walk long distances.

*"I use a powered wheelchair and must use a wheelchair accessible vehicle."*

### **Practical barriers to travelling independently (n=30)**

Many respondents highlighted practical difficulties accessing hospital. These included living long distances from specialist hospitals, poor public transport, being unable to drive following treatment, having no access to a car or family support, and the cost of alternative transport. Several respondents explained that patient transport was their only realistic way of attending appointments.

### **Support before, during and after appointments (n=20)**

Some respondents explained that they needed patient transport because of the nature of their treatment or because they required assistance before or after appointments. This included travelling following surgery, radiotherapy, eye treatment, hospital discharge or procedures that meant they were unable to drive or travel safely afterwards. Others highlighted the need for support with personal care or getting around hospital sites.

### **Experiences of patient transport services (n=15)**

A small number of respondents commented on their experiences of patient transport services. Some expressed appreciation for the support they received from transport crews. However, others described long waits for return transport, difficulties accessing the service or dissatisfaction with booking decisions and communication.

*"I had to wait over four hours to get transport home and wasn't sure when it would arrive."*

### Q3. When using patient transport, do you need someone to travel with you?

Just over half of respondents did not need someone to travel with them when using patient transport. Fifty-three per cent said they did not require a family member, carer or support person to accompany them. Around a quarter (24%) said they always needed someone to travel with them, while 11% said they sometimes needed someone with them. A further 11% said it depended on the appointment.

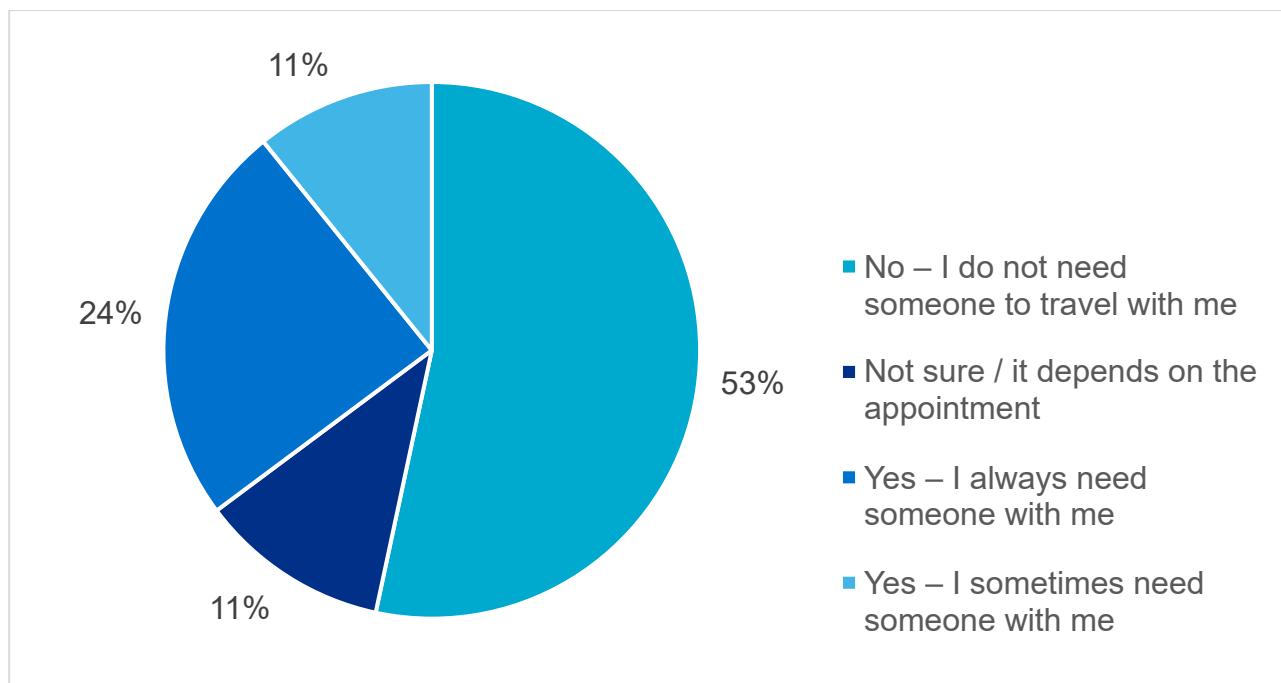


Figure 3: Q3. When using patient transport, do you need someone to travel with you?

#### Q4. Why do you need someone to travel with you?

The most common reason for needing someone to travel with them was physical support. Around a quarter of respondents (23%) said they needed help to move safely. One in ten (10%) said they needed support to communicate or understand information, while 8% said they felt anxious or distressed travelling alone.

Smaller proportions said they needed someone with them because of memory, thinking or learning disabilities (5%), because they needed help after their appointment, such as if they felt unwell or tired (7%), or for another reason (5%). Only 1% said they needed someone to accompany them when attending an end-of-life, serious or complex appointment.

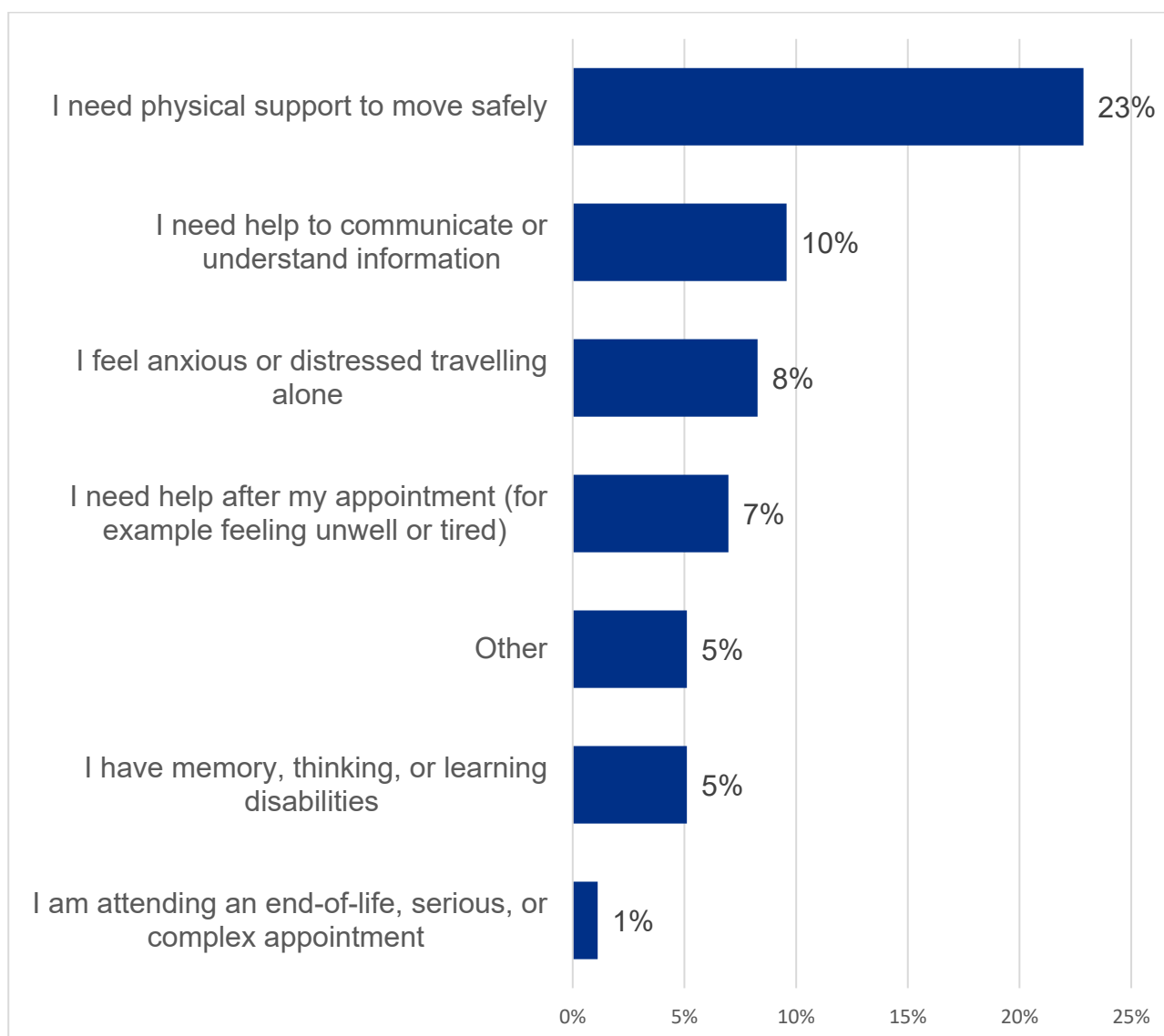


Figure 4: Q4. Why do you need someone to travel with you?

### **If you answered "other" please tell us more (n=121)**

Respondents described a range of reasons why they need someone to travel with them to hospital. Most comments related to physical disabilities, mobility problems and complex health conditions that make travelling independently difficult. Many respondents described having multiple health conditions or support needs rather than a single issue, with physical disabilities often combined with sensory impairments, cognitive conditions or anxiety. Respondents also highlighted that support is often needed beyond the journey itself, including help communicating with staff, understanding information, navigating hospital sites and managing personal care. A small number of respondents commented on their experiences of the patient transport service itself.

### **Physical disabilities and complex health needs (n=70)**

The most common theme related to physical disabilities and long-term health conditions that affected respondents' ability to travel independently. Many described using wheelchairs, walking aids or requiring assistance to transfer safely, while others explained that frailty, pain or multiple health conditions meant they could not manage appointments alone. Several also highlighted the need for support with personal care, medical equipment or recovery after treatment.

*"Using a wheelchair to get to hospital needed support from two people to steady me into the wheelchair."*

### **Communication, sensory and cognitive support (n=45)**

Many respondents said they needed someone with them because they had sight or hearing loss, dementia, learning disabilities or memory difficulties. Respondents explained that they relied on another person to help them communicate with staff, understand information, find their way around hospital and remember what was discussed during appointments.

### **Emotional reassurance and practical support (n=25)**

Some respondents said they needed someone to accompany them because travelling alone caused anxiety or distress. Others described the practical support provided by family members and carers, including helping with mobility, providing reassurance and supporting communication during appointments.

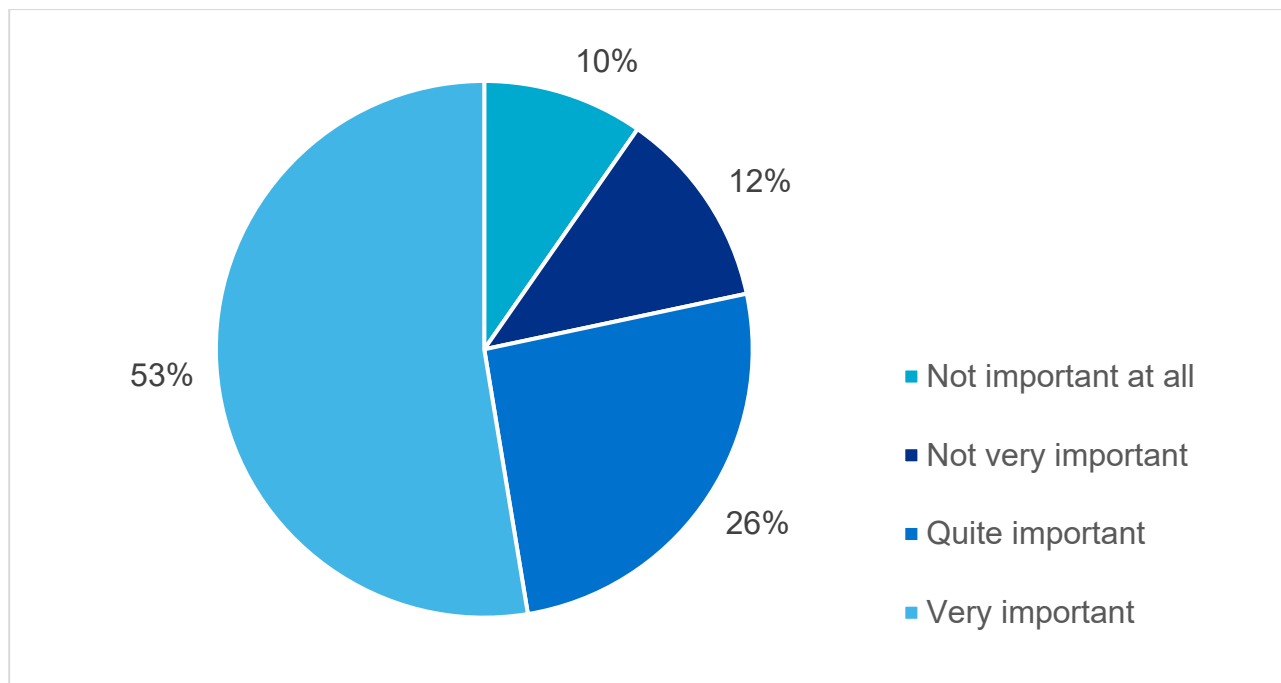
### **Experiences of patient transport services (n=10)**

A small number of respondents commented on the patient transport service itself. While some praised staff for the help they received, others raised concerns about the booking process and the amount of information requested when arranging transport.

**Q6. How important is it for you to have someone with you when travelling to or from hospital?**

Most respondents said it was important to have someone with them when travelling to or from hospital. More than half (53%) said this was very important, while a further 26% said it was quite important. In contrast, around one in five respondents felt it was not very important (12%) or not important at all (10%).

Overall, almost eight in ten respondents (79%) considered having someone accompany them to or from hospital to be at least quite important, highlighting the value many place on support during their healthcare journey.



*Figure 5: Q6. How important is it for you to have someone with you when travelling to or from hospital?*

As would be expected, respondents who said they always or sometimes needed someone to travel with them overwhelmingly regarded this support as important (97%). In contrast, among respondents who did not need someone to accompany them, four in five (80%) said having someone present was not important.

## The new booking rules

### Q7. How clear is the idea of a “needs-based” assessment for patient transport?

This means we look at a person’s medical, mobility, thinking, and safety needs.

Most respondents said the concept of a needs-based assessment for patient transport was clear. Almost half (46%) said it was very clear, while a further 37% said it was quite clear. Smaller proportions said it was not very clear (8%) or not at all clear (3%), while 6% were unsure.

Overall, more than eight in ten respondents (83%) felt the concept of a needs-based assessment was at least quite clear, suggesting that most respondents understood the principle being proposed.

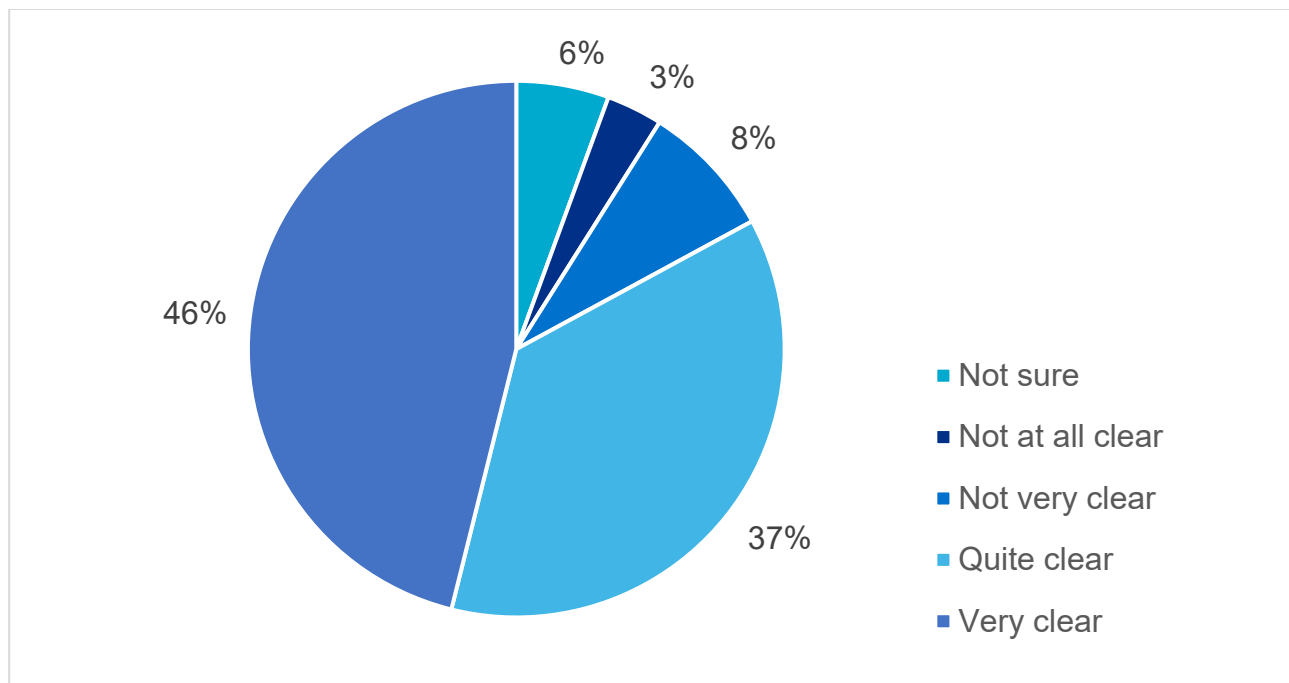
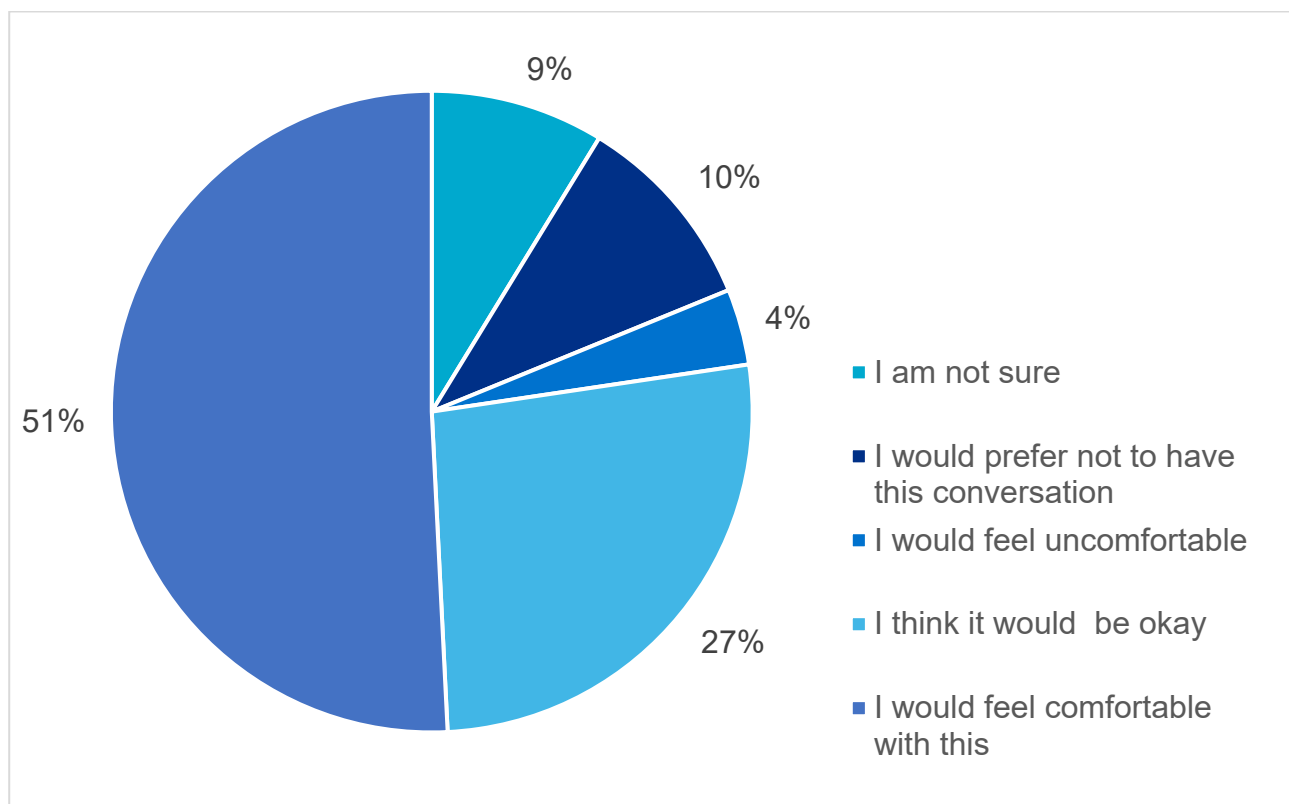


Figure 6: Q7. How clear is the idea of a “needs-based” assessment for patient transport?

**Q8. How would you feel about having a short conversation with a member of our team about your travel needs before booking patient transport?**

Most respondents were comfortable with having a short conversation about their travel needs before booking patient transport. Just over half (51%) said they would feel comfortable with this, while a further 27% thought it would be okay. Around one in ten (10%) said they would prefer not to have this conversation, 9% were unsure, and 4% said they would feel uncomfortable.

Overall, almost eight in ten respondents (78%) expressed a positive view towards having a conversation about their travel needs before booking patient transport, suggesting broad support for a more personalised, needs-based approach to assessing eligibility.



*Figure 7: Q8. How would you feel about having a short conversation with a member of our team about your travel needs before booking patient transport?*

## How these changes might affect you

### Q9. Do any of these apply to you or the person who uses the Patient Transport Service?

The most reported characteristic was having serious mobility problems that prevented independent travel. Almost half of respondents (49%) selected this option. One in five (20%) said they had serious sight or hearing loss, while 18% said none of the listed options applied to them.

Around 15% said they had a weakened immune system or a condition affecting dignity, such as incontinence or needing help with personal care. Around one in ten reported having dementia, learning disabilities or confusion (11%), needing support for condition management or recovery (9%), or being too unwell to travel safely (9%). Smaller proportions said they were receiving chemotherapy or radiotherapy (8%), had frequent hospital treatment (7%), had severe mental health conditions (6%), needed medical monitoring or specialist equipment, including oxygen (4%), or attended renal dialysis (3%).

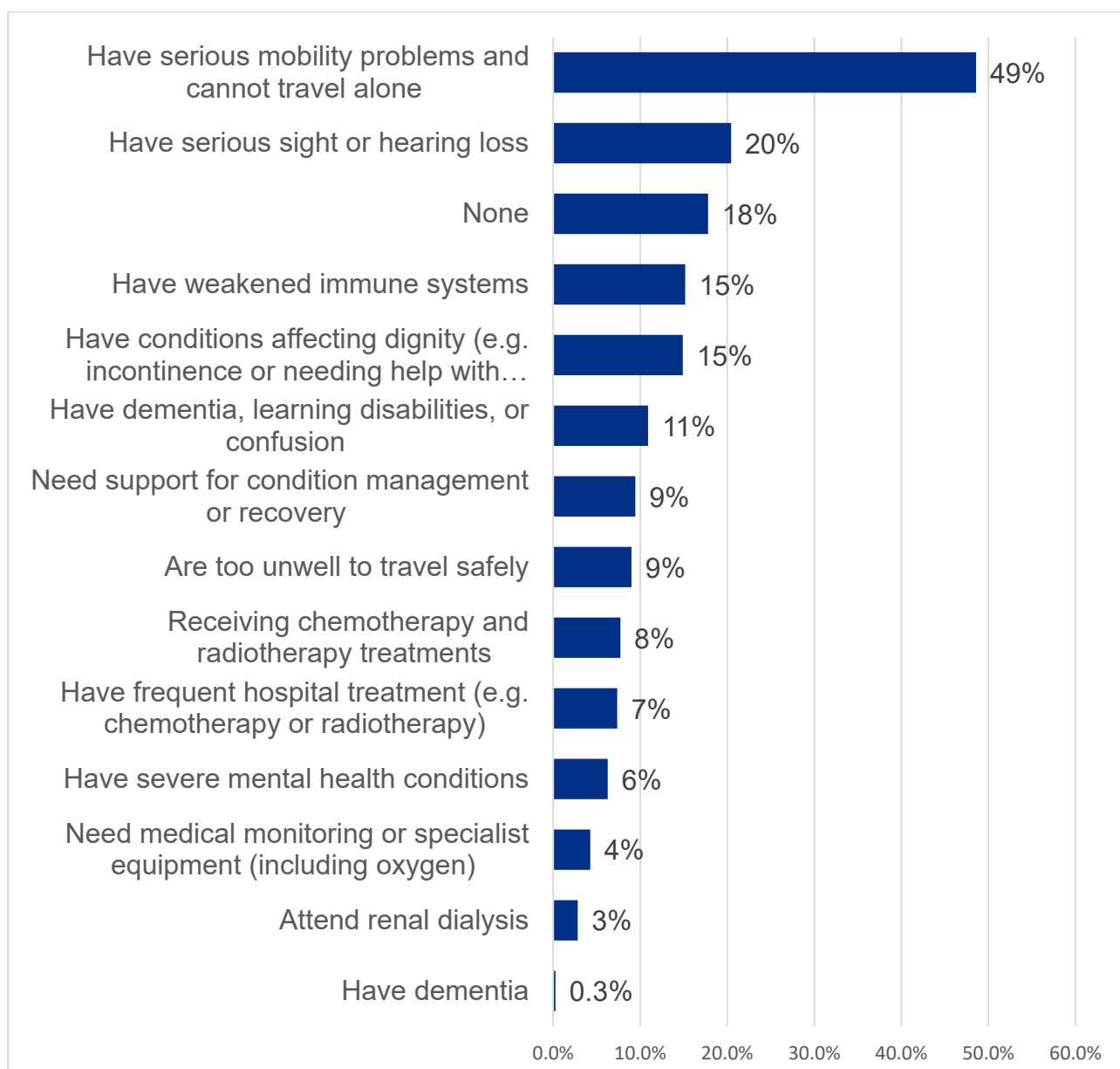


Figure 8: Q9. Do any of these apply to you or the person who uses the Patient Transport Service?

### Q10. How concerned are you about this change?

Overall, more than three-quarters of respondents (77%) expressed at least some level of concern about the proposed change, with around one quarter (26%) reporting that they were very or extremely concerned.

Around one quarter of respondents were quite concerned (25%) and a similar proportion were a little concerned (26%). A further 14% were very concerned and 12% were extremely concerned. In contrast, 23% said they were not concerned.

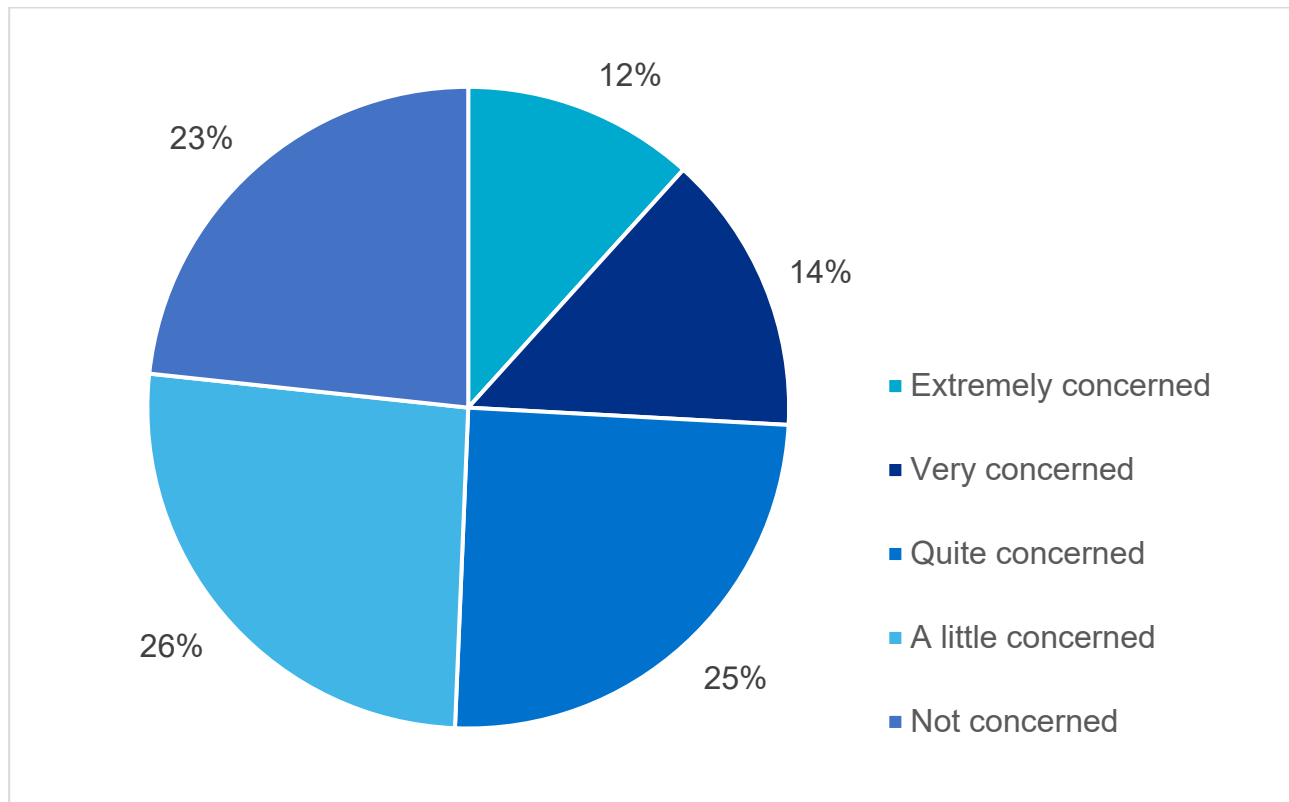


Figure 9: Q10. How concerned are you about this change?

#### **Q10. How concerned are you about this change - crosstabulation**

Cross-tabulation analysis was undertaken to explore whether levels of concern differed between respondent groups. The key findings are summarised below.

- **Health condition** - Respondents who reported a health condition or disability were more likely to express concern about the proposed changes than those without a health condition (52% compared with 39%). This suggests that respondents with existing health needs were more likely to have concerns about the potential impact of the proposed changes.
- **Existing qualifying condition** - Respondents who reported having one or more conditions that would continue to qualify for patient transport under the proposed eligibility criteria were also more likely to be concerned than those without a qualifying condition (53% compared with 39%). Although these respondents would not necessarily be directly affected by the proposed changes, the findings indicate that concerns extended beyond those whose eligibility may change.
- **Understanding of the proposed assessment** - Concern was strongly associated with respondents' understanding of the proposed needs-based assessment. Nearly three-quarters (73%) of respondents who said the proposals were not clear or that they were unsure expressed concern, compared with 45% of those who felt the proposals were clear. This suggests that improving understanding of the proposed changes may help address some of the concerns raised by respondents.

**Q11. If these changes affect you, what do you think the biggest impact will be? (n=585)**

Respondents raised a range of concerns about how the proposed changes could affect their ability to access healthcare. The most common concern was being unable to attend hospital appointments because they could not travel independently. Many described multiple barriers to travel, including mobility problems, limited public transport, long distances to hospital, the cost of alternative transport and a lack of support from family or friends. Respondents also highlighted concerns about eligibility for patient transport, the impact on their health if appointments were missed, and the importance of receiving practical support throughout their hospital journey. The main themes identified are outlined below.

**Limited or unsuitable alternatives to patient transport (n=189)**

The most common theme was the lack of a suitable alternative. Respondents described public transport as unavailable, unreliable or too difficult to use. Some would need to take several buses or trains, walk between stops or travel for several hours to reach hospital.

This was a particular issue for people living in rural areas and those attending specialist hospitals a long distance from home. Many also said they did not drive and had no relatives, friends or neighbours who could take them. Accessible taxis were reported to be difficult to find in some areas.

*“Our nearest large hospital is 63 miles away and it is impossible to get there by public transport.”*

Some respondents said relatives usually helped but were not always available because of work, caring responsibilities or their own health. Patient transport therefore provided an important back-up when informal support was unavailable.

**Mobility, disability and travelling safely (n=151)**

Many respondents said physical disabilities or health conditions meant they could not use a car, taxi or public transport safely. Comments referred to wheelchair use, poor balance, falls, limited walking ability, breathlessness, visual impairment and difficulty getting into and out of vehicles.

Several needed wheelchair-accessible transport, a lift into the vehicle or help reaching the hospital department. Standard taxis were not always suitable because drivers could not provide this level of support.

*“I need help to get into a vehicle and need help getting out of it. Without another person to help, I cannot travel safely.”*

Some respondents also explained that their ability could vary from day to day. They were concerned that a short assessment might not fully reflect changing conditions, pain, fatigue or disabilities that were not immediately visible.

**Unable to attend appointments or treatment (n=100)**

A major concern was that people would miss, cancel or stop attending hospital appointments if patient transport was no longer available. Many respondents stated directly that they had no other way to reach hospital.

This included people attending for cancer care, eye treatment, renal appointments, scans, follow-up care and monitoring of long-term conditions.

*“Without patient transport I would not be able to attend many appointments.”*

Some respondents said they might need to rearrange appointments around the availability of family members. Others felt they would have to decline appointments at hospitals that were further away, reducing their ability to access specialist services.

### **Anxiety, stress and loss of confidence (n=50)**

Respondents described significant worry about arranging journeys, travelling alone and finding their way around unfamiliar hospital sites. For some, anxiety, panic attacks, memory difficulties or sensory impairments made independent travel especially difficult.

Patient transport was valued not only as a means of travel, but also because it provided reassurance and a sense of safety.

*“The biggest impact for me will be: how do I get to appointments without this lifeline?”*

Some comments suggested that the stress of arranging alternatives could add to the strain of attending hospital while already unwell. Respondents were also worried about missing buses, arriving late or being stranded after treatment.

### **Cost of alternative transport (n=45)**

The cost of taxis was a clear concern. Respondents said fares could be unaffordable, particularly for long-distance or frequent journeys. This was especially important for people on pensions, benefits or low incomes.

*“Without patient transport, I would have to get taxis to the hospital, and I would struggle financially with that.”*

Some respondents described having to choose between transport and other household costs. Others said a taxi might still not meet their needs because drivers could not assist with wheelchairs, transfers or reaching the hospital department.

### **Impact on health, treatment and recovery (n=42)**

Respondents were concerned that transport difficulties could lead to delayed or missed treatment and poorer health. Comments referred to regular dialysis, cancer treatment, eye injections, palliative care, pacemaker checks and monitoring following surgery or serious illness.

A small number described potentially severe consequences if they could not attend, including losing their sight, missing essential medication or no longer receiving treatment that controlled their symptoms.

*“If I do not get these injections, I will go blind.”*

These comments suggest that the impact of transport changes may be greater for people who attend frequently or depend on ongoing treatment to manage serious conditions.

### **Need for a companion or practical assistance (n=29)**

Some respondents were concerned about being unable to take a family member, carer or support person with them. Companions helped with mobility, communication, personal care, understanding clinical information and managing anxiety.

Others relied on transport staff to help them use a wheelchair, get into and out of the vehicle, or reach the correct department.

*“I would be worried about being on my own and not remembering everything the doctor has told me.”*

For these respondents, the support required extended beyond the journey and continued throughout the hospital visit.

### **Eligibility, assessment and communication (n=29)**

Some respondents were uncertain about whether they would continue to qualify for patient transport. Concerns included having to repeatedly explain complex medical conditions, completing an assessment by telephone and the possibility that assessors might not fully understand their needs.

A few respondents felt eligibility should be recorded and reviewed rather than reassessed each time they booked. Telephone assessments were also seen as potentially difficult for people with hearing loss, anxiety, communication needs or limited English.

*“Having to explain all my conditions on a telephone call and having to repeat myself is not good when I’m ill.”*

A small number also raised concerns about the attitude of booking staff, refusals of transport and a lack of clear information about what the proposed changes would mean.

### **Positive views or limited expected impact (n=19)**

A smaller group said they did not expect the changes to affect them, usually because they believed their needs would continue to meet the criteria or because they rarely used the service. Some supported a needs-based assessment if it helped ensure transport was available for those who needed it most.

Several respondents praised patient transport staff and described the service as safe, reliable and caring. However, even some positive comments stressed the importance of retaining access when a person’s circumstances changed or family support was unavailable.

### Q12. What other ways could you travel if patient transport isn't available?

Many respondents said they would have limited or no alternatives if patient transport was unavailable. The most common response was that they had no other options (41%). A further 22% said they did not know how they would travel if patient transport was not available.

Among those who identified alternative travel options, taxis (19%), travelling by family or friends' car (18%) and volunteer driver schemes (16%) were the most selected. Smaller proportions said they could use a bus or train (9%), their own car (4%), the Healthcare Travel Cost Scheme (3%) or community transport (2%). One per cent selected another option.

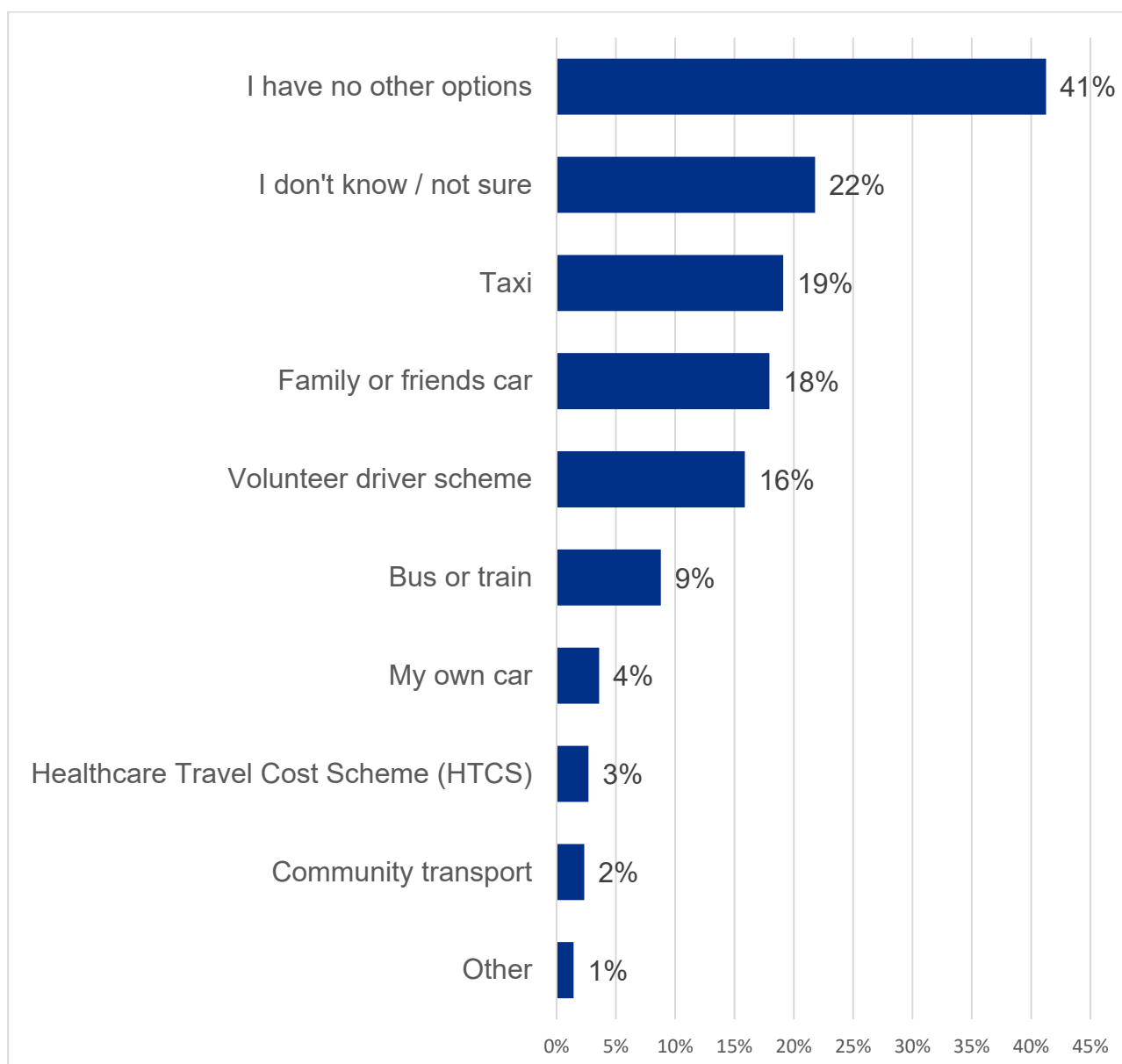


Figure 10: Q12. What other ways could you travel if patient transport isn't available?

## Other transport options

Respondents who provided additional comments generally explained why the alternative transport options listed in the survey would not be suitable or reliable for them. Many described relying on a combination of transport methods depending on the type of appointment, but emphasised that these options were often unavailable, unaffordable or unsuitable because of their health needs. Common issues included limited support from family and friends, the cost of taxis, poor public transport links, mobility needs requiring specialist vehicles, and a lack of awareness of alternative community transport schemes. Many respondents concluded that patient transport remained their only realistic option for attending hospital appointments.

### Family and friends were not always able to help (n=28)

Many respondents explained that although family or friends sometimes helped with transport, this support could not be relied upon. Relatives often worked full-time, lived some distance away or had caring responsibilities of their own. As a result, respondents said they could not guarantee that someone would always be available to take them to appointments.

*"Friends are not always available to give rides."*

*"My son could sometimes take me but it means him taking a day off work without pay."*

Several respondents also said they lived alone or had no nearby relatives, leaving them with few alternative options.

### Taxis were expensive or unsuitable (n=27)

The cost of taxis was one of the most common concerns. Respondents described long journeys to specialist hospitals that would result in unaffordable fares, particularly for frequent appointments. Others explained that standard taxis did not meet their mobility needs because they required wheelchair-accessible vehicles or assistance getting into and out of the vehicle.

*"I once used a taxi to go early for an operation. It cost £170 one way."*

*"Accessible taxi not always available and not pre-bookable."*

For many, taxis were viewed as an option only in exceptional circumstances because of the financial burden.

### Public transport was inaccessible or unreliable (n=24)

Many respondents said buses and trains were not a realistic alternative. They described poor transport links, multiple changes, lengthy journey times and services that did not operate at suitable times for hospital appointments. Several also highlighted the physical demands of walking between stops or navigating large hospital sites.

*"Public transport isn't reliable enough."*

*"The health hub I was asked to attend was three bus journeys away... approximately six hours travel."*

Others explained that anxiety, visual impairment or previous negative experiences also prevented them from using public transport.

### **Health and mobility needs' limited travel options (n=21)**

Many comments highlighted that respondents' health conditions or disabilities meant they required specialist transport or practical assistance that other transport options could not provide. Respondents referred to difficulties transferring into cars, needing a tail lift, travelling with a wheelchair or requiring support to reach the correct hospital department.

*"Due to spinal issues I can't get into a car, need the ambulance."*

*"I need help getting into car."*

These respondents generally felt that patient transport remained the only service capable of meeting their needs safely.

### **Limited awareness of alternative schemes (n=10)**

Several respondents said they had not previously heard of volunteer driver schemes, community transport or the Healthcare Travel Costs Scheme. Some indicated they would be willing to use these services if they were suitable but felt they had received little information about what was available.

*"Don't know what volunteer driver or community transport is but would use it if it got me to hospital."*

*"I was not aware of volunteer driver scheme."*

These responses suggest there may be opportunities to improve awareness and signposting to existing transport support.

### **Patient transport remained the preferred or only option (n=18)**

Many respondents concluded that, despite considering other options, patient transport remained the only practical way for them to attend appointments. Reasons included needing specialist assistance, travelling long distances, having no available support network or requiring reassurance that transport would be available.

*"Without PTS I would be unable to attend hospital appointments."*

*"I have no other options."*

Several respondents also commented that patient transport gave them confidence and peace of mind when attending hospital, particularly during periods of ill health.

### **Other practical issues (n=12)**

A smaller number of comments referred to other factors affecting transport choices, including appointment times, the location of specialist services, recovering from surgery or anaesthetic, and temporary changes in health. Some respondents explained that they usually drove themselves but occasionally needed patient transport when recovering from treatment or when their condition deteriorated. Others described using different transport options depending on the hospital they were attending or whether family members were available.

**Q13. Would any of the following help you understand or consider your travel options?**

Respondents were most interested in receiving information about community-based travel options. More than four in ten (42%) said that information about community transport or volunteer driver schemes in their area would help them understand or consider their travel options.

Around one in five said they would find information about discounted taxi or private hire options helpful (18%), while 15% wanted information about how to claim back travel costs through reimbursement schemes. Fewer respondents said they would benefit from information about local bus, train and other public transport services (5%), while 2% selected another option.

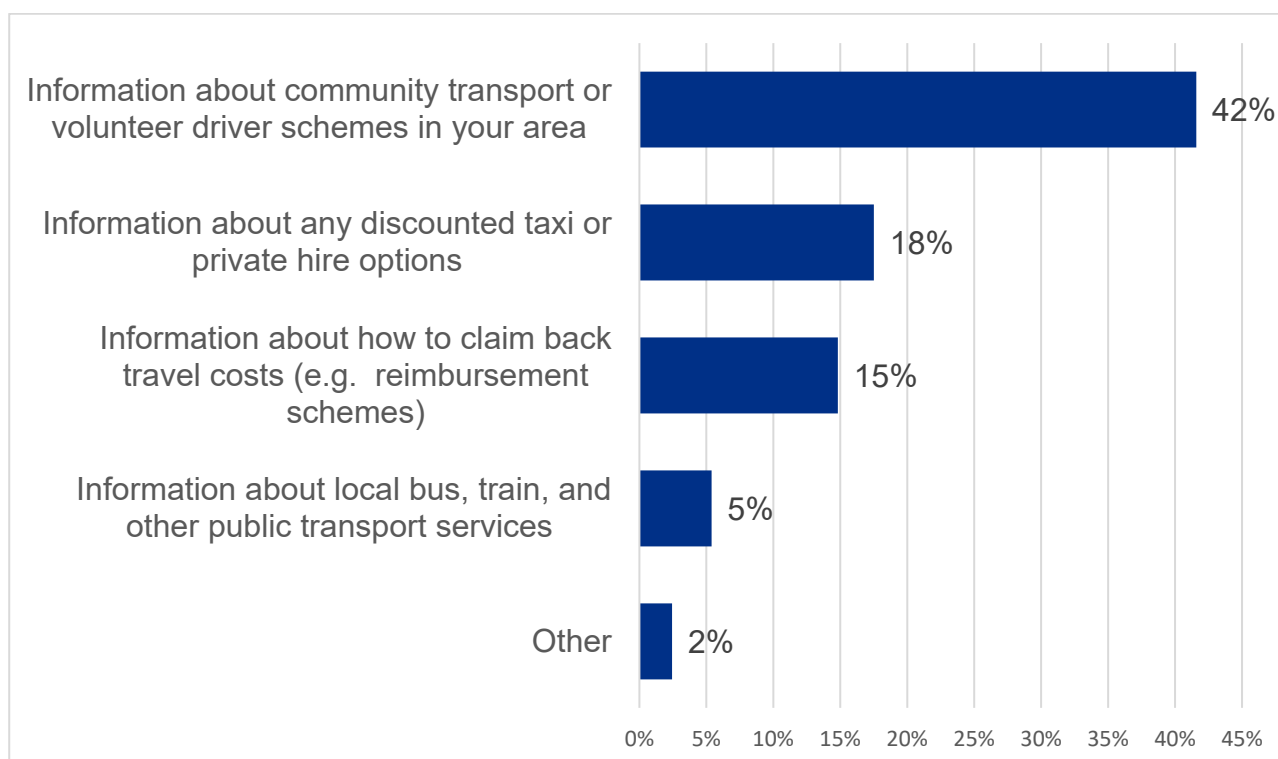


Figure 11: Q13. Would any of the following help you understand or consider your travel options?

**Q13. Would any of the following help you understand or consider your travel options – Other responses (n=23)**

Respondents who selected "Other" mainly used the free-text box to explain additional support needs that were not reflected in the response options. The most common comments related to requiring specialist transport, including wheelchair-accessible vehicles, stretcher transport and physical assistance to reach hospital departments. Several respondents said that standard transport options were unsuitable because they required help beyond simply travelling to hospital.

*"Physical help needed a lot of the time as well as transportation."*

*"It would have to be a wheelchair accessible car."*

Others highlighted concerns about the reliability of alternative transport, the cost of taxis and the importance of feeling safe during their journey. A small number suggested allowing companions or extending eligibility for out-of-area patients.

*"Feel safe with ambulance... Don't feel safe. Anxiety, panic attacks, cognitive memory impairment."*

*"If volunteer drivers could guarantee that you will be picked up it would help enormously."*

## Final thoughts

### Q14. Is there anything else you want the NHS to think about before the change happens? (n=128)

Respondents used this question to emphasise the importance of maintaining access to patient transport for those who depend upon it. Many described the service as a lifeline that enables them to attend appointments safely, maintain their independence and access essential healthcare. Respondents frequently stressed that any future changes should recognise the diverse circumstances of patients rather than applying a single set of rules. Concerns focused particularly on older people, disabled people, those living in rural areas and individuals with limited support from family or friends. Alongside these concerns, respondents identified opportunities to improve communication, eligibility processes and the overall experience of using the service.

#### Patient transport is a lifeline (n=10)

The strongest theme was the importance of patient transport in enabling people to access healthcare. Many respondents said they would struggle or be unable to attend appointments without the service. Others described the reassurance of knowing transport would be available, particularly when undergoing treatment or living with long-term health conditions. Many comments also highlighted the role patient transport plays in maintaining independence, reducing anxiety and allowing people to continue living safely at home.

*"Patient transport is a lifeline to myself and many other people."*

*"Without this service I would certainly not be travelling to hospital."*

#### Changes could reduce access to healthcare and worsen health inequalities (n=80)

Many respondents were concerned that reducing eligibility would prevent vulnerable people from attending appointments, resulting in poorer health outcomes, delayed treatment and widening health inequalities. Respondents frequently explained that missing appointments would not be a choice but a consequence of having no safe or affordable means of travelling to hospital.

*"This change will widen pre-existing population level health inequalities."*

*"The number of missed appointments if a patient is unable to get to hospital."*

#### Rurality, distance and poor public transport (n=70)

Many comments described the challenges of travelling from rural communities where hospitals are often many miles away and public transport is limited or unavailable. Respondents explained that centralisation of specialist services had increased travel distances while transport options had reduced. Particular concern was expressed by respondents living in Northumberland, North Cumbria and Berwick, who frequently referred to long journeys, multiple bus changes and unreliable services.

*"We don't all live in the city."*

*"Patients in rural areas should not be expected to rely on community and volunteers."*

### **Individual needs should be considered (n=65)**

A recurring message was that eligibility should reflect a person's overall circumstances rather than relying on rigid criteria or individual medical conditions in isolation.

Respondents highlighted combinations of mobility problems, sensory impairment, cognitive difficulties, anxiety, frailty, multiple long-term conditions and the need for physical assistance. Many felt assessments did not adequately recognise hidden disabilities or fluctuating conditions.

*"It isn't a one size fits all scenario."*

*"It can be the sum total of circumstances that make travelling difficult."*

### **Older people, disabled people and vulnerable patients should remain protected (n=60)**

Many respondents specifically asked the NHS to consider the needs of older people, disabled people and those without family support before introducing changes.

Respondents described increasing frailty, declining mobility and reduced confidence with age, alongside concerns that vulnerable people may become isolated if transport support was reduced.

*"Think about the age of patients and their disabilities."*

*"Please ensure the most vulnerable and immobile people still retain access to this fantastic service."*

### **Improve the booking process, communication and eligibility (n=45)**

Many respondents suggested improvements to how patient transport is organised rather than changes to eligibility itself. Suggestions included reducing the need to repeatedly answer the same eligibility questions, creating a permanent record for people with long-term conditions, improving awareness of alternative transport schemes and providing more consistent communication. Several respondents also commented on inconsistent decisions and variation between call handlers.

*"There should be a first time booking questionnaire."*

*"We shouldn't have to answer the same questions every time."*

### **Improve reliability and waiting times (n=40)**

Respondents described long waits for collection, uncertainty about pick-up times and journeys taking much longer than expected. Some suggested text message updates, better journey planning and more efficient scheduling to improve the overall experience.

*"Waiting up to two hours."*

*"To turn up on time so patients are not late for their appointment."*

### **Praise for staff and the service (n=35)**

Many respondents wanted to recognise the professionalism, kindness and reassurance provided by patient transport staff. Comments frequently described crews as caring, supportive and an important source of reassurance during stressful appointments. A small

number distinguished between positive experiences with transport crews and less positive experiences with some call centre staff.

*"The staff are so lovely and helpful."*

*"Very grateful for patient transport."*

### **Suggestions for improving the service (n=30)**

Respondents made a variety of practical suggestions to improve the service. These included improving coordination with voluntary transport providers, allowing companions where clinically appropriate, increasing flexibility, providing SMS collection alerts, improving route planning and making greater use of local hospitals where possible.

*"Send SMS when 15 mins away from collection."*

*"There are a significant array of voluntary services... it would make a massive improvement if all of these services could be coordinated under a central booking system."*

### **Funding and charging (n=15)**

A smaller group recognised the financial pressures facing the NHS. Some suggested introducing a modest voluntary contribution or small charge rather than reducing eligibility, provided this did not create barriers for people on low incomes. Others felt the service should remain free because it was an essential part of accessing healthcare.

*"I think we should pay a token charge for the service."*

*"This is a free service and should remain so."*

## Healthwatch dedicated qualitative conversations

### How Healthwatch involved people

The North East Healthwatch Network, comprising all 12 local Healthwatch organisations, was commissioned to support public involvement on the proposed Patient Transport Services (PTS) changes. Their role was to complement the public survey by promoting participation, supporting people to complete the survey, and gathering more detailed qualitative insights from people with experience of using PTS.

Healthwatch promoted participation through a range of activities, including:

- sharing information through local Healthwatch newsletters;
- promoting the survey through social media channels;
- working with partner organisations, including older people's organisations and disability groups, to encourage participation;
- undertaking outreach at 10 hospital sites across the North East, working closely with hospital staff to identify PTS users, encourage participation and support survey completion where required.

Healthwatch estimates that these activities contributed to over 500 completed survey responses. Together, the survey promotion, outreach and qualitative engagement activities provided both quantitative evidence and richer contextual insights into people's experiences of Patient Transport Services.

Alongside survey promotion and outreach, Healthwatch carried out qualitative involvement to provide a deeper understanding of people's experiences and views. Through a combination of one-to-one conversations (typically lasting around 45 minutes) and small group discussions in hospital and community settings, participants were able to discuss their experiences of using PTS, the potential impact of the proposed changes, barriers to accessing healthcare, alternative travel options, communication needs and opportunities to improve the service. This approach enabled participants to explore complex issues in greater depth than would have been possible through the survey alone.

Healthwatch also undertook targeted engagement with groups identified through the Equality Impact Assessment as being most likely to be affected by the proposed changes. This included:

- older people;
- disabled people;
- people with long-term health conditions;
- people with sensory impairments;
- people with learning disabilities;
- people with mental health conditions;
- carers; and
- people living in rural communities.

Through outreach with community organisations and targeted communications, Healthwatch sought to ensure that people who may experience additional barriers to accessing healthcare had the opportunity to contribute and that the voices of those most likely to be affected by any future changes were represented within the findings.

## Who took part?

A total of 81 people took part in the one-to-one conversations. Participants were drawn from across the North East, including people living in urban, rural and coastal communities. The largest numbers of participants came from:

- Newcastle upon Tyne (16 respondents),
- County Durham (10 respondents),
- South Tyneside (9 respondents),
- Redcar and Cleveland (9 respondents) and
- Northumberland (9 respondents).

Participants were predominantly older, with 56 respondents aged 65 years and over, including 34 aged 75 years and over.

Most participants identified as White British (71 respondents). Both men and women were represented, although there was a higher proportion of female participants (47 respondents) than male participants (30 respondents).

The involvement also included people who may face additional barriers to accessing healthcare. This included 34 respondents who identified as living on a low income or receiving benefits, 18 respondents with sensory impairments, 6 respondents who cared for a disabled adult, and 4 respondents with learning disabilities.

Most participants were living with long-term health conditions (64 respondents) and physical impairments or mobility issues (61 respondents). Sensory impairments, including sight or hearing loss, were reported by 18 respondents, while 16 respondents reported mental health conditions. Overall, 72 respondents reported living with a physical or mental health condition.

Overall, the people who took part represented a population with substantial healthcare, mobility and transport needs, many of whom rely on Patient Transport Services to access essential healthcare appointments across the North East.

## Target communities reached

Healthwatch also recorded which target communities had been reached through its involvement activities. The most reported groups were older people (49 responses) and people with long-term conditions or physical disabilities (46 responses), followed by people living in urban or semi-urban areas (35 responses). Smaller numbers of responses were received from rural communities (8 responses), people with learning disabilities (5 responses) and Deaf people (4 responses).

Twelve respondents selected "Other", identifying additional communities represented through the engagement. These included people who were registered blind or visually

impaired, people living with conditions such as heart failure, anxiety or confusion, carers, care home residents, and one hospital manager who contributed a staff perspective.

## **Summary of Healthwatch qualitative conversations**

### **Patient Transport Services are essential for accessing healthcare**

Participants consistently described Patient Transport Services (PTS) as a vital service that enables people to access healthcare. Many said they would struggle or be unable to attend appointments without the service because of mobility problems, disability, long-term health conditions, visual impairment, anxiety or the distance they need to travel. Respondents often referred to PTS as a lifeline that allows them to access treatment, attend regular appointments and maintain their independence.

### **Alternative travel options are often unrealistic**

Many participants said they had no realistic alternative to PTS. Public transport was frequently described as inaccessible due to mobility difficulties, complex journeys, unreliable services, long distances and the physical demands of travelling. Taxis were often viewed as unaffordable, particularly for people attending frequent appointments or travelling long distances. Family and friends could sometimes help, but support was often limited by work commitments, caring responsibilities or their own health needs.

### **Access to healthcare could be affected without PTS**

Participants frequently said they would delay, cancel or miss appointments if PTS was unavailable. Many were concerned that this could worsen health conditions, delay treatment and increase health inequalities, particularly for people who live in rural areas, have disabilities, are on low incomes or have limited support networks.

### **Concerns about proposed changes focus on fairness and access**

While many participants understood the reasons for reviewing the service, there were concerns that future eligibility criteria may not recognise the complexity of people's circumstances. Respondents wanted reassurance that hidden disabilities, mental health conditions, sensory impairments, rurality and support needs would be properly considered. Concerns were also raised about the proposed mileage contribution and travel distance criteria.

### **Telephone assessments are not suitable for everyone**

Views on telephone assessments were mixed. Some participants felt comfortable explaining their situation over the phone and noted that similar discussions already take place when booking transport. However, many were concerned that telephone-only assessments could disadvantage people with hearing loss, dementia, learning disabilities, autism, mental health conditions or communication difficulties. Respondents felt assessments should be supported by medical records and, where appropriate, involve carers, family members or support workers.

### **Better communication is the strongest message across all themes**

Communication emerged as the most consistent issue throughout the feedback. Participants wanted clearer information about eligibility, transport options, alternative

services and proposed changes. They highlighted the importance of using a range of communication methods, including letters, telephone calls, text messages, leaflets and face-to-face discussions. Many also raised concerns about communication during journeys, particularly around delays and return collections.

### **A more person-centred approach is needed**

Participants repeatedly stressed that decisions should be based on individual circumstances rather than rigid criteria. They wanted the NHS to better understand the realities of living with disability, long-term conditions, rural isolation, financial pressures and caring responsibilities. Respondents emphasised the need for flexibility, consistency and compassion when designing future services.

### **Protecting dignity, independence and access to care**

Across all themes, participants highlighted that PTS provides more than transport. It supports dignity, independence, wellbeing and confidence. Many felt future changes should focus on improving communication, reducing delays and making services easier to navigate, while ensuring that people who genuinely need support continue to receive it. The overriding message was that any changes should not create additional barriers for vulnerable people accessing healthcare.

## **Key findings from Healthwatch dedicated conversations**

### **What transport support means in real life**

Participants consistently described Patient Transport Services (PTS) as an essential part of accessing healthcare rather than simply a way of travelling to appointments. Many said they would struggle or be unable to attend appointments without the service because of mobility problems, disability, long-term health conditions, anxiety, visual impairment, distance to hospital, or a lack of support from family and friends. Alongside transport itself, participants valued the reassurance, practical assistance and understanding provided by staff, which helped them access care safely and maintain their independence.

### **Patient Transport Services are essential for accessing healthcare (n=34)**

Many participants described PTS as vital to their ability to attend hospital appointments. Respondents frequently explained that they could not use public transport, could not drive, or were too unwell to travel independently. This was particularly evident among people attending regular appointments such as dialysis, cancer treatment, rehabilitation and specialist outpatient services.

Several participants described the service as a lifeline that enabled them to continue receiving treatment and care.

*Wouldn't be able to get to any of the appointments without PTS.*

*I wouldn't cope without patient transport.*

### **Mobility, disability and hidden health needs make travelling difficult (n=31)**

Many respondents described physical disabilities, reduced mobility, chronic pain, breathlessness, wheelchair use, visual impairment or recovery from surgery as significant barriers to travel. For many, public transport involved long walks, multiple connections or physical challenges that were simply not manageable.

Participants also highlighted hidden conditions, including autism, learning disabilities, anxiety, PTSD and fatigue. Several explained that these needs are not always visible but can have a considerable impact on travelling independently.

*Things that are not seen is the pain in back and knees and also the anxiety.*

*People can presume I'm okay when I'm not.*

### **Staff provide practical support and reassurance (n=24)**

Many participants spoke positively about the support they received from transport staff. Respondents valued the practical assistance provided with wheelchairs, mobility aids, transfers into vehicles and help navigating hospitals.

Several participants highlighted that staff understood their needs and made them feel safe and supported throughout the journey.

*The two girls [PTS staff] they were really nice.*

*The staff are very helpful.*

Some participants felt this support was something that could not be provided through public transport or standard taxi services.

### **Communication and uncertainty increase anxiety (n=20)**

Many participants identified communication about collection and return journeys as one of the most challenging aspects of using PTS. Respondents frequently described long waits after appointments and uncertainty about when transport would arrive.

Several said the lack of information caused anxiety, particularly for people with autism, learning disabilities, mental health conditions or those attending appointments alone.

*You have no idea when transport might turn up and no one will tell you.*

*It is very difficult when you have to sit at the hospital on your own for hours not sure where to go for help or information and not sure if you can even get home.*

Some participants reported worrying about transport for days or weeks before appointments because they were unsure how the journey would be managed.

### **Public transport and taxis are often not realistic alternatives (n=20)**

Many respondents explained that public transport was either inaccessible or impractical due to mobility needs, distance, multiple bus journeys, wheelchair use or anxiety. Several also highlighted difficulties getting on and off buses or reaching hospital sites from bus stops.

Taxis were often viewed as expensive and, in some cases, unsuitable because drivers could not provide the physical assistance people required.

*It would be very difficult to get him to the appointments... at least two buses and trying to get on two buses, trying to get on and off... Public transport is hard to navigate... they need to make space for wheelchairs but people aren't always understanding.*

*A taxi would not do what you need. They aren't all trained to help with mobility issues.*

### **Patient Transport Services reduce stress and provide reassurance (n=18)**

Many participants described feeling safer and more confident knowing transport had been arranged and would be provided by trained staff. This was particularly important for people attending appointments alone, managing complex health conditions or travelling long distances.

Respondents frequently associated PTS with reassurance, dignity and reduced stress, particularly when compared with travelling independently.

*Without PTS you don't have the reassurance that you've got the support.*

*I know I am safe.*

### **Family members and carers also benefit (n=16)**

Several participants explained that PTS reduced pressure on family members and unpaid carers. Without the service, relatives often needed to take time off work, provide physical support or travel long distances to accompany them to appointments.

Many respondents valued being able to access healthcare without feeling they were placing additional burdens on family members.

*Usually my sons help me but can't today because they are working. My only option was to use patient transport because they couldn't get time off work.*

*I try my best not to be a burden on anyone.*

### **Patient Transport Services help people maintain independence (n=15)**

Many participants described PTS as helping them remain independent despite living with significant health conditions or disabilities. Being able to attend appointments without relying entirely on family, friends or carers was important to their confidence, dignity and wellbeing.

Several respondents described maintaining independence as an important personal benefit of the service.

*My independence is important to me. I am restricted with a lot of things in life and I want to retain as much independence as I can, where I can.*

*Without patient transport, I get public transport or a friend. It affects my physical health, fatigue and dignity.*

### **Managing without the Patient Transport Service / alternative travel**

Participants consistently described PTS as their only realistic way of accessing healthcare. Many said that, without the service, they would struggle to reach hospital appointments due to mobility issues, disability, distance, cost, anxiety, or a lack of support from family

and friends. While some respondents identified alternative options such as family, friends, public transport or taxis, these were often described as unreliable, unaffordable, impractical or unsustainable over time.

### **Many people would be unable to attend appointments without PTS (n=37)**

Many participants said they would have no realistic alternative if PTS was unavailable. Respondents frequently described being unable to drive, living in rural areas with limited public transport, or having health conditions that made independent travel impossible. Many people said they would miss, delay or cancel appointments if transport could not be arranged.

Several participants highlighted concerns that missed appointments could lead to delays in treatment, deterioration in health, or longer waits for care.

*I wouldn't be able to get to any appointments, would really struggle with getting a bus and some hospitals are two or three buses away*

*I would have to cancel my appointment and that could be for another 3 to 6 months. Appointments are not easy to get.*

### **Public transport is often inaccessible or impractical (n=30)**

Many respondents described significant barriers to using public transport. Common challenges included limited rural bus services, multiple connections, long walking distances, inaccessible routes, unreliable services and difficulties travelling with mobility aids or wheelchairs.

Several participants also highlighted the impact of hidden disabilities, anxiety, visual impairment or learning disabilities, which made travelling independently difficult or distressing.

*There is no bus service that would get the patient to the hospital in time for 7am appointment.*

*... it would be so difficult to get public transport from where I live, particularly for early morning appointments. No buses run at all until after 8am and they come about every 2-3 hours.*

### **The cost of taxis creates a significant barrier (n=28)**

The financial impact of alternative travel was a major concern. Many participants said they could not afford regular taxi journeys, particularly for long-distance appointments, specialist services or frequent treatments such as dialysis.

Several respondents on low incomes, pensions or benefits explained that using taxis would create financial hardship and would not be sustainable over time.

*Taxi would cost £67 for one way which is unaffordable.*

*Cost would be an issue as I could not afford to pay for taxis all the time.*

### **Family and carers provide support, but this is not always possible (n=24)**

Many respondents said family members would be the most likely alternative source of support. However, relatives often had work commitments, caring responsibilities, health conditions of their own, or lived too far away to help regularly.

Several participants expressed concern about becoming a burden on family members or requiring people to take time off work to accompany them to appointments.

*If I couldn't use public transport then my daughter would have to take time off work. It isn't about cost - I can't do things on my own now.*

*I try not to rely on other people... its not as easy as picking up the phone and asking someone to come and get you'- Asking for help from other people isn't always easy as other people have their own commitments.*

### **Alternative travel can increase stress and anxiety (n=18)**

Many participants described alternative travel arrangements as stressful and unpredictable. Concerns included arranging transport, uncertainty about getting to appointments on time, worries about accessibility, and being dependent on others.

For some, the stress associated with arranging transport was so significant that they felt it could affect their willingness or ability to attend appointments.

*I might decide to miss some appointments because it would be very worrying and emotionally exhausting for me in the run up to the appointments trying to deal with the worry and anxiety of how I was going to get there.*

*If there wasn't patient transport I think a lot of people would just not attend their appointments because it would be too difficult or stressful for them and far too expensive to get a taxi. Public transport is often hard to use if you have a disability or impairment.*

### **Alternative transport does not always meet people's support needs (n=16)**

Several participants explained that alternative transport options could not provide the level of support they required. Respondents highlighted needs such as wheelchair-accessible vehicles, assistance with transfers, support navigating hospitals, help managing anxiety or reassurance during journeys.

Many felt that standard taxis or public transport could not meet these needs safely.

*Need the proper transport with people who are trained to lift.*

*An alternative would have been getting a Taxi that takes wheelchairs, I tried too but they are not available till after 10 (most do the school runs – so I have been told) and my appointment time was 9 am.*

### **Some participants had alternative options available (n=8)**

A smaller number of respondents reported that they could rely on family, friends, volunteer driver schemes, taxis or their own car if required. However, these participants still often noted challenges around parking, travel costs, accessibility or availability.

Even where alternatives existed, respondents generally viewed PTS as the safest and most practical option.

*I have family I can rely on. They would not need time off work to help me.*

*Could also use the volunteer driver service, have used it before.*

### **Patient Transport Services and health inequalities (n=12)**

Many participants felt that the impact of losing PTS would not be felt equally. Respondents believed older people, disabled people, those living in rural areas, people on low incomes, and those without family support would be disproportionately affected.

Several participants suggested that, without PTS, some people would be unable to access healthcare altogether.

*... it would affect people more who were receiving state benefits, like universal credit, or were on a low income, or those who did not have family to rely on.*

*... without patient transport a lot of people would suffer, especially older people who have become frail and have a lot of conditions. Often, their spouse is old and frail too and can't help.*

### **Understanding these changes**

Participants had mixed views about the proposed changes. Many felt the explanation was clear and understood the reasons for reviewing eligibility and transport arrangements. However, many people expressed concerns about whether the changes would make it harder to access PTS, how decisions would be made, and whether the assessment process would identify people's actual needs. Respondents also raised questions about travel distances, support for carers, communication, and whether the proposed mileage contribution would be affordable.

### **Concerns about eligibility and access to support (n=26)**

The most common concern was that people who genuinely need PTS could be found ineligible under revised arrangements. Respondents worried that assessments might not fully recognise the impact of mobility problems, hidden disabilities, sensory impairments, anxiety, rurality, or complex health needs.

Several participants felt that eligibility assessments should look beyond simple measures such as whether someone can walk short distances and instead consider the whole journey and the support required.

*I think the eligibility shouldn't be too narrow.*

*I am concerned that it will be even harder to get patient transport. I have had a battle on my hands proving I do need transport as it is and I hear a lot of people tell me that they have been turned down and I know these people and they are often elderly and not well off and do need support..*

Others questioned whether assessments carried out remotely would be able to accurately understand people's needs.

*You can't assess someone over the phone... you've got to actually know what's wrong with someone before so you can assess them.*

*There has to be a better way to establish need.*

### **Understanding is generally good, but some people need more support (n=24)**

Many participants felt the proposals were clear and easy to understand. Some said they had no questions or concerns and thought the changes seemed reasonable.

*Seems straight forward.*

*They are easy to understand and should help people in my situation.*

However, others found the proposals confusing, were unsure what the practical impact would be, or felt they would need support from family members or carers to understand the changes.

*Struggled to understand what the changes would mean and what the impact would be.*

*I didn't find the explanation clear at all.*

Several respondents highlighted that people process information differently and that accessible communication would be important.

### **Communication will be critical (n=20)**

Many respondents said people would need clear information about what is changing, how eligibility decisions will be made, and what alternative support is available if they do not qualify for PTS.

Participants suggested using multiple communication methods, including letters, appointment correspondence, leaflets, social media, hospital notices, GP surgeries and pharmacies. Several also felt verbal explanations and the involvement of carers or family members would help some people understand the changes.

*There needs to be a lot better communication.*

*The explanations make sense to me. I think there would need to be much better communication for patients and communication in all different ways.*

Some respondents emphasised the importance of having someone available to explain changes and answer questions.

### **Concerns about travel costs and the 30-mile rule (n=18)**

A recurring concern related to the proposed mileage contribution and distance criteria. Many respondents did not believe a contribution of 25p per mile would reflect the true cost of travel, particularly for people travelling long distances or attending frequent appointments.

Several participants also questioned whether geographical distance alone would reflect people's needs, particularly where specialist treatment was only available at hospitals further away.

*Do they realise how much fuel costs these days?!*

*30 miles would not guarantee access-that's just 'wrong' If they plan on changing something, tell us what that looks like.*

Respondents frequently highlighted the challenges faced by people living in rural communities, where public transport options may be limited or unavailable.

### **Consistency, fairness and recognising individual circumstances (n=15)**

Many participants felt the service should be fair and consistent across the region. Respondents supported assessing need but emphasised that decisions should be based on individual circumstances rather than rigid rules.

Several highlighted the importance of recognising hidden disabilities, support needs, carers' roles, and the different challenges faced by people living with long-term conditions.

*Think it should be the same for all northeast to make it fair.*

*People living alone and those with young families.*

Participants also stressed that information about a person's health condition and transport needs should be recorded and shared appropriately so that assessments are based on accurate information.

### **Concerns about change and protecting current services (n=12)**

Some respondents expressed anxiety about any changes to a service they currently rely upon. For these participants, the existing service was working well or provided an essential safety net, and there was concern that changes might unintentionally exclude people who need support.

A small number felt that the focus should instead be on improving the current system rather than introducing significant changes.

*I think [PTS] its alright the way it is.*

*Not sure about the changes, I just want everything to stay exactly as it is.*

### **Telephone assessments**

Views on telephone assessments were mixed. Some participants felt comfortable explaining their needs over the phone and noted that similar conversations already take place when booking transport. However, many respondents were concerned that telephone assessments may not fully capture complex, hidden or fluctuating needs. Participants frequently highlighted people with hearing loss, dementia, learning disabilities, autism, mental health conditions or communication difficulties as groups who could be disadvantaged by a telephone-only approach.

### **Telephone assessments may work for some people (n=24)**

Many participants felt confident explaining their circumstances over the phone and saw telephone assessments as a practical way of discussing transport needs. Several respondents said this was already part of the current booking process and did not view it as a significant change.

Some felt a conversation could help people explain circumstances that may not be obvious from medical records alone.

*This is what happens at the moment when I ask for patient transport so I would be happy doing this and explaining my circumstances by telephone.*

*Feels confident in expressing and explaining medical conditions and mobility needs over the phone.*

Others felt telephone assessments could be helpful if they allowed a proper discussion about individual circumstances.

*Telephone would be ok for me, it's a way to have more open dialogue and ask questions.*

### **Many people may struggle to explain their needs over the phone (n=28)**

The most common concern was that telephone assessments may disadvantage people who struggle with communication. Participants frequently referred to people with hearing loss, dementia, learning disabilities, autism, anxiety, memory problems or sensory impairments.

Also, several respondents felt some people may not fully understand the questions being asked, may forget important information, or struggle to explain the impact of their condition.

*It might not be good for other people like deaf people who can't hear on the phone or people with sight loss who can't see which number is coming up.*

*I think for some people it will be difficult to explain their circumstances. People that are feeling poorly may struggle to communicate their needs properly and people with learning impairments or memory issues may find it all very stressful and overwhelming.*

Others felt some people may say they can cope when they cannot, potentially leading to incorrect decisions.

*Some people are good at talking the talk and getting what they want. Others, are completely different and will say they can cope when they can't. Some people just can't explain themselves.*

### **Assessments should be supported by medical records and existing information (n=20)**

Many participants felt telephone assessments should not rely solely on what somebody says during a conversation. Respondents frequently suggested that staff should be able to see relevant clinical information, existing assessments and previous transport arrangements.

Several people questioned the need to repeatedly explain the same long-term conditions every time they contacted the service.

*If they've got access to your medical record, they should know what you're talking about they should be aware of your needs, they have to understand that... they have to have true access to your medical records to make a judgement*

*As long as they've got that on record so you don't have to repeat yourself.*

Some suggested that key mobility, sensory and accessibility needs should be clearly recorded on patients' records and regularly reviewed rather than reassessed from the beginning each time.

### **Family members, carers and support workers should be involved where needed (n=18)**

Many participants felt carers, family members and support workers should be able to help with telephone assessments. Respondents noted that some people may not be able to explain their circumstances accurately without support.

This was particularly important for people with dementia, learning disabilities, complex health needs, communication difficulties or sensory impairments.

*Must speak to the carers and family members as many patients may not be able to articulate their respective needs*

*Has a support worker and feels this would help as support worker would be able to manage/support the telephone calls but would struggle without this*

Several participants also highlighted the importance of involving care homes where transport arrangements are made on a person's behalf.

### **Hidden needs are difficult to assess over the phone (n=17)**

Many respondents worried that important aspects of their circumstances could be missed during a telephone conversation. Participants described mobility limitations, fluctuating conditions, anxiety, pain, sensory impairments and difficulties using public transport that may not be obvious during a phone call.

Several participants highlighted concerns that a simple question-and-answer process may not reflect the reality of travelling to hospital.

*How can they assess your disability over the telephone?*

*The person assessing took it to mean that I could walk unaided.*

Respondents felt there needed to be greater understanding of the practical barriers people face, rather than focusing on a single aspect of their condition.

### **Alternative communication methods are needed (n=14)**

Many participants felt telephone assessments should not be the only option available. Respondents suggested written information, text messages, email, face-to-face discussions or translated support where required.

Concerns were raised by people who are Deaf, hard of hearing, visually impaired, or whose first language is not English.

*No, because we can not access telephone interactions and would prefer to communicate via text message or email. Would need a BSL interpreter booked to make this phone call or a BSL video relay which is not always reliable.*

*I think telephone appointments would be difficult, as my hearing is not as good as it would be otherwise. Written information would help, maybe at the end of every appointment letter or text.*

Several participants also suggested confirming arrangements by text message or letter to reduce confusion and reassure patients that transport had been booked.

*I want to be sure that my travel is organised well in advance, and that I know for certain where I need to be and when.*

### **Some participants preferred face-to-face assessments (n=11)**

A smaller group felt telephone assessments were not suitable and that decisions about transport eligibility should involve face-to-face assessment or wider professional input.

These respondents felt that mobility problems, cognitive difficulties and complex needs are not always obvious during a telephone conversation and worried that important information could be missed.

*Nothing over the telephone is good enough. If an assessment needs to be done then it must be face to face and perhaps with help or support from someone capable who knows you.*

*No. I don't think telephone assessments are appropriate. Mobility issues can't be seen over the telephone just like brain conditions aren't always evident when looking at a person.*

Some suggested involving GPs, consultants, carers, social care professionals or specialist teams when assessing transport needs.

### **Improving support and communication**

Participants consistently highlighted the importance of clear communication, accessible information and personalised support. Many felt that people are often unaware of the support available, how to access Patient Transport Services (PTS), or what alternatives exist. Respondents emphasised that communication should be tailored to individual needs and available through a range of methods rather than relying on a single approach.

### **Provide clearer information about transport options and eligibility (n=28)**

Many participants felt that information about PTS and alternative transport schemes is not visible enough. Several respondents said they were unaware of available support, eligibility criteria, community transport options, volunteer driver schemes, mileage payments or travel reimbursement arrangements.

There was strong support for including information in appointment letters, leaflets, posters and hospital correspondence so people know what help is available when they need it.

*I don't even really know how to get PTS.*

*You should be promoting the volunteer driving, mileage, shuttle bus, community transport as other option on your appointment letters.*

Many felt that clearer information would help people understand their options and reduce anxiety about getting to appointments.

### **Use different ways to communicate with different people (n=24)**

Participants frequently said there is no single communication method that will work for everyone. Respondents suggested offering information through letters, telephone calls, text messages, leaflets, social media and face-to-face conversations.

Many highlighted that older people, people with sensory impairments, learning disabilities, dementia or autism may need information presented differently.

*People should be contacted in a multitude of ways, not just the phone.*

*Communication needs to be carried out in the way that best suits the service user.*

Several people stressed that information should not be available online only.

*Don't just put information online as that's not accessible for people who don't use computers.*

### **Support should be tailored to individual needs (n=22)**

Participants repeatedly emphasised that people's circumstances vary and that support should take account of individual needs rather than applying a standard approach to everyone.

Respondents highlighted the needs of people with dementia, learning disabilities, autism, mental health conditions, sensory impairments, frailty, mobility problems and those who are socially isolated.

*Some people definitely struggle more than others and need different support, and understanding. It's hard to say who these people are but those who are very frail or have memory problems or learning disability.*

*I think it's important to look after the people who are on their own and who are older and those with learning impairments and mobility issues.*

Many felt carers, support workers and family members should be involved where appropriate to help people understand information and navigate the system.

### **Improve communication between services and staff (n=19)**

Many respondents felt communication between different NHS teams, transport providers and patients could be improved. Participants highlighted examples where information had not been shared, transport cancellations had not been communicated, or patients had been required to repeat information multiple times.

Several respondents felt better coordination would improve the experience for patients and carers.

*This should all be covered in the Telephone assessment, recorded and shared between the NHS Staff and the Patient Transport Service – they may be part of the same organisation however, internal communication is always an issue.*

Some participants also felt staff should understand patients' circumstances before making contact.

### **Human contact remains important (n=18)**

Many participants valued being able to speak directly to a person rather than relying on online systems, forms or automated processes. Respondents felt conversations helped people feel listened to and allowed more complex circumstances to be explained.

Several participants also supported face-to-face involvement and community conversations to help people understand changes.

*We need personal contact.*

*Speaking with a 'real' person rather than AI or completing an online form also makes you feel listened to.*

Participants viewed this as particularly important for vulnerable patients and those with complex needs.

### **Clear, accessible and jargon-free information is needed (n=17)**

Many respondents felt any information about changes should be written in plain English, easy to understand and available in accessible formats.

Several participants said information should be provided in writing so people can refer to it later and share it with family members or carers.

*It is important that changes are given in plain English with no jargon.*

*Leaflet (not in small print). Simple terms and written down.*

Respondents also highlighted the needs of people whose first language is not English and those who may need information in alternative formats.

### **Improve awareness and signposting (n=15)**

Many participants felt NHS organisations should do more to raise awareness of PTS and related support services. Suggested routes included appointment letters, GP practices, pharmacies, community groups, care homes, charities, hospitals and local media.

Some respondents said they only became aware of PTS by chance or through family members.

*I only knew about patient transport because I looked after my mam for years and she needed it.*

*... there should be more promotion of services and more information about who can use it, when they can use it.*

Participants felt better signposting would help people access support earlier and avoid unnecessary stress.

### **Improve operational communication and waiting times (n=12)**

Alongside wider communication about the proposed changes, many respondents continued to raise practical concerns about waiting times and updates on transport journeys.

Participants wanted better information about delays, dedicated contact numbers and more proactive updates about collections and cancellations.

*A different telephone number to call when it becomes obvious that booked transport might not turn up in time.*

*Try and cut down wait times after appointments and make sure they turn up in good time for the appointment to save people being late for their appointment. Contact people to let them know how far out the patient transport is and how long the wait might be.*

Several respondents felt more timely updates would help reduce anxiety and improve the overall experience of using PTS.

### **What the NHS should understand before making changes**

Participants emphasised that any changes to PTS should be informed by the realities of people's everyday lives. While some respondents felt the service works well and should be protected, many highlighted the importance of improving communication, understanding individual circumstances, addressing rural challenges, and reducing delays. A recurring message was that people who rely on PTS are often vulnerable, unwell or have limited alternatives, and changes should not make access to care more difficult.

#### **Communication remains the biggest issue (n=22)**

The most common message was that communication between services, staff and patients needs to improve. Respondents described difficulties obtaining updates, understanding what to expect, and coordinating transport arrangements.

Many felt that better information would reduce anxiety and provide reassurance, particularly when waiting for transport home or following discharge from hospital.

*There needs to be much better communication with people on every level with patient transport. If people knew what to expect and what was going to happen and when it would take so much anxiety away from the process.*

*Better communication within the NHS between GP and hospital would make a difference.*

Several participants highlighted the need for better communication around delays, cancellations and discharge arrangements.

#### **Waiting times and delays have a significant impact (n=18)**

Many respondents described long waits for transport, particularly for return journeys, as one of the most difficult aspects of the service. Participants explained that delays can be exhausting for people who are already unwell, attending dialysis, recovering from treatment, or managing long-term conditions.

Several respondents felt there should be more efficient scheduling, routing and communication about delays.

*You can wait up to an 1 hour and a half for transport.*

*I have to get up so early for the morning run and the wait times are unbearable sometimes.*

Participants frequently described delays as increasing fatigue, anxiety and overall stress.

#### **People need to be treated as individuals (n=17)**

Many participants spoke about the importance of understanding people's individual circumstances rather than applying a one-size-fits-all approach. Respondents highlighted the impact of disability, rurality, financial pressures, caring responsibilities and complex health needs.

Several felt decisions should take account of a person's wider circumstances and recognise that the same medical condition can affect people differently.

*They [NHS] need to have a better understanding of us, as people.*

*NHS need to understand that everyone is different so allow for the new system to be flexible and patient friendly.*

### **Rural communities face additional challenges (n=12)**

Many participants living in rural areas highlighted the difficulties created by long distances to healthcare services, limited public transport and infrequent postal services.

Respondents felt that people living in rural communities often have fewer alternatives and face greater barriers when attending appointments.

Probably more rural awareness about the difficulties of travelling when hospital appointments are not at the local hospital.

That they could provide better services closer to where we live.

Several participants suggested that improving access to local services could reduce the need for long-distance travel.

### **Changes should be introduced carefully and tested first (n=10)**

Several respondents felt any new arrangements should be trialled before being introduced more widely. Participants wanted reassurance that changes would be tested, reviewed and refined before full implementation.

Many felt that staff should be fully trained and processes thoroughly evaluated before rollout.

*Do not rush.*

*I would strongly advise that NHS does a trial and see.*

### **Access to appointments should not depend on technology (n=9)**

Several respondents stressed that services should not assume everyone can use computers, smartphones or online systems. Participants highlighted the needs of older people, people with disabilities, people who are Deaf, and those who lack confidence using technology.

There were calls for more personal contact and alternatives to digital-only communication.

*Not really, just make sure the system isn't only built for younger people with access to computers and smartphones.*

*We want more personal contact... and more consistency.*

### **Dignity, respect and compassion matter (n=8)**

Several participants highlighted experiences where they felt vulnerable, embarrassed, or unsupported when accessing care and transport. Respondents wanted staff and processes to prioritise dignity, respect and practical support, particularly during discharge or when people are in pain or distress.

Many felt that kindness, understanding and flexibility are just as important as the transport itself.

*I was made to feel humiliated, degraded like my disability is my fault.*

*It does not treat people with dignity or respect.*

### **Protect access to care for those who need it most (n=8)**

Many participants stressed that changes should not make it harder for people to attend appointments. Respondents were concerned about people with learning disabilities, mobility problems, sensory impairments, low incomes, caring responsibilities or limited support networks.

Several participants believed that most people use PTS only because they genuinely need it.

*I want them to understand, not everyone has people who can help them and not everyone can use public transport.*

*I don't think people would use patient transport if they don't need it.*

## Patient forums and groups

In addition to the survey, two public discussion forums were held to explore participants' views of the proposed changes to NHS Patient Transport Services. The discussions provided further insight into people's experiences of using the service, perceived impacts of the proposals and suggestions for improvement. The key themes are summarised below.

The forums included:

- North Tyneside Patient Forum (1 June 2026)
- Sunderland and South Tyneside Involvement Partnership (SSTIP) (9 June 2026)

The key themes are summarised below.

### Reliability and patient experience

Participants described a range of issues affecting the reliability and overall experience of patient transport. Common concerns included long waiting times, lengthy journeys involving multiple pick-ups, delays collecting patients after appointments, and poor communication about expected arrival times. Participants suggested introducing text message updates, improving coordination between booking teams and hospitals, and providing a clear point of contact for patients experiencing delays.

### Access, eligibility and personalised assessment

Participants broadly supported the principle of assessing eligibility based on individual need rather than distance alone. However, they emphasised that assessments should consider a person's overall circumstances, including mobility, cognitive needs, frailty, communication needs, availability of carers and the support required before, during and after appointments. Concerns were also raised about confusing eligibility criteria, inconsistent decisions and the need for a simpler booking process with clearer information for patients.

### Travel barriers and alternative transport

Participants highlighted the limited availability of suitable alternatives to patient transport, particularly for people living in rural areas, those with complex mobility needs and people without family support. Public transport was often described as unreliable or inaccessible, while some patients required practical assistance beyond transport alone, such as help getting into hospital buildings or travelling in wheelchair-accessible vehicles. Participants also suggested better coordination of voluntary transport providers and improved awareness of alternative transport schemes.

### Supporting vulnerable patients

Participants stressed the importance of recognising the needs of older people, people living with dementia, neurodivergent people, those with learning disabilities or sensory impairments, and patients who rely on carers or companions. They highlighted the need for reasonable adjustments, accessible information and practical support throughout the patient journey, alongside maintaining patients' comfort and dignity during transport.

## Opportunities to improve the service

Participants identified a number of practical improvements that could enhance patient transport services. Suggestions included coordinating multiple hospital appointments to reduce unnecessary journeys, improving consistency of provision across the region, introducing SMS notifications for collections, developing a central booking system for voluntary transport providers, and ensuring patient information and reasonable adjustments are shared more effectively across NHS services. Participants also recognised patient transport as an essential service that enables many vulnerable people to access healthcare safely and independently.

## Conclusion

This involvement has provided a comprehensive understanding of the experiences, views and priorities of people who use Patient Transport Services, their carers and the wider public. By combining a large-scale public survey with qualitative conversations undertaken by Healthwatch and discussions with patient forums and community groups, the programme captured both the breadth and depth of people's experiences across the North East.

Several consistent themes emerged across all involvement methods.

- Participants recognised the importance of ensuring Patient Transport Services are fair, sustainable and available to those who need them most.
- At the same time, many described the service as essential to accessing healthcare and expressed concern that any reduction in support could create additional barriers for people with complex health needs, disabilities, limited transport options or restricted support networks.
- The findings also demonstrate broad support for a personalised, needs-based approach, provided it recognises the full range of factors that influence an individual's ability to travel safely to healthcare appointments.
- Participants consistently highlighted the importance of clear communication accessible assessment processes and continued support for people with the greatest need.
- Alongside these themes, respondents identified opportunities to improve the overall patient experience through more consistent eligibility decisions, improved booking processes, better communication and increased awareness of alternative transport support.
- Change creates uncertainty, whilst it's clear that people understand the needs based conversation, they don't understand what the criteria are OR whether they will meet the criteria.
- Understanding of alternative travel arrangements – Concern that alternative ways to travel might appear to be available, but don't exist for many people. Also noted the uneven availability of volunteer driver schemes across the region. .

The evidence presented in this report will be considered alongside clinical, operational, equality and financial evidence to inform the ongoing review of Patient Transport Services. No decisions had been made at the time this involvement was undertaken, and the findings provide an important source of evidence to help ensure that any future changes are informed by the experiences and priorities of the people most likely to be affected.

## Appendices

### Appendix 1 – Demographics

|                         | Survey | Qualitative |
|-------------------------|--------|-------------|
|                         | N=1385 | N=81        |
| Area – live in          |        |             |
| County Durham           | 17%    | 12%         |
| Darlington              | 5%     | 4%          |
| Gateshead               | 7%     | 9%          |
| Hartlepool              | 3%     | 2%          |
| Middlesbrough           | 3%     | 2%          |
| Newcastle-upon-Tyne     | 9%     | 20%         |
| Northumberland          | 5%     | 11%         |
| North Tyneside          | 2%     | 2%          |
| Redcar and Cleveland    | 2%     | 11%         |
| South Tyneside          | 2%     | 11%         |
| Stockton                | 3%     | 9%          |
| Sunderland              | 2%     | 1%          |
| North east              | 9%     |             |
| Outside region / unknow | 31%    | 5%          |
| Age                     |        |             |
| Under 24                | <1%    |             |
| 25 – 34                 | <1%    | 2%          |
| 35 – 44                 | 1%     | 5%          |
| 45 – 54                 | 2%     | 5%          |
| 55 – 64                 | 9%     | 7%          |
| 65 – 74                 | 18%    | 27%         |
| 75 – 84                 | 27%    | 30%         |
| 85+                     | 18%    | 12%         |
| Unknown                 | 25%    | 11%         |
| Gender                  |        |             |
| Female                  | 51%    | 58%         |

|                                                                                                                                                           |     |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| Male                                                                                                                                                      | 28% | 37% |
| Unknown                                                                                                                                                   | 21% | 5%  |
| <b>Same gender as birth</b>                                                                                                                               |     |     |
| Yes                                                                                                                                                       | 77% | 73% |
| No                                                                                                                                                        | 1%  | 1%  |
| Prefer not to say / unknown                                                                                                                               | 22% | 26% |
| <b>Ethnic background</b>                                                                                                                                  |     |     |
| White Includes: English, Welsh, Scottish, Northern Irish or British; Irish; Gypsy or Irish Traveller; Roma, or any other white background                 | 72% | 88% |
| Asian or Asian British (Includes: Indian, Pakistani, Bangladeshi, Chinese or any other Asian background)                                                  | 1%  | 5%  |
| Mixed or multiple ethnic groups (Includes: white and black Caribbean, white and black African, white and Asian or any other mixed or multiple background) | <1% |     |
| Other (Includes Arab or any other ethnic group)                                                                                                           | <1% |     |
| Unknown                                                                                                                                                   | 27% | 7%  |
| <b>Religion</b>                                                                                                                                           |     |     |
| Christian (including Church of England, Catholic, Protestant)                                                                                             | 59% | 49% |
| No religion or belief                                                                                                                                     | 10% | 12% |
| Islam / Muslim                                                                                                                                            | <1% | 5%  |
| Other religion, including: Buddhist, Hindu, Sikh, Jewish, Quaker, Spiritualist, Jehovah's Witness, Other                                                  | 2%  |     |
| Prefer not to say / unknown / no answer                                                                                                                   | 29% | 33% |
| <b>Sexual orientation</b>                                                                                                                                 |     |     |
| Straight or heterosexual                                                                                                                                  | 69% | 63% |
| Gay or lesbian                                                                                                                                            | 1%  | 1%  |
| Bi or bisexual                                                                                                                                            | <1% |     |
| Other sexuality                                                                                                                                           |     | 1%  |
| Prefer not to say / unknown / no answer                                                                                                                   | 31% | 35% |
| <b>Physical or mental health conditions</b>                                                                                                               |     |     |
| No                                                                                                                                                        | 4%  |     |
| Yes                                                                                                                                                       | 69% | 89% |

|                                                                           |     |     |
|---------------------------------------------------------------------------|-----|-----|
| Unknown                                                                   | 27% | 11% |
| <b>Income</b>                                                             |     |     |
| I / someone in my home gets benefits / is a low-income home               | 35% | 42% |
| No – I do not get any benefits                                            | 20% | 25% |
| Not sure / prefer not to say / unknown                                    | 45% | 33% |
| <b>Caring responsibility</b>                                              |     |     |
| Child or children                                                         | 1%  | 1%  |
| Disabled child or children                                                | <1% | 0%  |
| Disabled adult                                                            | 6%  | 7%  |
| None of these                                                             | 61% | 84% |
| No answer                                                                 | 30% | 9%  |
| <b>Pregnancy and maternity</b>                                            |     |     |
| Yes                                                                       | <1% |     |
| No                                                                        | 37% | 51% |
| Prefer not to say / not applicable / unknown / no answer                  | 62% | 49% |
| <b>Health conditions</b>                                                  |     |     |
| Long-term health condition                                                | 49% | 79% |
| Physical impairment or mobility issues                                    | 45% | 75% |
| Sensory impairment, such as blind or visual loss and Deaf or hearing loss | 17% | 22% |
| Mental health condition                                                   | 9%  | 20% |
| Learning disability                                                       | 2%  | 5%  |
| Neurodivergence                                                           | 2%  | 4%  |
| No condition or impairment                                                | 3%  | 0%  |
| Other                                                                     | 2%  | 2%  |
| Unknown / no answer                                                       | 28% | 11% |

## Appendix 2 – Involvement materials

### Survey



North East and  
North Cumbria

## NHS patient transport survey

Help us improve services for patients

### Your experience

1. In the last 3 years, have you used NHS patient transport for yourself or someone you care for?
- ☐ Yes, for myself (go to Q2) ☐ Yes, for someone I care for (go to Q2)
- ☐ No, (thank you, no further questions) ☐ Not sure (go to Q3)

2. Why did you get patient transport before? (Tick all that apply)

- ☐ I had a medical reason and couldn't travel safely on my own
- ☐ I had problems moving around (mobility)
- ☐ I needed help or someone with me during the journey (because of thinking, memory, or sensory needs)
- ☐ My journey was difficult, or I couldn't get to public transport in time
- ☐ I lived more than 30 miles from the hospital
- ☐ Someone was worried it was not safe for me to travel alone (a safeguarding concern)
- ☐ I was travelling for regular treatment (like dialysis)
- ☐ A clinician told me I needed patient transport
- ☐ Something else (please tell us):

### Travelling with an escort or companion

We want to understand if you need someone to travel with you (such as a family member or carer), and how this helps with your safety, comfort, or support. This includes support for difficult, complex, or end-of-life appointments.

3. When using patient transport, do you need someone to travel with you (for example a family member, carer, or support person)?

- ☐ Yes – I always need someone with me (go to Q4)
- ☐ Yes – I sometimes need someone with me (go to Q4)
- ☐ No – I do not need someone to travel with me (go to Q7)
- ☐ Not sure / it depends on the appointment (go to Q4)

4. Why do you need someone to travel with you?

This means we look at a person's medical, mobility, thinking, and safety needs.

- ☐ I need help to communicate or understand information
- ☐ I need physical support to move safely
- ☐ I feel anxious or distressed travelling alone
- ☐ I have memory, thinking, or learning difficulties
- ☐ I am attending an end-of-life, serious, or complex appointment
- ☐ I need help after my appointment (for example feeling unwell or tired)
- ☐ Other

Please see over

5. If you answered "other" to Q4, please tell us more below.

6. How important is it for you to have someone with you when travelling to or from hospital?

This means we look at a person's medical, mobility, thinking, and safety needs.

- ☐ Very important      ☐ Quite important  
☐ Not very important      ☐ Not important at all

### The new booking rules

7. How clear is the idea of a "needs-based" assessment for patient transport?

This means we look at a person's medical, mobility, thinking, and safety needs.

- The new rules mean NHS patient transport will be based on a person's needs.
- This means transport is for people who cannot travel safely because of their health, mobility, thinking, or safety needs.
- Instead of answering 15 yes or no questions, we will ask a few simple questions to better understand each person's needs.
- These rules follow NHS England guidance.
- Living far from the hospital on its own will no longer be a reason to get patient transport.

- ☐ Very clear      ☐ Quite clear      ☐ Not very clear  
☐ Not at all clear      ☐ Not sure

8. How would you feel about having a short conversation with a member of our team about your travel needs before booking patient transport?

- ☐ I would feel comfortable with this  
☐ I think it would be okay  
☐ I am not sure  
☐ I would feel uncomfortable  
☐ I would prefer not to have this conversation

### How these changes might affect you

9. Do any of these apply to you or the person who uses NHS patient transport?

- ☐ Attend renal dialysis  
☐ Receiving chemotherapy and radiotherapy treatments  
☐ Need medical monitoring or specialist equipment (including oxygen)  
☐ Have serious mobility problems and cannot travel alone  
☐ Have severe mental health conditions  
☐ Have dementia, learning disabilities, or confusion  
☐ Have serious sight or hearing loss  
☐ Need support for condition management or recovery  
☐ Have conditions affecting dignity (e.g. incontinence or needing help with personal care)  
☐ Have weakened immune systems  
☐ Have frequent hospital treatment (e.g. chemotherapy or radiotherapy)  
☐ Are too unwell to travel safely after treatment  
☐ None of the above      ☐ Prefer not to say

10. How concerned are you about this change?

- ☐ Not concerned      ☐ A little concerned  
☐ Quite concerned      ☐ Very concerned  
☐ Extremely concerned      ☐ Does not apply to me

11. If these changes affect you, what do you think the biggest impact will be?

*Please see over*

12. What other ways could you travel if patient transport isn't available? (Tick all that apply)

- |                                                           |                                                               |
|-----------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Family or friends' car           | <input type="checkbox"/> My own car                           |
| <input type="checkbox"/> Bus or train                     | <input type="checkbox"/> Taxi                                 |
| <input type="checkbox"/> Volunteer driver scheme          | <input type="checkbox"/> Healthcare Travel Cost Scheme (HTCS) |
| <input type="checkbox"/> Community transport              | <input type="checkbox"/> I have no other options              |
| <input type="checkbox"/> I don't know / not sure          |                                                               |
| <input type="checkbox"/> Something else (please tell us): |                                                               |

13. Would any of the following help you understand or consider your travel options?

- ☐ Information about how to claim back travel costs (e.g., reimbursement schemes)
- ☐ Information about local bus, train, and other public transport services
- ☐ Information about community transport or volunteer driver schemes in your area
- ☐ Information about any discounted taxi or private hire options
- ☐ Something else (please tell us):

## Final thoughts

14. Is there anything else you want the NHS to think about before any changes happen?

## About you (optional)

We'd like to ask some questions about you. You don't have to answer them, but we hope you will. This helps us understand who has taken part in the survey, and whether different groups of people have different views or needs. Your answers will be confidential. We won't share them in a way that could identify you.

If you are completing this survey on behalf of someone else, please provide information about them rather than yourself.

15. What are the first letters or numbers of your postcode?

For example:

TS10, NE38, SR4

16. How old are you?

Please write in:

17. What is your gender?

- |                                                  |                                            |
|--------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Female                  | <input type="checkbox"/> Male              |
| <input type="checkbox"/> Non-binary              | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Prefer to self-describe |                                            |

18. Is this the same gender you were given at birth?

- ☐ Yes   ☐ No   ☐ Prefer not to say

*Please see over*

19. Do you have any of the following physical or mental health conditions, impairments, or learning differences that impact on your ability to carry out day-to-day activities?

- ☐ Long term health condition
- ☐ Physical impairment or mobility issues
- ☐ Sensory impairment, such as blind or visual loss and Deaf or hearing loss
- ☐ Mental health condition
- ☐ Learning disability
- ☐ Neurodivergence
- ☐ No condition or impairment
- ☐ Prefer not to say
- ☐ Other

20. Are you pregnant or have you been pregnant in the last 6 months?

- ☐ Yes   ☐ No   ☐ Prefer not to say
- ☐ Not applicable

21. Do you look after any of the following? (Do not include paid work. Select all that apply)

- ☐ Child or children (under 18 years)
- ☐ Disabled child or children (under 18 years)
- ☐ Disabled adult (including long-term physical or mental health conditions, or problems related to old age)
- ☐ None of the above   ☐ Prefer not to say

22. What is your sexual orientation?

- ☐ Straight or heterosexual   ☐ Bi or bisexual
- ☐ Gay or lesbian   ☐ Prefer not to say
- ☐ Other sexual orientation

23. Are you...?

- ☐ Christian (including Church of England, Catholic, Protestant)
- ☐ Muslim
- ☐ Buddhist
- ☐ Sikh
- ☐ Hindu
- ☐ No religion or belief
- ☐ Jewish
- ☐ Prefer not to say
- ☐ Other (please tell us):

24. What is your ethnic group?

- ☐ Asian or Asian British  
Includes: Indian, Pakistani, Bangladeshi, Chinese or any other Asian background
- ☐ Black, black British Caribbean or African  
Includes: black British Caribbean, African or any other black background
- ☐ Mixed or multiple ethnic groups  
Includes: white and black Caribbean, white and black African, white and Asian or any other mixed or multiple background
- ☐ White  
Includes: English, Welsh, Scottish, Northern Irish or British; Irish; Gypsy or Irish Traveller; Roma, or any other white background
- ☐ Other  
Includes: Arab or any other ethnic group
- ☐ Prefer not to say

25. Do you or anyone in your home get benefits or have a low income?

- This helps us understand whether financial circumstances may affect views on patient transport services. You can skip this question if you prefer.
- ☐ Yes – I get a benefit (e.g., Universal Credit)
  - ☐ Yes – Someone in my home gets a benefit
  - ☐ No – I do not get any benefits
  - ☐ I would describe myself or my home as low income
  - ☐ I'm not sure
  - ☐ Prefer not to say

**Thank you for sharing your experience.**  
Your feedback helps us to improve Patient Transport Services and make access to care fairer for our communities