

# Getting to healthcare:

## The impact of non-emergency patient transport eligibility changes on people in York and North Yorkshire



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**Report published in January 2026**

The impact of non-emergency patient transport eligibility changes on people

# Summary

## Purpose

**This report explores how changes to non-emergency patient transport, following the tightening of eligibility criteria in April 2025, have affected people across York and North Yorkshire.**

People living in York and North Yorkshire and local community transport providers shared their experiences of how these changes have impacted people's ability to access healthcare. The issues raised particularly affect people living in rural areas, disabled people, and people with long term conditions or complex medical needs.

Healthwatch heard from people about missed or cancelled appointments, increased financial pressures, long and exhausting journeys, and a growing reliance on family, friends and voluntary transport schemes where available. For some, the loss of patient transport support has affected their physical and mental wellbeing, reduced independence and increased anxiety about accessing essential care.

One person in North Yorkshire summed up the frustration felt by many:



**"I have used patient transport for 10 years since being unable to walk, and then it stopped. I don't know why. I am no better, probably worse, with my mobility. I am too old to bother fighting for it."**



This report brings together responses to the Healthwatch survey, lived through experiences and feedback from community transport organisations to show the real-life impact of these changes.

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# Key findings

## 1. Missed or cancelled appointments

People delayed, cancelled or did not attend appointments because they struggled to find or afford alternative transport.

## 2. Rural access challenges

Without patient transport, the long distances to hospitals, limited public transport and fewer accessible taxis have increased travel challenges for people living in rural areas.

## 3. Accessibility issues

People with mobility needs and those requiring wheelchair accessible vehicles face significant difficulties finding alternative transport if they are no longer eligible for patient transport.

## 4. Emotional and social impact

Where people no longer qualify for patient transport, the impact can be significant. Loss of independence, increased anxiety and feeling like a burden on others were common experiences.

## 5. Inconsistencies in non-emergency patient transport provision

People can be offered transport for some conditions and not others, for some elements of the treatment for some conditions, but not for tests or consultant appointments for the condition or for some venues and not others.

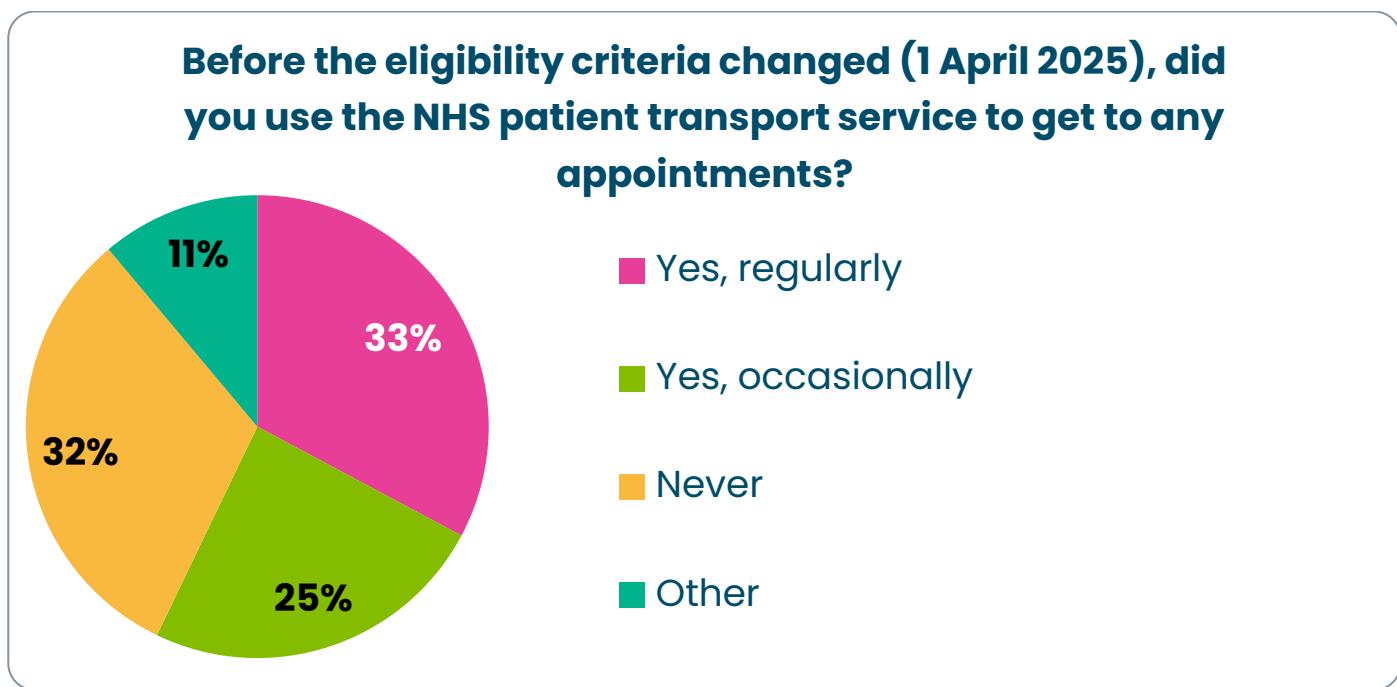
## 6. Pressure on community transport

Voluntary transport schemes are facing increased demand, limited resources and reliance on volunteers.

## Key statistics

Healthwatch heard from 225 people including 191 who responded to its survey and others who gave feedback to Healthwatch North Yorkshire or Healthwatch York about this issue since April 2025.

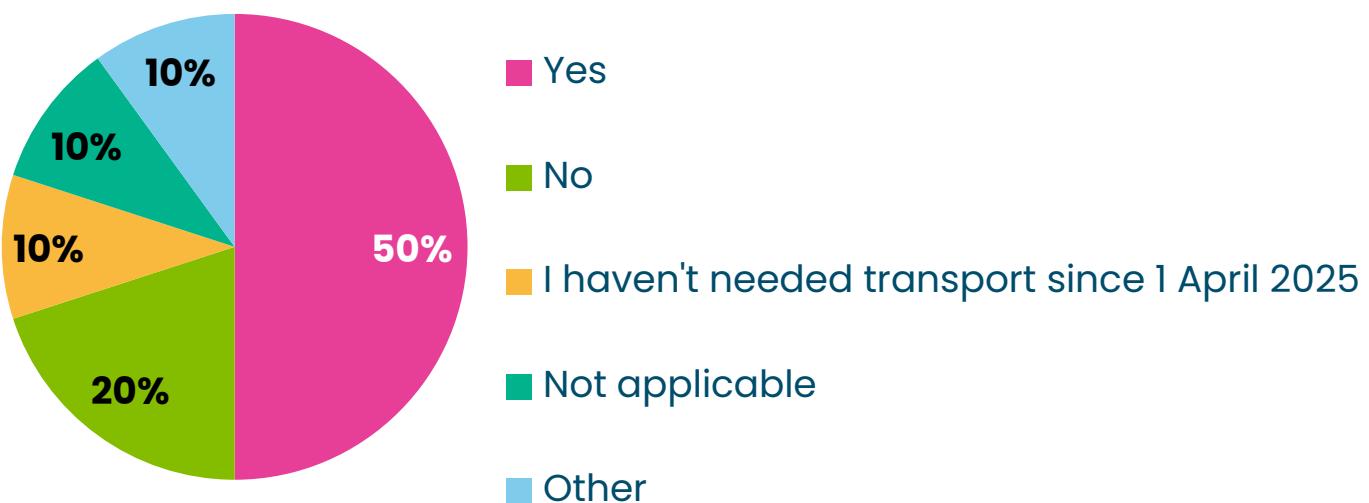
The percentage of people who responded to our survey that used non-emergency patient transport before the criteria change:



Percentage of survey respondents no longer eligible for non-emergency patient transport (note this includes responses from those above who said they had never accessed non-emergency patient transport):

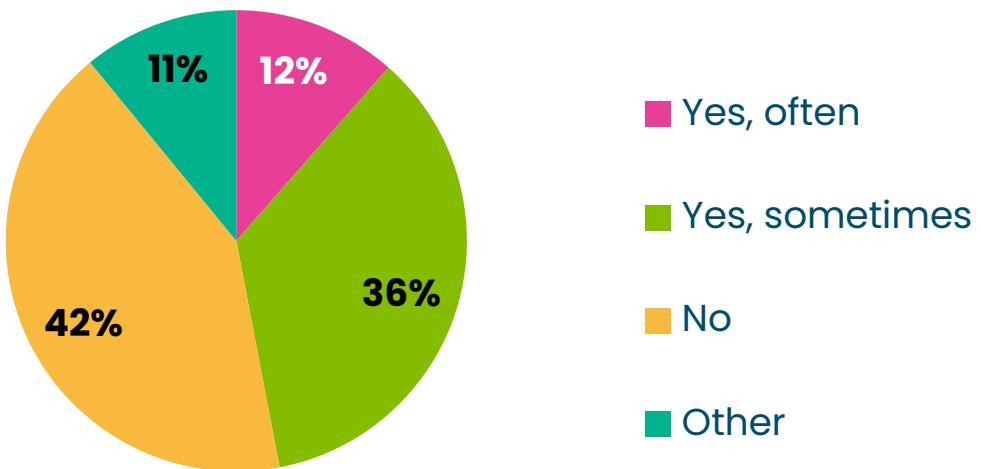
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**Since the criteria changed (1 April 2025), have you been told you are not eligible for NHS patient transport?**



Percentage of survey respondents reporting missed or cancelled appointments due to no longer accessing non-emergency patient transport:

**Have you cancelled or missed appointments because you could not get non-emergency patient transport?**



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## Recommendations

These are for NHS Humber and North Yorkshire Integrated Care Board, City of York Council and North Yorkshire Council as appropriate.

1. **Review eligibility criteria** to make sure those most in need can access transport and no one misses essential appointments.
2. **Be consistent** so eligible people can travel to all appointments for a particular condition, across different locations.
3. **Develop transport alternatives** in partnership with community transport providers, including exploring other models (for example, the East Riding Medibus service).
4. **Support and expand community transport** by making sure that community providers receive sustainable funding to meet the needs of their communities. Alternative transport options should be well communicated with information shared widely.
5. **Raise awareness of financial support** such as the Healthcare Travel Cost Scheme among those who may benefit.
6. **Integrate transport planning with healthcare providers** so appointment scheduling considers people's travel needs.
7. **Introduce immediate and regular analysis** of why patients do not attend appointments and procedures to identify the impact of transport issues to the NHS, including the cost of missed appointments due to transport problems.
8. **Monitor and evaluate the impact** of transport issues on patient outcomes and health inequalities.

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# Introduction

**Patient transport plays a vital role in helping people access healthcare. Revised NHS non-emergency patient transport eligibility criteria have raised significant challenges for people and voluntary sector organisations across York and North Yorkshire. This report sets out what local people told local Healthwatch about how these changes are affecting them.**

## **Who sets the rules for non-emergency patient transport**

- NHS England sets national eligibility criteria
- NHS Humber and North Yorkshire Integrated Care Board commissions the service locally and sets the service specification and performance requirements
- Yorkshire Ambulance Service NHS Trust delivers the service in York and North Yorkshire under contract to the ICB

Further information can be found on the NHS England website:

[Non-emergency patient transport eligibility criteria](#).

Non-emergency patient transport provision in York and North Yorkshire is commissioned by the NHS Humber and North Yorkshire Integrated Care Board. This means it is responsible for planning and funding the service locally, including the service specification and performance measures. It has contracted Yorkshire Ambulance Service NHS Trust to deliver patient transport in York and North Yorkshire. Yorkshire Ambulance Service delivers the service to what is specified but does not set the criteria for who qualifies. Non-emergency patient transport, (sometimes referred simply as patient transport or non-urgent patient transport), is intended for

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people who cannot travel safely to appointments due to medical or mobility needs. In other words, it helps eligible people get to and from NHS funded care when they cannot travel safely by other means.

Eligibility criteria are set nationally by NHS England. The revised national eligibility criteria were launched in 2023. NHS Humber and North Yorkshire Integrated Care Board adopted the revised criteria and required its provider to implement them in line with national guidance. The overarching principle of the national criteria is that 'most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary'. The revised criteria were introduced in York and North Yorkshire on 27 May 2025.

With eligibility criteria tightened, some people who previously qualified for support are no longer eligible. For a largely rural region, where public transport can be limited or inconsistent, these changes raise important questions about fairness, access and health outcomes.

Healthwatch North Yorkshire and Healthwatch York carried out this work to understand the impact of the eligibility changes on local people. Transport is one of the most common barriers to accessing health services that people share with Healthwatch. Changes to non-emergency patient transport have increased concerns about inequality, particularly for disabled people and people with long term conditions, people living in remote areas, and those on low incomes.

We are grateful for the insights shared by community transport providers, including Up For Yorkshire, whose Community Transport Car Scheme has been significantly affected by the tightening of eligibility.

# How Healthwatch listened to people

Healthwatch North Yorkshire and Healthwatch York ran a survey between September and October 2025. The survey was available online, with paper copies provided on request. We received 191 responses. This work brings together quantitative data with detailed personal experiences. We also included feedback each Healthwatch had received about patient transport since April 2025. In total, we heard from 225 people.

Of the people we heard from in the survey and in other feedback, 82.5% were from North Yorkshire 14% were from York and 3.5% were from other areas including the East Riding and North Lincolnshire. Some feedback came from organisations and reflected more than one person's experience. These levels of feedback reflect differences in population size, and the practical challenges people face across the area. Much of the feedback from North Yorkshire and York highlights similar issues when people are no longer eligible for non-emergency patient transport.

This report has also been informed by the 'VCSE Community Transport'<sup>1</sup> report produced by charities providing community transport across North Yorkshire, East Yorkshire and North Lincolnshire. These include Humber and Wolds Rural Action, Hambleton Community Action and East Yorkshire Community Transport. These organisations support thousands of residents each year, with volunteers delivering hundreds of thousands of journeys. They see firsthand how transport affects people's health,

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<sup>1</sup> <https://vcse.uk/news-article/2025-04-08/humber-and-north-yorkshire-community-transport-report>

independence and ability to remain connected to their communities. Their report shows how important community transport has become in supporting people's health, independence and social connection, particularly in rural and coastal areas. It also highlights wider health benefits, including reducing isolation and helping people remain active and well.

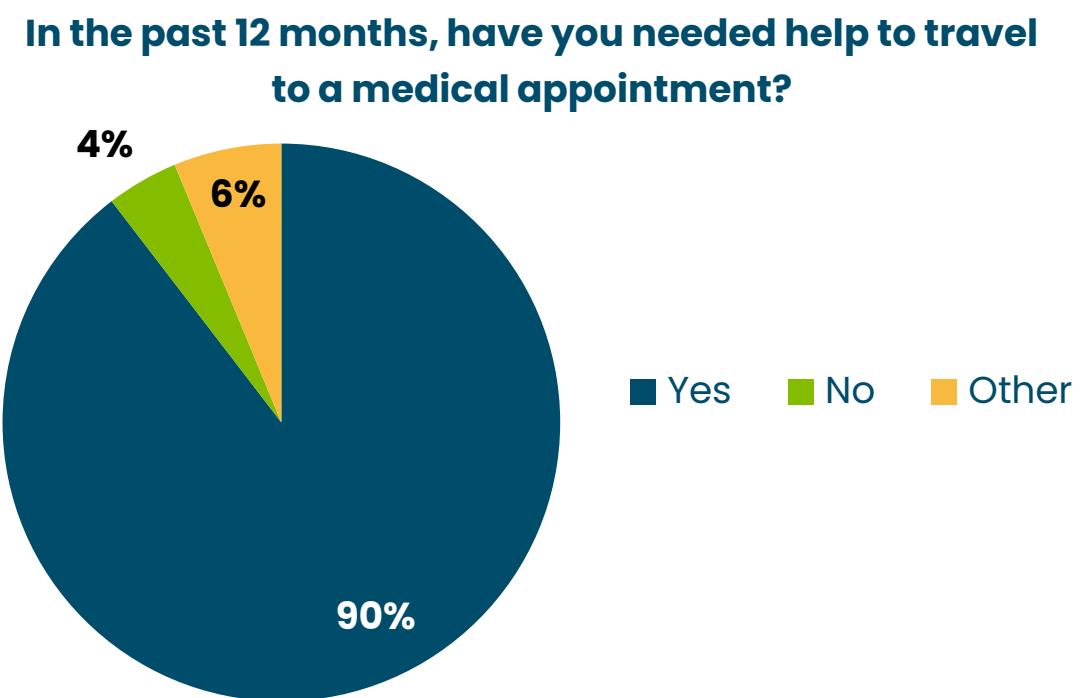
The evidence in this report shows that changes to patient transport eligibility have led to a sharp rise in people turning to community transport providers for support, often at short notice and with increasingly complex needs. It highlights the pressures created by rising demand and the challenges of providing sustainable, long-term support so these services can continue. These services are already constrained by volunteer capacity, rising costs and inconsistent funding

We have also included a small number of comments about difficulties travelling to GP and community dentist appointments. These journeys are not part of the non-emergency patient transport contract, but they help show the wider transport barriers people face when trying to attend healthcare appointments.



# What the data shows

**Survey responses show that many of our respondents across York and North Yorkshire often rely on non-emergency patient transport to access healthcare.**

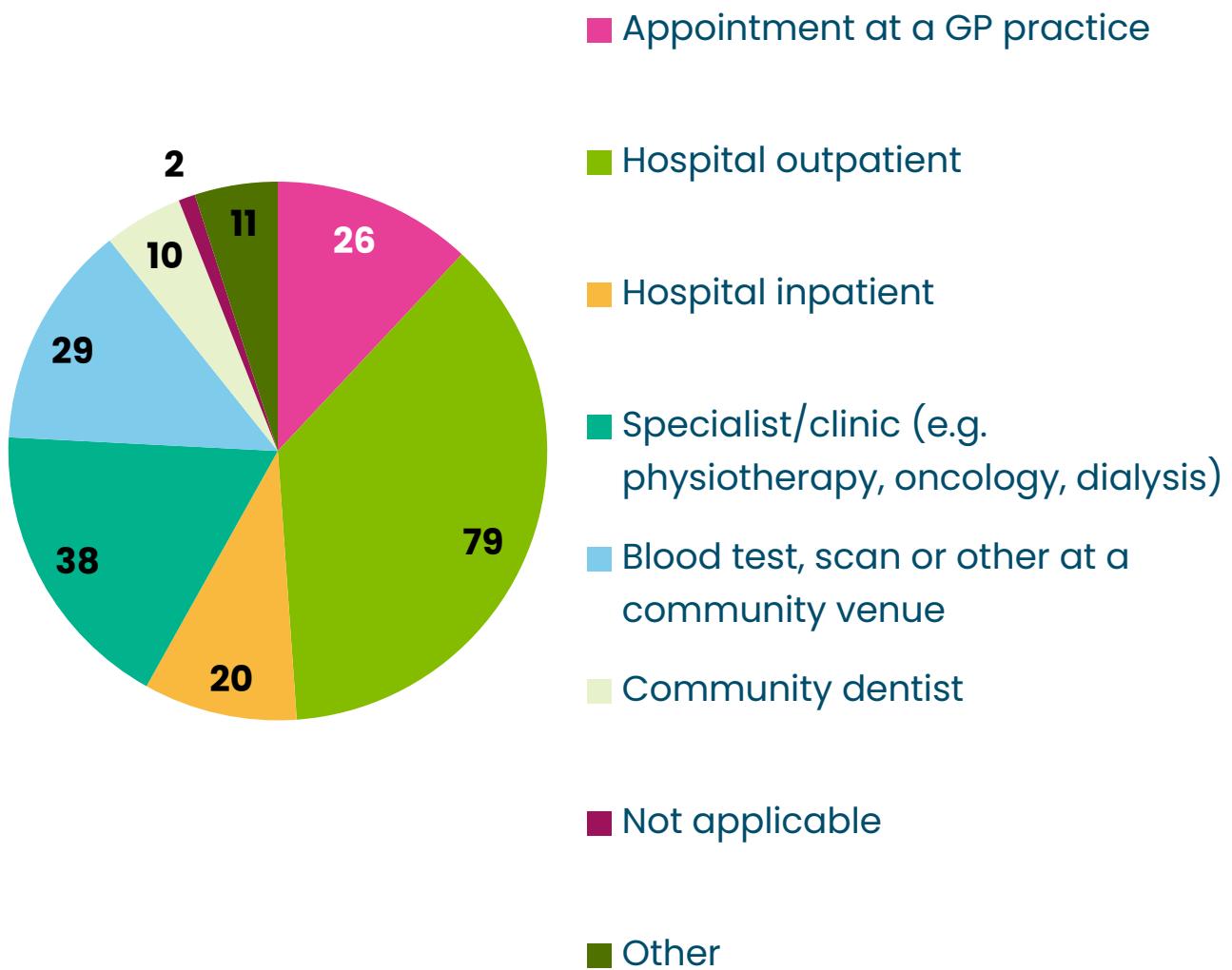


Overall, **90%** of people said they had needed to access non-emergency patient transport at least once in the past year, highlighting how closely linked transport is to people's ability to access the care they need.

For some people, this support is required only for occasional appointments; for others, particularly those managing long-term conditions, access to non-emergency patient transport is a regular and essential part of their healthcare journey.

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## What type(s) of appointments were these?



People described needing help to reach a wide range of appointments. While hospital outpatient care was the most common (**79 people or 37%**), people also mentioned specialist clinics, routine investigations, community-based appointments and, for a minority of people, visits to their GP surgery.

This illustrates that people's transport needs extend far beyond one service or treatment type. For many, the issue is not where the

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appointment is, but whether they can get there at all, especially in rural areas where public transport is limited or irregular.

Before the eligibility changes came into effect, a substantial proportion of people had been using the NHS non-emergency patient transport service either regularly (**33%**) or occasionally (**25%**).

This suggests that many people who contributed to our survey were already familiar with the service and had been relying on it to get to hospital appointments. Those who told us they had never used non-emergency transport (**32%**), explained that they could previously manage through family support, community schemes or their own transport but several indicated that this was becoming increasingly difficult.



# Impact of the eligibility changes

**Healthwatch heard that changes to NHS non-emergency patient transport eligibility criteria have affected many people who no longer meet those criteria.**

The impact varies depending on individual circumstances, the type of treatment and services people need and where they live. We have heard from many people who have been affected by the criteria changes in several ways. Those who require more hospital appointments and care have been hit hard.

The issues people experience is often interconnected. For many people, the removal of transport support has consequences across different areas of their daily lives. The key themes that emerged from what people told us:

- **Cost:** the financial burden of finding alternative ways to get to appointments.
- **Time:** the additional time required for travel when support is unavailable.
- **Lack of alternatives:** where public transport, family or community options are limited or unavailable.
- **Mental and physical health:** the stress, anxiety and physical strain caused by having to manage transport independently.
- **Inconsistencies in non-emergency patient transport provision:** variations in service availability and understanding of eligibility.
- **Accessibility issues:** specific barriers that make travel particularly difficult or unsafe.

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# Cost

**Many people told us that the cost of travelling to appointments is a significant concern and can mean they aren't going to appointments or are considering not attending appointments in future.**

## Cost as a barrier to care

**39%** of survey respondents, told us that they either cancelled or missed appointments because they could not afford transport, highlighting the financial pressures created by the changes to non-emergency patient transport eligibility.

The impact of these additional costs is particularly challenging for people who require regular hospital visits. Several people warned that repeated long-distance taxi journeys quickly become unaffordable, forcing them to miss appointments altogether.

One person living in East Riding highlighted the financial strain when accessing care further afield:

**"I've been asked to travel from Bridlington to Malton three times. It takes an hour and a half and costs £120 by taxi. I haven't gone."**

## Higher costs for people with mobility needs

For people with mobility needs, costs can be even higher. One person in North Yorkshire explained that as they were no longer eligible for non-emergency patient transport, they were left with only private options:

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**“Because a wheelchair was sourced, I have not been allowed patient transport. I cannot get into a car as I have poor mobility, so impossible for me to get to my appointments without paying £171 for transport as the cheapest one I could get; £18 per hour waiting time, and also fees for my carer.”**

### **Limited alternatives and rural impact**

Some people told us they live in areas with infrequent or poorly connected public transport, meaning taxis or community transport are their only options.

People in rural and coastal communities described how poor bus connections leave them with no viable or affordable way to reach hospital appointments.

One person in North Yorkshire told us:

**“Buses don’t run regularly from where I live, my friend was working, I don’t have family nearby and the taxi costs £40 to £50.”**

### **Impact on people on low or fixed incomes**

For pensioners or those on limited incomes, transport costs can affect more than just healthcare access.

One person in North Yorkshire explained:

**“I was taken into York Hospital last Wednesday and discharged the following Saturday. I had to take a taxi which cost me £108 to get home. This took all my money, and I had to borrow some to pay my month-end bills and buy food.”**

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Similarly, someone attending a radiotherapy clinic twice a week noted:

**"It means that I have to continue to pay £40 for transport to Castle Hill Hospital in Hull or not attend. £80 is a big chunk out of my pension."**

### **Cost preventing critical care**

In some cases, the high cost of transport is preventing people from attending critical appointments.

One person in York facing a cancer operation explained how expensive travel is for their appointments and the impact of transport costs for their friends:

**"I needed a pre-op, and the consultant wanted me to go to Castle Hill. York Wheels did help, but it cost me £100 for the return trip. If I'd gone by a taxi, it would have been over £200 each way. Friends of mine are saying they will have to refuse treatment as they won't be able to afford the transport."**

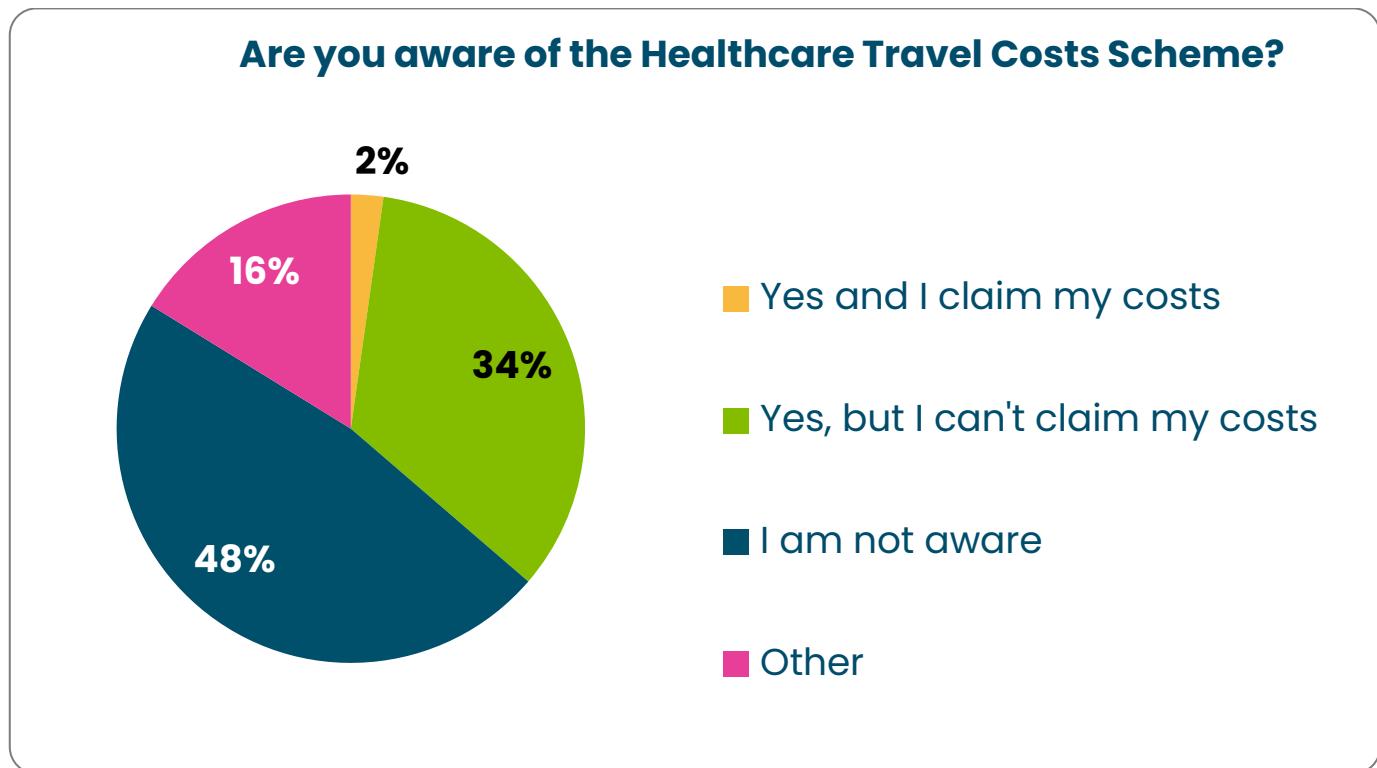
### **Awareness of financial support**

Some people may be eligible for financial support through the Healthcare Travel Costs Scheme, which is available to people who receive certain benefits or meet other eligibility criteria.

The scheme can help cover the cost of travel to and from NHS appointments, including fares for accompanying carers where appropriate. However, awareness of the scheme is very low.

Our survey found that:

- **2%** of respondents knew about the scheme and could claim their costs.
- **34%** were aware but unable to claim.
- **48%** were not aware of it at all.



This indicates that although the Healthcare Travel Costs Scheme could help reduce the financial burden for some, many people are missing out due to lack of awareness or eligibility. People who were aware raised concerns about the timeliness of being reimbursed, and that the scheme does not cover the full cost of their journeys.

## Overall impact

Overall, our data shows that cost is a recurring and serious barrier to accessing some healthcare appointments. For people who need frequent hospital appointments, are disabled, or live in areas with limited transport,

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the tightening of eligibility criteria for non-emergency patient transport has created new financial burdens that can directly affect people's ability to attend essential health appointments.

### **Additional experiences shared**

People across North Yorkshire also said:



**“Using a private taxi cost me £112 round trip to York Hospital and back. I cannot afford to pay this when I am visiting the hospital weekly.”**



**“The cost of living, bills and now extra burden to get hospital appointments has put me in debt.”**



**“Nobody can afford to pay for transport that costs that much three times a month.”**



**“There is only one bus from Robin Hood's Bay to get anywhere; most do not connect to get in time for an appointment. £150 for a return taxi is just not affordable.”**



# Time

**Time is a major barrier for people accessing hospital appointments. Survey comments highlight how journeys, waiting and appointment times affect people's experiences. For many, the total time commitment required to attend an appointment is substantial, particularly for those relying on public or community transport.**

## Length and complexity of journeys

Some people face long and complex journeys to reach hospitals. Others described how poorly connected public transport can turn a single appointment into an all-day commitment. This is particularly difficult for people with health conditions that make long absences from home unsafe or exhausting.

One person from North Yorkshire said:

**"Because buses are few and far between and don't connect up, it takes all day to get to a hospital appointment and back. I can't drive myself because I am having procedures on my eyes. I am diabetic so being out for a long time is difficult."**

## Appointment timing and flexibility

The timing of appointments can also create challenges. Some people reported having to rearrange appointments to fit the availability of transport, which can delay care.

One person told Healthwatch they **"had to change my appointment to Scarborough instead of Malton, meaning I had to wait another two**

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**months for an appointment that was already at least two months overdue.”**

Others highlighted that early appointments are not always possible for those who need extra time in the morning or have other responsibilities.

One person added that **“some individuals need longer to be able to wash and dress in a morning and cannot be ready for patient transport or early appointments and are very upset when given early appointments but don’t know how to change things for fear of delaying treatment.”**

### **Rural distance and travel demands**

Time pressures are particularly acute for people who live further from hospitals or in rural areas.

One person in the East Riding described the experience of a friend in their 90s who lives in Bridlington but often has appointments in York:

**“As they don’t drive, that meant being picked up at 7am to make sure they got there in time. There needs to be more flexibility about who lives where and what appointment is most appropriate, rather than giving someone the next available appointment miles away. Thankfully, the surgeon said that next time they would go to Bridlington to see them.”**

### **Cumulative impact of time pressures**

These responses illustrate that travel time, waiting and appointment scheduling can create significant challenges. Long journeys and delays are not just inconvenient, they can be exhausting, stressful and, in some cases, affect people’s ability to attend appointments or manage daily routines safely.

## Additional comments

**6** “I live in North Yorkshire. The hospital is 20 miles away and involves three buses or bus, train, then bus. It takes two and a half to three hours. I have asked for afternoon appointments as the first bus from home is 10.55am, but I have had three appointments at 9:30 am or earlier. I am in good health for my age of 82 but find the journey tiring and I am dreading the winter.”



**6** “I’m in York. They gave me contact details for York Wheels, but my appointment is at 3pm and they finish at 4pm, so couldn’t do both there and back.”



**6** “In North Yorkshire, I noticed longer wait times after my treatment for them to come and get me. It is often 8pm by the time I get home... I miss my evening meal and lunchtime meal as I am collected at 12 noon.”



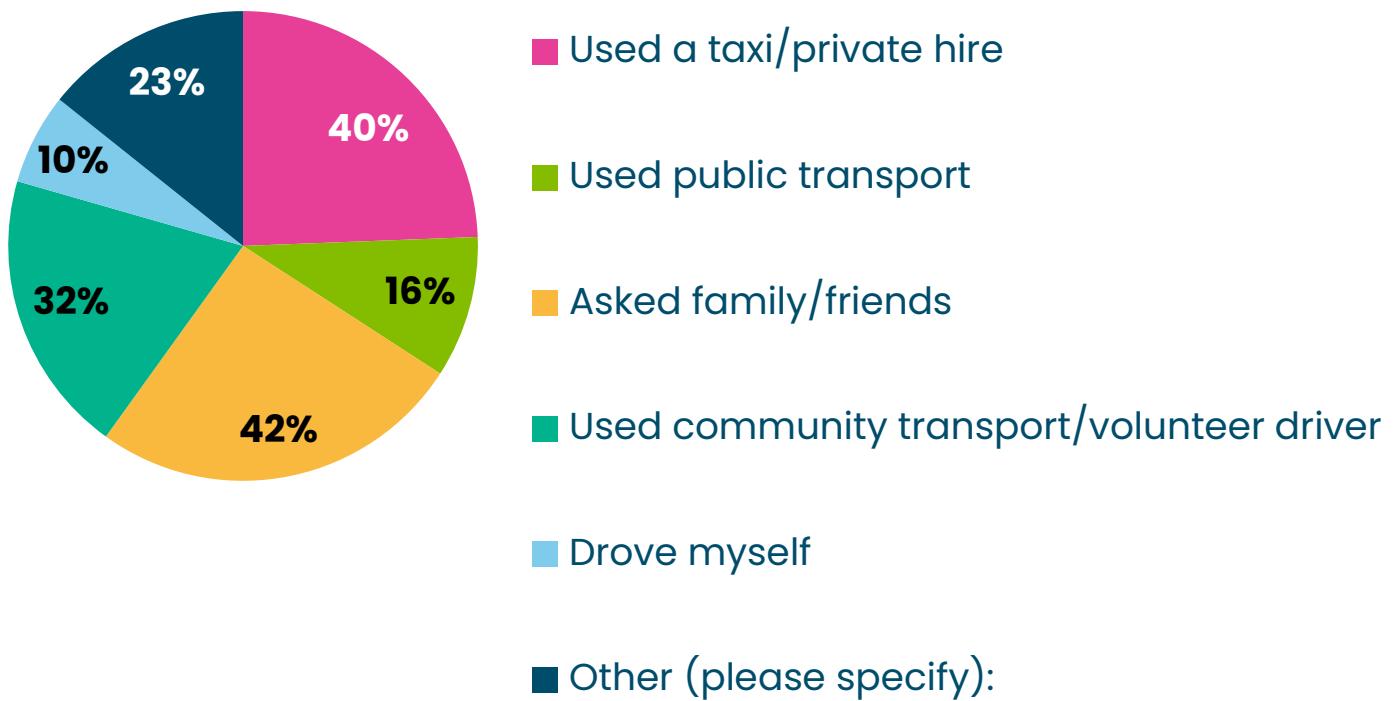
# No alternatives available

**For many people, the removal of NHS non-emergency patient transport has left them with few, if any, options to get to medical appointments.**

## What alternatives people are using

People told us that when they heard they were no longer eligible for non-emergency patient transport, the most common alternatives people used were asking family or friends (**42%**) and using taxis or private hire (**40%**). Community transport or volunteer drivers were used by **32%** of people we heard from. Public transport was used by **16%** and **10%** of people drove themselves.

**If you were told you are not eligible for patient transport, what alternative(s) have you used to attend your appointments?**



These numbers reflect real struggles, particularly for people living in rural areas or with mobility challenges. Several people described living in areas with very limited or non-existent transport options, combined with a lack of family, friends or volunteers who could help with long distance journeys.

### **No viable options for people with mobility needs**

For people with severe mobility needs, alternatives can be non-existent. A person in North Yorkshire told us:

**“No alternative available – paraplegic in electric wheelchair.”**

Limited community transport options often force people to rearrange or delay appointments, which can have a direct impact on health outcomes. People told us that when community transport is unavailable, they are often left with no choice but to reschedule appointments or miss them entirely.

**“Community transport was not available in North Yorkshire. I had to change my appointment.”**

### **Public transport and distance barriers**

Public transport was frequently described as impractical or not viable, particularly when multiple changes are required or travel time is excessive.

One person in North Yorkshire explained:

**“To use public transport to Scunthorpe from my home in Eggborough is not viable. By bus it would take at least three changes and by rail, I would have to get two buses before getting a train. Taxi is out of the question as they cost approximately £70.”**

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## **Unsafe or unsustainable choices**

Some people described having to take actions that carry personal risk. One person admitted driving despite being advised not to, because there was no other way to get to their appointment.

A person in York said:

**“I also drove once despite not being medically fit to drive from York to Scarborough and was told not to.”**

Others described relying heavily on family members who live far away, requiring significant effort, travel and coordination to attend appointments.

Practical issues with taxis and accessibility can further reduce options. Another York resident described giving up on taxis altogether and relying entirely on friends:

**“I have had major problems in the past year with taxis and my scooters, so I gave up trying. I rely on friends now. York is hopeless for the disabled and old.”**

## **Pressure on community and voluntary services**

Local voluntary organisations reported that people often feel like a burden on services, and that the limited availability of wheelchair accessible vehicles makes transport particularly challenging.

**“York Wheels currently doesn’t have a fixed wheelchair vehicle, and taxi options are limited and relatively expensive, so transport is clearly a challenge locally.”**

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## Additional feedback

People across North Yorkshire said:

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**"There is no public transport living rural area. I am housebound apart from hospital appointments."**

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**"We have no taxis in the area and little public transport, and many have no family or friends that can drive; very limited volunteers who would drive 40 miles to a hospital."**

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**"Community transport was not available. I had to change my appointment"**

9

6

**"I have to travel to York Hospital for certain appointments which are unavailable in Harrogate. I am unable to drive there due to my long-term condition. I have nobody who I can ask to take me. My brother who lives in North Wales drives from there to take me when he is available. A taxi is unaffordable for me."**

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## Overall impact

These experiences show that for many people there are simply no safe, reliable or affordable alternatives to non-emergency patient transport.

While family, friends, taxis and community transport are sometimes used, these options are not always available or accessible, particularly for people living in rural areas, with limited mobility or complex health needs.

Without reliable patient transport, attending appointments can be stressful, difficult and, in some cases, unsafe.



# Mental and physical health

**Many people told us that the loss of eligibility for NHS non-emergency patient transport has had a direct impact on both their mental and physical wellbeing. People's experiences describe the emotional strain, loss of independence, and heightened anxiety that comes with struggling to access essential healthcare.**

## **Loss of independence and emotional strain**

For some people, the change has made everyday life harder by taking away their independence. One person in North Yorkshire explained:

**"I lost my independence at being able to get to appointments. This has had a huge impact on my mental health."**

Others described feeling devalued and distressed by the eligibility process itself, reporting that interactions with services left them feeling judged and anxious about arranging transport to future appointments.

## **Anxiety linked to ongoing care**

Anxiety was a recurring theme. A 76-year-old in North Yorkshire told us:

**"It has caused me a lot of unnecessary anxiety. I am a vulnerable 76-year-old woman with mental health problems."**

Another person in the county said:

**"I am now really anxious about my ability to get to my health appointments at the hospital that are every six weeks. I cannot afford a**

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**private taxi again as it costs £100; even the voluntary community journey cost me £56. I am anxious about my health anyway and this makes it all even more stressful."**

For people already living with significant health conditions, this added pressure can often feel overwhelming. One person in North Yorkshire undergoing cancer treatment explained:

**"Being unable to get to oncology appointments adds to the stress of already having cancer. It causes stress and anxiety and a delay in diagnosis and treatment."**

### **Distressing interactions with services**

Some people also spoke about distressing interactions when trying to arrange transport. People described becoming extremely upset during conversations with patient transport services, feeling blamed or questioned about their needs and left emotionally distressed after these interactions.

One person in North Yorkshire recalled:

**"It's very upsetting to be treated as if I am a criminal by the transport woman. I was told 'why can't you use a taxi' and I was reduced to tears."**

Another added:

**"I find the way questioning is carried out and the questions asked make me feel like a second-class citizen, and I now dread my appointments coming round and having to ring patient transport services."**

## **Clinical need and safety concerns**

Others stressed that the issue is not just emotional but tied directly to clinical need. One person in North Yorkshire with a rare condition described:

**“I was diagnosed at the end of 2024 with a rare disease that affects my whole body and have to attend a specialised clinic at least once a year for assessment. This clinic is 100 miles away. I am an OAP, registered as visually impaired and profoundly deaf. I need transport with health professionals for safe support. I qualified for transport last year but not now.”**

## **Impact on families and carers**

The emotional burden extends to families and carers. One North Yorkshire parent told us:

**“This is so scary, as a parent carer for a disabled child with multiple appointments at local and regional hospitals I am now faced with a dilemma of how to get him to appointments. I have had to stop driving for health reasons and can’t bear the thought of how we will manage. It’s an additional stress.”**

## **Compromised care and physical impact**

Several people described having to compromise their care when no safe alternative transport is available. One person in North Yorkshire attending a glaucoma clinic said:

**“I go to an eye clinic (glaucoma) where I am told not to drive myself because of drops in my eyes. However, if no-one available in my family to take me, I have no alternative but to drive and refuse the drops even**

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**though it means the consultant can't look to see any problems that may result in blindness. The hospital is approximately 16 miles away. I am 80 years old and although not on benefits, cannot afford taxi fares .... Also need help getting to actual clinic, some of which are a distance from main hospital entrance."**

For others, the stress of organising transport has physical consequences. One person shared that:

**"It is difficult enough trying to get there without the stress I feel, it causes me to feel unwell for days afterwards. I don't know what the alternative is, I could just not go."**

### **Overall impact**

Together, these experiences show that the loss of eligibility for non-emergency patient transport creates more than practical challenges. It can intensify existing health conditions, generate significant distress and place people, particularly those already vulnerable, in situations that undermine both their physical and mental wellbeing.

### **Additional experiences shared**

Several people in North Yorkshire shared further reflections that underline the emotional and psychological impact of losing access to non-emergency patient transport.



**"I am now anxious about my ability to get to my health appointments at the hospital that are every six weeks. I cannot afford a private taxi again as it costs £100; even the voluntary community journey cost me £56. I am anxious about my health anyway and this makes it all even more stressful."**



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# Inconsistencies in patient transport

**Alongside concerns about eligibility, many people told us that the non-emergency patient transport system feels inconsistent, unpredictable and difficult to understand.**

While the new criteria are intended to be clear, people described situations where eligibility appeared to shift between appointments, depend on the direction of travel, or vary across treatment types and hospital sites. These inconsistencies leave people unsure what support they can rely on, and often anxious about what will happen next.

## Partial journeys and split eligibility

Several people have described cases where transport was approved for only half a journey. One person in North Yorkshire explained that they were **“eligible for the journey home but not the outward journey”**. Another person from North Yorkshire added: **“I only qualify for transport home after the procedure”**.

Situations like these create confusion for people who feel they may meet the criteria but are left without safe or viable options for getting to their appointments.

## Differences between appointment types

Others told us that eligibility appeared to depend on the type of treatment, even when appointments were directly linked. One person in York highlighted the inconsistency of being deemed **“I’m ineligible for**

**oncology but still eligible for chemotherapy”, and another in North Yorkshire said:**

**“I can still get transport for chemotherapy but not for all the other consultant or investigative appointments linked to this treatment.”**

People going through complex treatment pathways, especially those managing cancer or long-term conditions felt that these distinctions made little sense and placed them at additional risk of missing essential care.

### **Variation across locations and days**

People also reported inconsistencies across hospital locations. Some people described how transport eligibility varied between hospital sites or even from one day to the next, leaving them uncertain whether transport would be provided for similar appointments. One person in North Yorkshire explained:

**“I don’t understand because I had patient transport the day after I called to book patient transport for another appointment when they told me I’m not eligible. I am very worried and anxious about future appointments because I don’t know how I am going to get to them. Some appointments can be incredibly painful for me and so I don’t need to also worry about how I’m going to get there and back.”**

### **Restrictions on types of clinical visits**

Some people said that they were advised that they were now eligible only for certain types of clinical visits. One person in North Yorkshire noted they were told they would **“no longer be eligible unless going for very specific types of appointments”**.

This selectivity can leave people stranded or forced to make difficult choices, as illustrated by one carer in North Yorkshire:

**“My husband lives in Scarborough and he used to get patient transport for his appointments in Bridlington Hospital but last time they told him that they could take him there but not bring him back and he had to find his own way. He ended up having to pay £40 for this trip.”**

### **Restrictions on types of clinical visits**

These inconsistencies can also lead directly to missed appointments and disrupted care. One person living in a rural village in North Yorkshire described:

**“I live in a rural village and not having hospital transport means that I am missing vital aspects of my care. I can still get transport for my appointments I am having chemotherapy at, but any related appointments with the consultant or for additional scans relating to my treatment I cannot get transport for. This makes no sense to me. I need to get to the hospital for all my appointments, regardless of whether I am having chemotherapy that visit, and I still cannot get myself to the appointment without hospital transport. This results in missed appointments and wastes money and resources of the NHS.”**

Together, these experiences show how unpredictable eligibility decisions undermine confidence in the system. For many people, the issue was not just the criteria themselves but the difficulty in knowing whether those criteria would be applied fairly, consistently and in a way that reflects the realities of their treatment needs. We are aware that in the early days of the new criteria, some people were deemed ineligible who should be eligible. This has been sorted out, but there is concern that the people are likely to accept what they are told rather than challenge the decision.

## Experiences shared

People in North Yorkshire shared:

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**“Was only allowed transport home after an operation even though for the first appointment I was allowed transport there due to having no one to help and I have disabilities.”**



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**“Transport is not available for hospitals in Leeds and Bradford which are being used more and more for treatment or specialist diagnosis.”**



# Accessibility

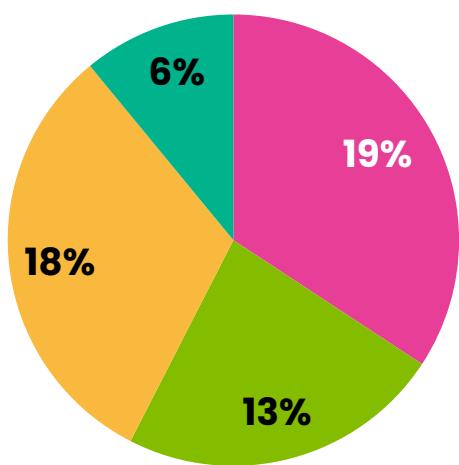
**For many wheelchair users and people with mobility impairments, the transport challenges described throughout this report are intensified by a lack of accessible alternatives.**

People consistently told us that even when public transport or taxis exist, they are rarely suitable for people who use wheelchairs, particularly electric wheelchairs, or for those who cannot safely transfer into a standard vehicle.

People often felt they had no reliable way of getting to hospital appointments, and faced additional anxiety, physical strain or appointment cancellations.

The total figure of 57% includes only people who this question applied to.

**If you are a wheelchair user and are no longer eligible for patient transport, have you experienced any additional problems in getting to appointments?**



- It is difficult to book a wheelchair accessible taxi, especially at school times
- The community transport provider cannot take people in large or electric wheelchairs
- I don't have any family or friends who can take me and my wheelchair.
- Buses often don't stop for me

The impact of non-emergency patient transport eligibility changes on people

## **Availability of wheelchair accessible taxis**

Across York and North Yorkshire, wheelchair accessible taxis were described as extremely scarce. People described some areas having only a single accessible taxi, which was unreliable, while others reported being unable to find any suitable wheelchair accessible service at all, regardless of cost.

Several people told us that taxi services' school contracts mean that accessible vehicles are unavailable at times people need to travel to healthcare appointments.

One person in York explained:

**"The last time I got in touch to arrange transport they said that I no longer qualified. I need to use taxis, however, when I tried to arrange a taxi for a community dentist appointment, they could take me but couldn't take me home as they would be doing the school run. I managed to change the time of my appointment so it was in the morning and I could get a taxi. However, I know that in the future I will have to miss appointments as I won't be able to get there."**

Others said: **"The main problem is the taxi services being used for schools and accessible public transport."**

## **Limitations of public transport**

Public transport was also frequently described as unsuitable or unworkable. One person in North Yorkshire said:

**"The bus only has one wheelchair space and so we have to go from the beginning of the route, arrive over 20 minutes early and cross our fingers that we don't miss our appointment."**

The impact of non-emergency patient transport eligibility changes on people

In some areas, overcrowding means accessible spaces fill, with one person describing:

**“Public transport only fits one wheelchair. There are pushchairs, rollators, dog pushchairs, suitcases from tourists, guitars and harps during certain weeks etc. The amount of accessible places on public transport in Whitby is a huge problem.”**

Another person in North Yorkshire was clear that for many wheelchair users: **“public transport would not be an option even if it was available”**.

### **Community transport and complex needs**

Community transport and volunteer driver schemes were valued but often limited. Some people said these services were too few or unable to meet their needs.

One person in North Yorkshire noted that **“they have been sending inappropriate transport such as volunteer drivers that cannot accommodate a wheelchair”**. For those with complex needs , the lack of appropriate transport left them with no way to get to hospital appointments:

**“I am a paraplegic who has to be hoisted everywhere and uses an electric wheelchair. There is no direct public transport to the hospitals I have to travel to. Many taxis cannot take electric wheelchairs – too heavy and too large. Cannot get into a car, so my family and friends cannot take me. Community transport often not available. Need a carer at all times but this is being refused.”**

## **Support on arrival at hospital**

Concerns were also raised about the way non-emergency patient transport now operates for disabled people. One person from a voluntary sector organisation said:

**“When they go by taxi, they are often just dropped off at the door and James Cook is a very large hospital with long corridors.”**

People described feeling unable to manage hospital appointments independently when no assistance is provided, even when appointments are urgent: **“A taxi is no help as I cannot get to the department unaided.”**

## **Wider consequences of inaccessible transport**

For some people, the combination of inaccessible taxis, restricted public transport and limited community options led to dependence on friends and family, even when this was not sustainable.

One person explained that they **“have limited mobility and I cannot get in and out of a standard vehicle, so I am needing to rely on people with a 4x4 or hire a mini van.”**

Others reported that the lack of accessible transport forced them to miss or rearrange appointments or left them anxious about making it home safely after treatment:

**“Taxi drivers will often not be able, or be prepared, to wait as they have other commitments and are usually not available when it is school opening or closing times. This adds anxiety to the patient’s time, not concerned with their actual appointment but whether they are going to get there in time and not be left there, with no certainty of getting home safely.”**

The impact of non-emergency patient transport eligibility changes on people

## **Inclusion issues**

For some people, the impact of transport changes is closely linked to digital exclusion. People described challenges such as limited digital literacy:

**“There are still a large number of people who do not have internet or technology and are not aware of any alternatives.”**

These issues make it difficult to navigate or book alternative transport services independently and can exclude people from accessing healthcare appointments, even where transport technically exists.

## **Evidence from disability organisations**

Recent concerns raised by North Yorkshire Disability Forum (NYDF) and Disability Action Yorkshire reinforce these findings. As highlighted in BBC coverage, the chair of NYDF noted that: **“Wheelchair users without their own vehicle find themselves unable to get to hospital or dental appointments and it leads to social isolation in rural North Yorkshire.”<sup>2</sup>**

## **Experiences shared**

People in North Yorkshire also spoke about how it is for them.



**“A taxi is no help as I cannot get to the department unaided.”**



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<sup>2</sup> [Whitby wheelchair user moves 45 miles to book a taxi – BBC News](#)



**"There is only one wheelchair taxi in town, which breaks down frequently."**



**"I cannot find a wheelchair taxi service in my area even if I could afford it."**



A person in York shared the difficulties they faced:



**"I rang to arrange transport for two forthcoming hospital appointments and was told that they now only provide transport and won't give any support for me to get to the right departments even though I am registered severely sight impaired.**

**When I asked what I should do they said to either ring the department and they could arrange someone to meet me (but when I try and ring the department I don't get an answer so couldn't arrange this even if they had the staff to help) or to ask at reception.**

**One of my forthcoming appointments is at Malton Hospital, where I have never been. So, even though it is an urgent referral to urology, I don't think I can go as I won't be able to get to the department after being dropped off. I did ring the urology department to try and get help but just got an answerphone message that wasn't helpful.**

**I will try to go to an appointment at York Hospital as I feel I know it better. But this new approach probably means I won't be able to."**



The impact of non-emergency patient transport eligibility changes on people

## Overall impact

Together, these accounts show that accessibility is not simply an additional barrier. It fundamentally shapes whether disabled people can receive timely care. For many, the current transport landscape means that attending hospital is no longer straightforward, and in some cases, no longer possible.

## Other impact

**Alongside concerns about eligibility and inconsistencies, people also described a wide range of broader practical, social and emotional impacts resulting from changes to non emergency patient transport.**

### Pressure on families and carers

We also heard about families being placed under considerable pressure.

One support worker in North Yorkshire explained:

**“One client I support has a disabled daughter with multiple health conditions. She is no longer eligible under the new criteria apparently because her father is physically able. She has appointments at various hospitals all of which are far away from the house. The journeys require several buses and take hours. Is a difficult journey for the father to navigate and he often gets lost as he is not a native English speaker. Also travelling by bus with his daughter's condition feels nearly impossible. Due to the criteria changes, they have either missed her hospital appointments or paid for expensive taxis. The change has added more stress upon an already vulnerable family.”**

The impact of non-emergency patient transport eligibility changes on people

Other families described the strain of providing transport themselves, often when they were unwell or needing to reorganise work commitments. One person told us:

**"I have had to drive my spouse to an appointment at a time when I wasn't well myself."**

One North Yorkshire resident added: **"My father has to rely on me now, but I work away, so sometimes he has to change his appointments to fit in with my work schedule, which can delay his treatment. I am having to look for lower-paid employment."**

### **Impact on parents and children**

Parents also reported difficulties when children needed to attend hospital.

One person in York shared that although their treatment is only available at Scarborough Hospital:

**"I am not medically fit enough to travel on my own there. No one will help when they realise you have a child. The transport service tries to discourage you from taking your child with you despite having no support with them. Local charity transport services are not insured to carry babies in their cars."**

Another person in North Yorkshire explained that since the service changed provider, the community transport provider will not accept people under 18 or those who do not speak English: **"So now most of our clients, who are arguably some of the most vulnerable people in our community, do not have any means to make it to their hospital appointments."**

The impact of non-emergency patient transport eligibility changes on people

## **Other practical impacts**

Some people raised concerns about additional practical barriers.

**“My taxi will only wait two hours at the most to take me home and it is expensive.”**

One person raised concerns about the wider environmental implications:

**“I also wonder how this requirement for extensive travel for hospital appointments fits with the council’s stated policy of a 50 percent reduction in car travel by 2030.”**

# **Challenges when using patient transport**

**Some people told us they remain eligible for non-emergency patient transport and, for many, this support is essential. However, even when the service is available, it does not always meet people’s needs.**

Many people highlighted issues related to safety, long waiting times, communication and the suitability of the transport provided.

## **Positive experiences alongside ongoing challenges**

While some people reported very positive experiences, others described significant challenges that affected their comfort, safety and confidence in the service.

The impact of non-emergency patient transport eligibility changes on people

One person shared:

**"I was driven to Leeds Hospital for heart surgery and for all the check-ups beforehand. I am eternally grateful for this."**

Alongside this, many people told us about difficulties they continue to face when using patient transport.

### **Waiting times and shared journeys**

Waiting times for non-emergency patient transport add another layer of difficulty. Many people described delays both to and from appointments.

One person in York said:

**"When I did use patient transport after my surgery I was waiting for almost four hours to be collected at the hospital."**

A person in North Yorkshire explained that even early afternoon appointments could involve hours of waiting:

**"My appointments can be early afternoon, but I can still be picked up at 9:30am onwards and have to wait up to four hours after my appointment, which is exhausting for a 78-year-old undergoing palliative treatment for cancer."**

Others highlighted how these long waits can disrupt basic daily routines, such as eating regular meals or returning home at a reasonable time.

Many people described having to share vehicles or experiencing long waits, which can create distress and, in some cases, negatively affect health.

One parent in North Yorkshire explained:

**"Despite having been assessed and approved for 'Must travel alone (with carer)' due to complex difficulties, we are told that this can't be guaranteed and have had to travel with other patients on occasions. Also, the wait time for return transport can be hours, which impacts enormously on my daughter's health and sets her back to a point where she can't recover. Therefore, each journey to an appointment is making her condition deteriorate further. The ambulance staff are fantastic with their help and understanding, but they are tied by the rules and the people allocating their jobs."**

### **Safety and support needs**

Others raised concerns about feeling unsafe when carers are not allowed to accompany them. One person in North Yorkshire who had experienced a stroke told us:

**"My wife is my carer. She now cannot travel to my hospital appointments with me. I am very dizzy all the time and feel very unsafe when she is not with me."**

Some people also reported problems with equipment and vehicle stability. One person said:

**"My electric wheelchair has not been secured properly as it wasn't the bog-standard manual one and they didn't have the correct fixings or could work out how to adapt them to secure my chair."**

### **Unsuitable transport and missed collections**

We also heard examples of people receiving transport that did not meet their mobility needs, even when an appropriate vehicle had been requested.

The impact of non-emergency patient transport eligibility changes on people

## Delays and communication failures

Delays and communication problems caused considerable frustration and distress for patients, carers and hospital staff.

One person in York described the experience of a patient in their ward:

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**“A lady from York in my ward was due to be discharged, and patient transport arranged to pick her up at 4pm to coincide with her carers. Despite numerous calls from hospital staff they were assured the transport was on its way. By 8pm still no transport and the staff were advised that patient transport had closed for the night so would not be picking up the patient. Both staff and patient were very upset and the lady in question was moved to another ward late at night so she could be taken home the next day. This is unacceptable on every level.”**

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## Overall impact

These experiences show that even where eligibility is confirmed, the practical challenges of non-emergency patient transport can still place significant strain on patients, carers and hospital staff.

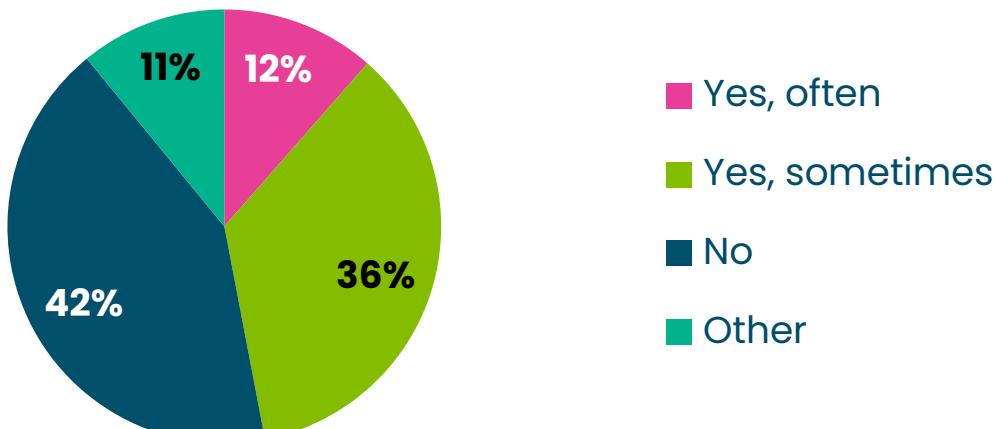


# Missed or cancelled appointments

**Difficulties accessing non-emergency patient transport continue to affect whether people can attend healthcare appointments. While some people said they had not missed or cancelled appointments, a significant proportion told us that transport issues had prevented them from attending care they needed.**

We asked people whether they had cancelled or missed appointments because they could not get transport.

**Have you cancelled or missed appointments because you could not get transport?**

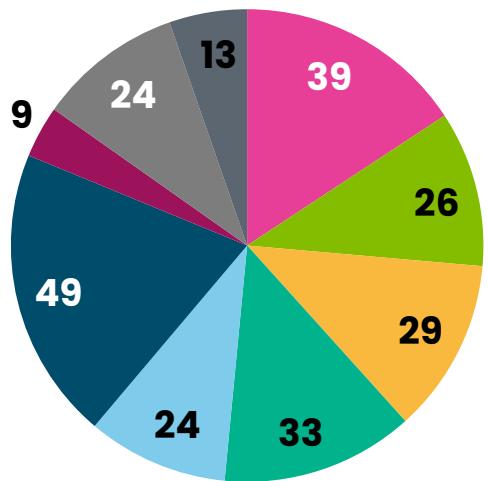


Overall, 42% of people said they had not missed or cancelled appointments. However, 36% reported missing or cancelling appointments at least sometimes, and 12% said this happened often. These figures highlight ongoing barriers to accessing care, particularly for people living in rural areas, those with mobility needs, and people without reliable transport options.

The impact of non-emergency patient transport eligibility changes on people

To understand why people were missing or cancelling appointments, we asked people to tell us the main reasons. People could select more than one option as for the reason for cancelling or missing an appointment.

### What were the main reasons for cancelling or missing an appointment?



■ I can't afford to pay for transport

■ No taxi or other transport was available for the time of the appointment

■ Distance is too far

■ No public transport available

■ I can't use public transport

■ No one was available to give me a lift

■ I could not leave the house to get to the appointment

■ Not applicable

■ Other (please specify):

The most common reason people gave was that no one was available to give them a lift. Cost was also a major factor; with many people saying they could not afford to pay for transport. Other frequently cited reasons included lack of public transport, inability to use public transport, long distances to appointments, and taxis or other transport not being available at the time of the appointment.

Together, these responses show that missed and cancelled appointments are rarely the result of a single issue. Instead, they reflect a combination of affordability, availability, distance and accessibility challenges, often compounded by people's health conditions and where they live.

### **Experience behind the data**

Many people described having to rearrange, delay or even abandon appointments because they could not get there.

Some people in North Yorkshire reported that appointments had to be changed to fit public transport schedules:

**"I had to change appointment in order to be able to get there by public transport."**

Others were unable to attend appointments entirely:

**"I was unable to attend an inpatient operation."**

One person explained how the loss of transport support removed the mum's alternative option to get to hospital if the daughter is not available:

**“It had taken my back-up option away. If we are not available to take my mum to her appointments, then she must rearrange or delay possibly critical intervention. It has left my mum feeling like a burden.”.**

### **Rurality and limited transport options**

Rurality and limited transport options were common factors in cancelled appointments.

One person in North Yorkshire explained:

**“Living in a rural area with very little public transport as I don’t drive means that I have to cancel appointments if I can’t get a lift.”**

Another described how distance and cost made attending appointments impossible:

**“I live in Bedale which doesn’t have good public transport links. I do not drive. I was given an appointment in Harrogate recently and had to cancel as I cannot get there. I will not be able to go anymore as I can’t afford it.”**

### **Reconsidering care altogether**

For some people, transport difficulties have forced them to reconsider their care entirely. A voluntary organisation in York shared the experience of an older person with mobility needs:

**“We had a 91-year-old client who has mobility issues and uses a wheelchair. She has missed appointments with her eye clinic. She is thinking of abandoning treatment as she doesn’t want to make an appointment and not be able to keep it, and it’s too hard to arrange.”**

The impact of non-emergency patient transport eligibility changes on people

These experiences show that missing or cancelling appointments is not just inconvenient, it can delay treatment, reduce access to care and place stress on people and their carers.

## **Additional experiences**

People in North Yorkshire shared:



**"I am supposed to return in a few weeks' time to complete my treatment but due to the cost I will not be doing so."**



**"It is going to be very difficult for me to attend any appointment or procedure where I can't drive myself. I have recently hired a Motability vehicle with wheelchair hoist. I have already missed two diabetic eye checks as you're not allowed to drive for six hours afterwards. I think it's because I am only 65 and do not look particularly frail in appearance but they do not realise that my chronic conditions really affect my general health, making me more susceptible to infections and my ability to fight them. I am immunocompromised but my condition is unusual, so they don't recognise that. They usually ignore it or incorrectly discount it."**



**"I worry about how we are going to keep appointments especially for tests without which we can't get treatment."**



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**"I have not attended as I am on pension credit so can't afford a taxi, poor mobility so can't get the public transport and have no family."**

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# Rural and urban challenges

**Most survey responses, 72%, came from North Yorkshire. However, many of the challenges raised were also shared by people living in York.**

**Across both rural and urban areas, people highlighted issues with public and community transport that affect their ability to access appointments, although the nature and scale of these challenges can differ.**

## Challenges in rural areas

For people living in rural areas, distance from hospitals, limited public transport and higher transport costs make attending appointments particularly difficult. People Healthwatch North Yorkshire spoke to described how infrequent, poorly timed or non-existent public transport can make even routine appointments hard to access.

**“Living in a rural area often means public transport is non-existent or bad timings.”**

Others described the extreme limitations faced in more remote locations:

**“Upper Nidderdale is very rural. There is no public transport service up the dale from Pateley Bridge. The cost of private taxi hire from Upper Nidderdale to Harrogate Hospital or beyond is prohibitive for many people. Oncology appointments in Leeds hospitals are almost impossible to attend via public transport for those with mobility issues.”**

People also highlighted the impact on older people, for whom travelling even short distances to local services can be challenging, let alone long journeys to hospital:

The impact of non-emergency patient transport eligibility changes on people

**“In rural Esk Valley with older people and little public transport (an occasional train which they cannot walk to) and taxis miles away, it is extremely difficult for them to get to the next village for a GP appointment – let alone 25 to 30 miles to a hospital.”**

## **Challenges in urban areas**

While York has more public transport options, these are not always straightforward or accessible. Some people described the need to take multiple buses and the limited availability of wheelchair accessible spaces.

One person in York explained:

**“Even in York there are buses, but people almost always have to get at least two buses to the hospital and sometimes the buses don’t have space for wheelchair users. Many community transport providers, including York Wheels, do not have wheelchair accessible vehicles”.**

Our survey focused on transport to hospital appointments in line with the contract for non-urgent patient transport. However, regular feedback to Healthwatch York highlights problems for people going to GP appointments where the appointment is not at the person’s local surgery, but another surgery in the practice.

This is already an area of concern for people locally. Recent feedback from people in York about getting to GP appointments includes:

**“Often you get sent to other surgeries, but they are difficult to get to, or impossible to get to, on public transport. If you have an afternoon appointment and have to get a taxi, you then can’t get home as the taxis are all doing the school run!”**

The impact of non-emergency patient transport eligibility changes on people

**“I live in Stockton on the Forest and have really struggled to get to the GP surgery since the local surgery closed. It is a three-hour return bus journey to get to the Huntington surgery from home, as well as the time at the surgery. It is not easy when you don't have a car, and I don't think the people who think it is a short drive understand how difficult it is on public transport.”**

One person got in touch with Healthwatch York after seeing an article in the local paper about the Askham Bar Community Diagnostic Centre to raise concerns about getting there. They said:

**“Why should people be expected to travel miles across town to receive treatment that was once provided on their doorsteps? They are required to take what are sometimes unreliable bus services, rely on kind relatives/neighbours for transport, expensive taxi journeys or use their own transport adding to the congestion on the roads. The whole thing does not make sense in many ways. Get the required medical services back where they belong, in the community where people can easily reach them.”**

It will be important to consider how plans to develop more neighbourhood health services and neighbourhood teams can be developed with travel planning in mind to make sure that those people who rely on public transport can access services as needed.

### **The role of community transport**

Community transport plays a vital role in both rural and urban areas, providing a lifeline for people who would otherwise struggle to reach appointments.

The impact of non-emergency patient transport eligibility changes on people

One person explained that they are: **“Very reliant on the volunteer transport system. Without it, it would be impossible to get to hospital”**.

Others spoke about the importance of volunteer drivers not just for transport, but for the reassurance, patience and personal support they provide, especially for people whose independence has reduced over time:

**“I really value community transport as you get to know the drivers, they help you and give you time to get in and out of the vehicle. The driver often comes to meet me, so I don’t have to look and find them. This is really important for some of my appointments where my vision is adversely affected.”**

Another person in North Yorkshire praised a local service:

**“The Little White Car in Hawes is brilliant. They have not been unable to take me to appointments so far. This is a vital community service and so valuable.”**

### **Overall impact**

These experiences show that while cost and waiting times are experienced across both rural and urban areas, the practical challenges of distance, limited transport options and accessibility make rural journeys particularly difficult. At the same time, community transport remains a crucial support, helping people maintain access to essential care.

## Additional experiences

People in North Yorkshire also shared how it was for them.

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**“Community transport drivers are an absolute lifeline for me, especially when I am taking my husband to appointments or with me. He has Alzheimer’s. The drivers chat to him and are patient and helpful. I used to drive and medical appointments were no problem. I was shocked at how small and difficult my world has become and how stressful it is if I cannot get suitable transport.”**

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**“Public transport is not easy for people living in rural communities and for some it is impossible. I have known of clients who had eye appointments and said they would drive, until I advised that they wouldn’t be covered on their insurance if they had been advised not to drive by the clinician.”**

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# Impact on community transport organisations

**15% of survey respondents were from community transport schemes or other local organisations. Many highlighted the pressures that changes to non-emergency patient transport eligibility have placed on their services, as well as the knock-on effects for the people they support.**

## **Increased demand and limited capacity**

Several organisations described a sharp increase in demand which they are struggling to meet.

One person in North Yorkshire commented that there's a **"large increase in new enquiries but, unfortunately, we cannot meet demand and do not have facilities for specialist transport"**.

Others explained that volunteer-led services have clear limitations, particularly around supporting people with complex needs, mobility requirements or urgent clinical conditions, which means they cannot safely meet all requests for transport.

**"Crucially, we can't guarantee transport and our volunteers cannot 'manually handle' or support clients in appointments. Also, they aren't medically trained so cannot support clients who are really unwell and in need of a lift with urgent clinical needs."**

## **Urgent requests and operational strain**

Community transport providers described the strain created by urgent requests, often made with little notice. This was particularly common for critical health appointments such as cancer treatments.

One organisation explained:

**“Changes to patient transport have led to many clients contacting us in panic with not much notice for a critical appointment. It is impacting the ‘busyness’ of our service, which does not have the funding for a core admin post.”**

Volunteers reported seeing increased numbers of people turned away from non-emergency patient transport and seeking help from community services, sometimes following eligibility decisions that do not reflect people's real-life circumstances or availability of support.

## **Wider pressure on the health system**

The impact of these changes is not limited to community transport providers. One GP practice added:

**“From a GP point of view this has probably resulted in more home visits to patients who may have been supported getting here and are no longer able to. We do have frustrated patients because of this, and often there is little we can do to assist them, with them often taking their frustration out on our staff. We have on occasion had staff drive patients to the hospital, because there was no other option and patient transport had unreasonable waiting time.”**

These experiences highlight how transport barriers can increase pressure on primary care, ambulance services and frontline staff.

The impact of non-emergency patient transport eligibility changes on people

## Volunteer perspective and limits of support

Volunteer groups in North Yorkshire also described the limits of what they can provide safely.

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**“Our volunteer car scheme has noticed a massive uptake in people requiring the service which we are finding increasingly difficult to operate as demand outweighs available volunteers.”**

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A volunteer in York described how people are increasingly being directed to community transport after being refused NHS transport.

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**“I volunteer with York Wheels and we are seeing more and more people come to us because they have now been turned down by patient transport. One person told me that when asked, they said a friend took them shopping. Then the person on the phone said, well if they can do that, they can take you to the hospital and refused any transport, even though the friend works and can't help on weekdays.”**

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# Conclusion

**The findings of this report highlight the significant impact that the April 2025 changes to non-emergency patient transport eligibility criteria are having on people across York, North Yorkshire, and the wider region. While these changes were intended to make sure NHS resources are used appropriately, the experiences shared with us show that, in practice, they have reduced access to essential care for many people.**

For those with mobility needs, wheelchair users, people on low incomes and residents of rural or coastal communities, the barriers are particularly stark. Longer travel distances, limited public transport, rising costs and the lack of accessible vehicles all contribute to widening inequalities in who can realistically reach their health appointments.

Beyond transport itself, the consequences affect people's health and wellbeing. Missed or delayed appointments, increased anxiety, loss of independence and a growing reliance on community and voluntary support demonstrate how transport challenges can erode wider health outcomes. Community transport providers, already delivering an essential safety net, are now under increased pressure. They are responding to rising demand without the long-term funding or capacity required to sustain their services.

Healthwatch North Yorkshire and Healthwatch York will continue to monitor the situation closely. We will keep gathering people's experiences, logging concerns and sharing evidence with commissioners, NHS Trusts, local authorities and community transport partners. The voices captured in this report make clear where improvements are needed, and we remain committed to making sure that those most affected are heard in ongoing planning and decision making.

The impact of non-emergency patient transport eligibility changes on people

This report sets out a series of recommendations which, if acted on, have the potential to significantly improve access to healthcare and support better health and wellbeing outcomes. However, if these issues are not addressed, there is a real risk that inequalities will deepen. More people may miss or cancel lifesaving or life improving appointments, conditions may worsen unnecessarily, and pressure may grow on urgent and emergency care as preventable issues escalate. Community transport schemes may become increasingly overstretched, limiting their ability to meet rising need.

Improving patient transport is not only about journeys, it is about fairness, dignity and ensuring that everyone, wherever they live and whatever their circumstances, can get the healthcare they need. The insights shared by local people and organisations throughout this report offer a strong foundation for positive change.





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