

Disability Voices Phase 2 Report

Transport and Access to Healthcare for
Disabled People in Lancashire.



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1. Executive Summary

In 2024 we launched Phase 1 of our Disability Voices project, which explored the lived experiences of disabled people in Lancashire. The study was particularly interested in hearing about access to, and experiences of, health and social care. Our report was published in June 2025, and [you can read it here](#).

The study found that while there is much that is working well, health and social care systems and services often fail to fully meet the needs of disabled people. When new systems are introduced or old systems are adapted without meaningful collaboration with the people they are intended to serve, they often overlook their specific needs. Our report advocated for the inclusion of disabled people in all service development decisions.

One of the key themes to emerge out of our research involved challenges travelling to - and physically accessing - services:

- Travel and transport pose considerable challenges - Limited public transport services, especially in rural areas, and high costs, create barriers to healthcare access. While NHS-assisted transport is essential for many, inconvenient pick-up times often result in long, uncomfortable waits in hospitals.

As this was an issue we heard a lot about, we decided to do a follow-up study exploring it in more detail. This report presents our findings. We were interested specifically in the challenges disabled people face organising transport, physically attending services, and accessing those services upon arrival.



Read Disability Voices Phase 1



2. Introduction

This project explores the challenges people with disabilities face organising transport to health services, physically travelling to services, and accessing those services when they get there. This includes hospital and community transport (such as Non-Emergency Patient Transport), public transport (e.g. buses), and private transport (e.g. car, taxi), and structural accessibility barriers to healthcare services (such as poor wheelchair access, lack of disabled parking spaces, etc.). The healthcare services we are interested in include GPs surgeries, hospitals, walk-in centres and pharmacies.

The project has engaged with disabled people across Lancashire. It explored:

- How and why individuals choose their mode of travel
- Their experiences booking transport, including barriers they encountered (such as eligibility criteria, taxis or hospital transport)
- Their journeys to and from healthcare services
- How easily they physically access those services.

The access element includes how far the service is from the car park, how accessible the entry points are, and whether the waiting areas meet the needs of disabled people. This includes access to equipment and support provided by the service. Our aim has been to highlight what is working well and to identify accessibility barriers.

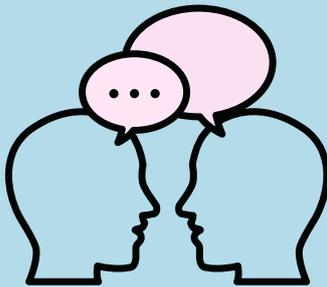
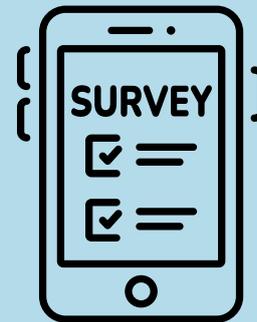


Our research for this project was conducted using a range of methods, including an online survey, general public engagement, case studies, and a mystery shopping exercise.

Overall, we have heard from 303 disabled people about their experiences travelling to and accessing healthcare services, broken down as follows:

Survey

- A total of 56 people completed our survey, which was available online and in physical form. An easy-read version of the survey was available online and in physical formats.



Public engagement

- We spoke to 231 people at targeted events across our region.

Mystery shopping

- Our volunteers contacted 25 private transport providers in Lancashire about arranging hospital transport.



Case studies

- We collected detailed case studies from 22 disabled people.

3. Findings

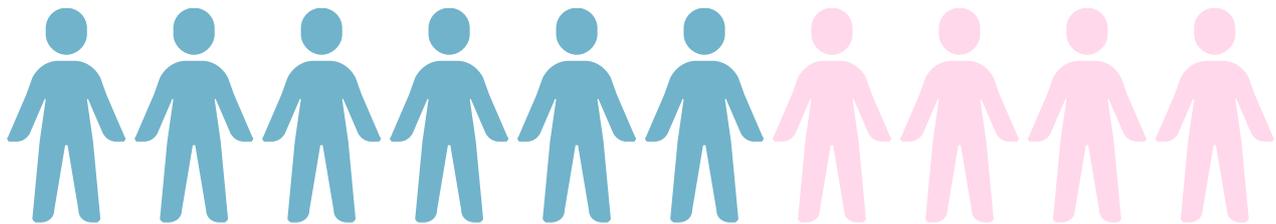
The following analysis brings together the evidence collected through our survey and engagement activities. It begins by analysing the survey results.

3.1. Survey results

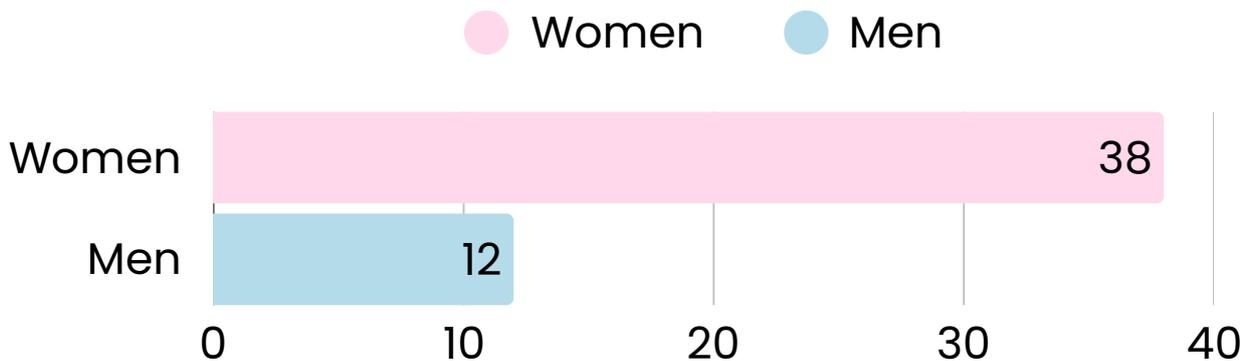
(a) Demographic information

A total of 56 people completed our survey, including eight respondents who provided answers on behalf of someone else, usually a family member or person they support.

Participants ranged in age from 18 to 75, though the majority were older adults: **six in ten were over 45, with the single largest group falling into the 55–64 age bracket.**

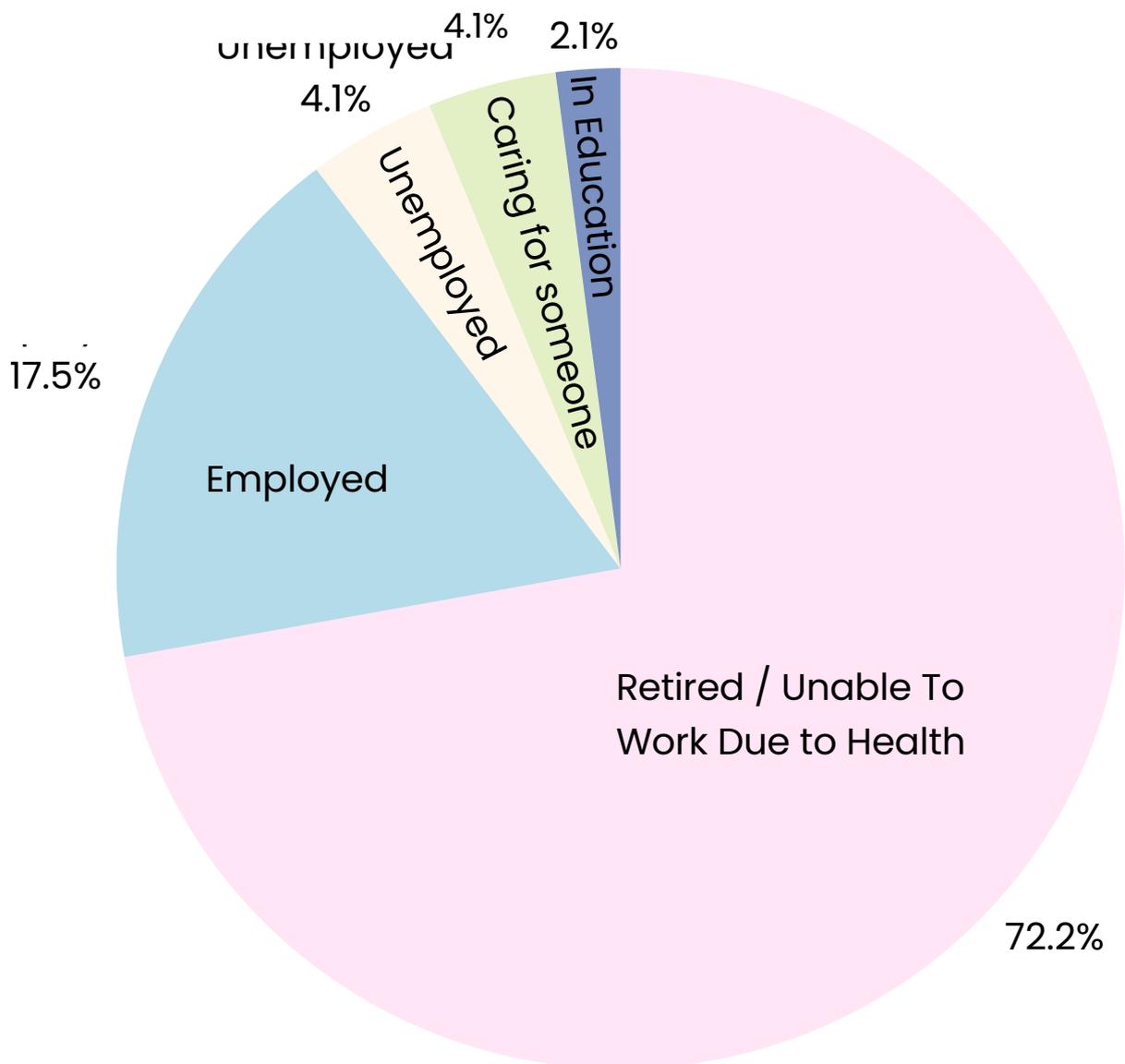


As such, many of our survey participants were people approaching or already in later life, a stage when health and mobility needs often increase. Most respondents were women (76%), and almost all respondents described themselves as White British (98%).



Employment status varied but leaned heavily towards non-working groups. Around 70% of our survey participants were either retired or unable to work due to health or disability. A further 17% were in some form of paid employment, either full- or part-time. Smaller proportions were unemployed (4%), had caring responsibilities (4%), or were in education (2%). This pattern indicates that many of those we heard from are likely to be living on limited incomes, which may affect their access to services and transport options.

Responses were received from across the region, with particularly strong representation from the Preston area. This concentration may reflect local networks and connections through which the survey was shared.



(b) Responses

Our survey set out to build a comprehensive picture of disabled people's experiences when travelling to and from healthcare services across four key areas: GPs surgeries, hospitals, pharmacies, and walk-in/urgent care centres. We examined every stage of the journey: deciding how to travel, arranging or booking transport, and physically accessing the service on arrival.

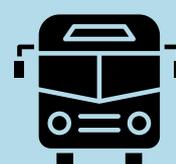
We also explored the support people received from family, friends, or carers, as well as the financial costs of travel, journey times, waiting times, and the overall convenience of the experience.



Bus



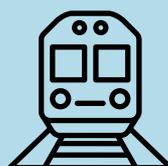
Taxis



Community Transport



Other (walking or wheelchair)



Train



NHS Transport

As Table 1 shows, disabled people rely on a wide variety of transport methods to reach healthcare services, with patterns varying slightly by service type. Because participants could select multiple options, some reported using more than one mode of travel.

Across all services, relatively few disabled people drive themselves. As such, disabled people tend to rely on public transport (bus and train) and private transport (taxis), NHS patient transport (which provides free travel to and from hospital appointments) and community transport (which offer low-cost travel to various healthcare settings).

The 'Other' category, which was most common for GP surgeries and pharmacies - included walking or using a wheelchair.

Overall, Table 1 indicates that many disabled people are dependent on others for transport, and often face additional costs when using taxis, buses, or trains.

Table 1: How do you usually travel to the following services?

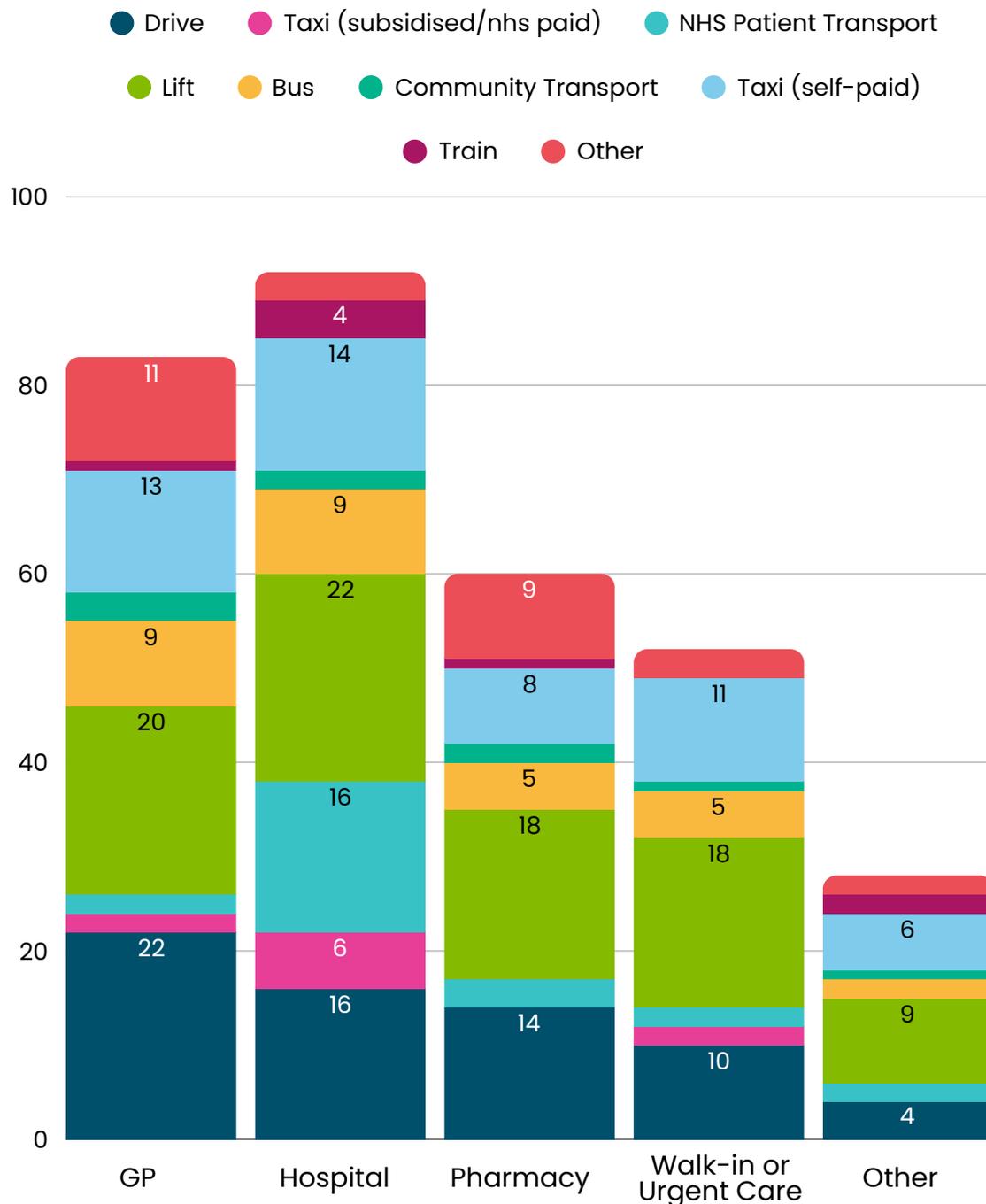
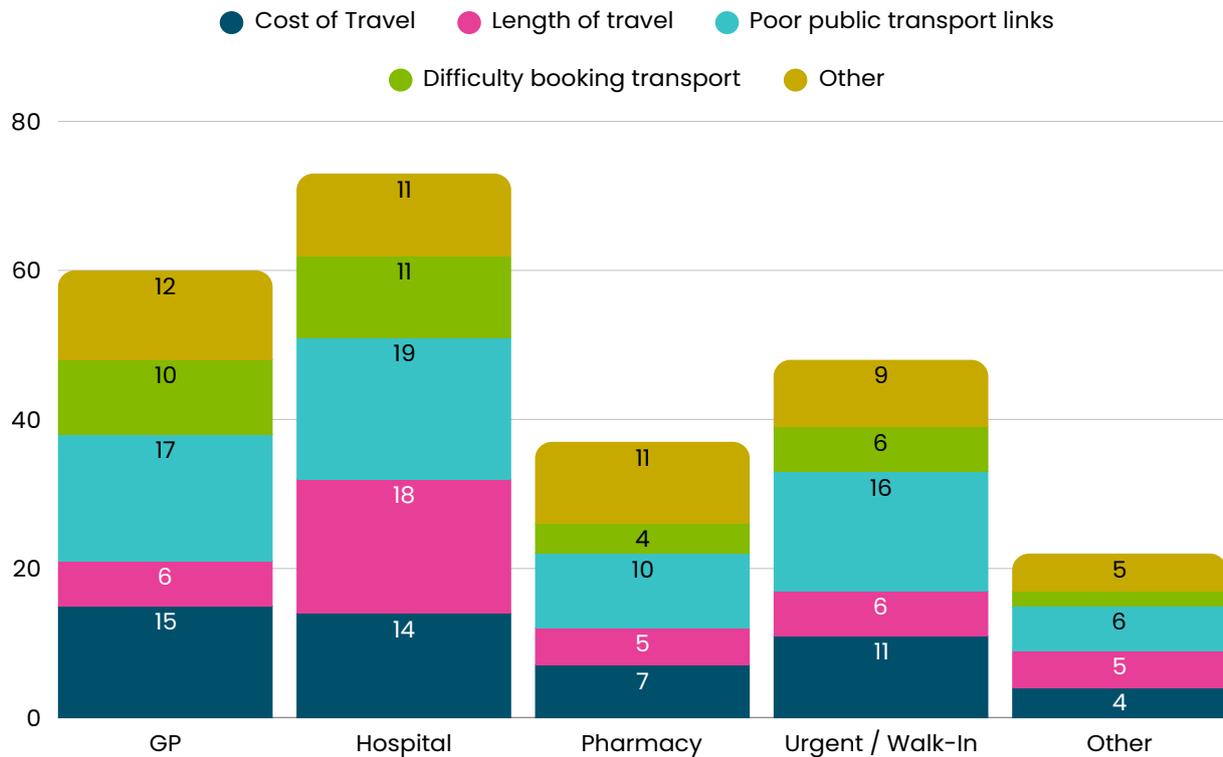


Table 2 below builds on this picture by showing the barriers people face travelling to healthcare services. Most participants reported experiencing difficulties, including cost (ranging from 19-25% across the four service areas), poor public transport links (26-33%), difficulty booking transport (11-17%), and long journey times (10%-24%).

The 'other' category included the lack of accessible or convenient public and private transport for wheelchair users, and difficulty parking.

Table 2: What kind of barriers, if any, have you encountered during your journeys to healthcare services?



The comments of survey participants illustrate the nature of these barriers:

“Access from the bus to the surgery involves many hills and is not wheelchair friendly.”

“Only one space on the bus, so you might have to wait for the next.”

“I use a mobility scooter and a manual wheelchair and cannot walk. Buses are inaccessible for my scooter, and I need someone with me to push my wheelchair. Taxi companies are often unhelpful when trying to book a taxi that can take a wheelchair.”

“Taxis are very expensive, and if like me you become incapacitated but usually drive, your mobility money is tied up in your car.”

Exactly half of survey participants reported difficulties booking or accessing transport, including hospital transport, public transport, and taxis alike.

Moreover, while some benefited from free or subsidised hospital transport, many said they were unsure about their eligibility or assumed their ineligibility. A lack of clear, accessible information was a recurring theme in the responses.

Overall, and significantly, disabled people reported finding it comparatively easy, on the whole, to get to GPs surgeries and pharmacies, and relatively difficult to get to hospitals. Only 22% told us it was ‘very’ or ‘fairly’ easy to get to hospital appointments.

Table 3: Overall, how easy is it for you to get to the following services?

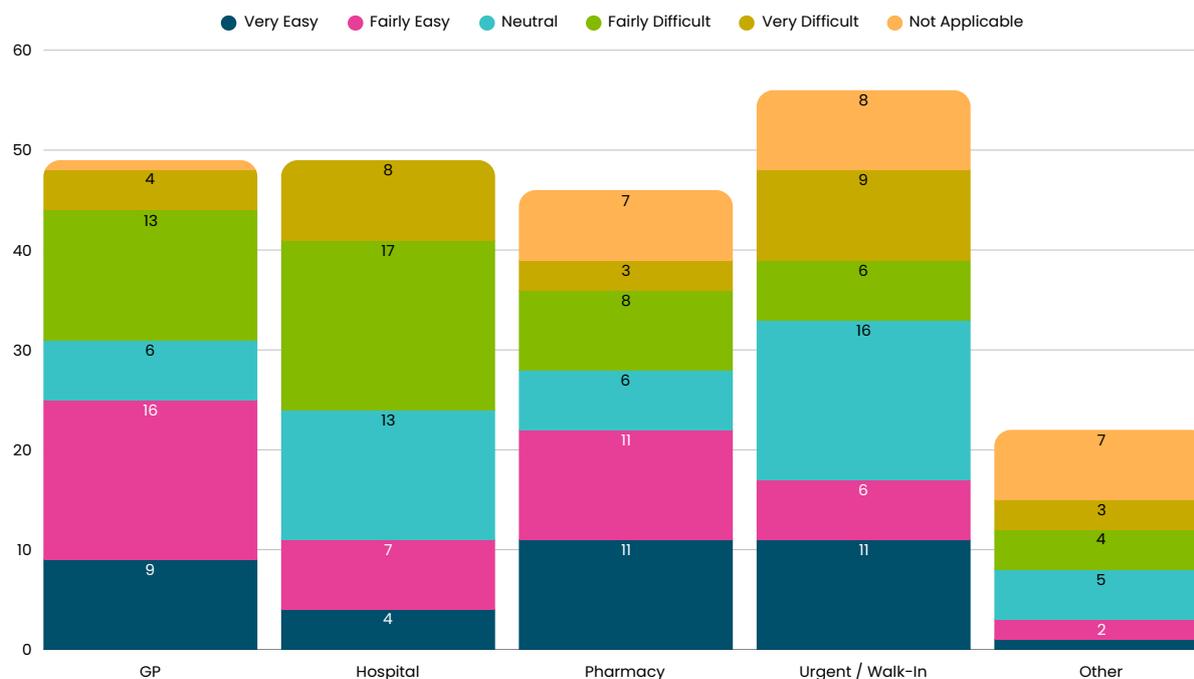


Table 4 shows that most disabled people who completed our survey had relatively little difficulty reaching GP surgeries and pharmacies from the car park and public transport drop-off points. In contrast, the majority struggled to reach hospitals. Barriers included long distances from bus stops or train stations to hospital entrances, and lengthy walks from hospital car parks to clinics or wards.

More positively, once at the entrance, most people found buildings reasonably accessible, though some faced obstacles such as steps and heavy doors, particularly at pharmacies (Table 5).

Signage was generally considered adequate at GP surgeries and pharmacies but more challenging at hospitals and walk-in centres (Table 6).

Views on the suitability and comfort of waiting areas were mixed, with some participants reporting a lack of appropriate seating, which is exacerbated by lengthy waiting times for appointments and to be picked up by hospital transport (Table 7).

Table 4: On arrival, how easy is it to get from the parking/drop-off area to the building?

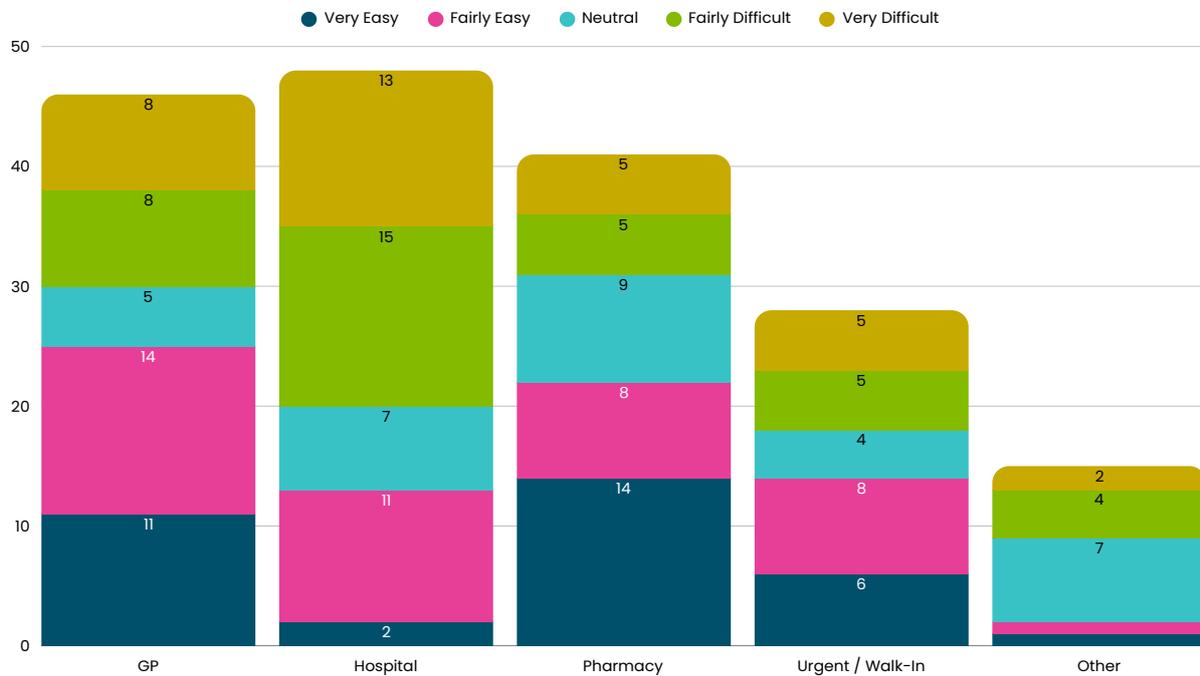


Table 5: Are entrances to buildings accessible for you?

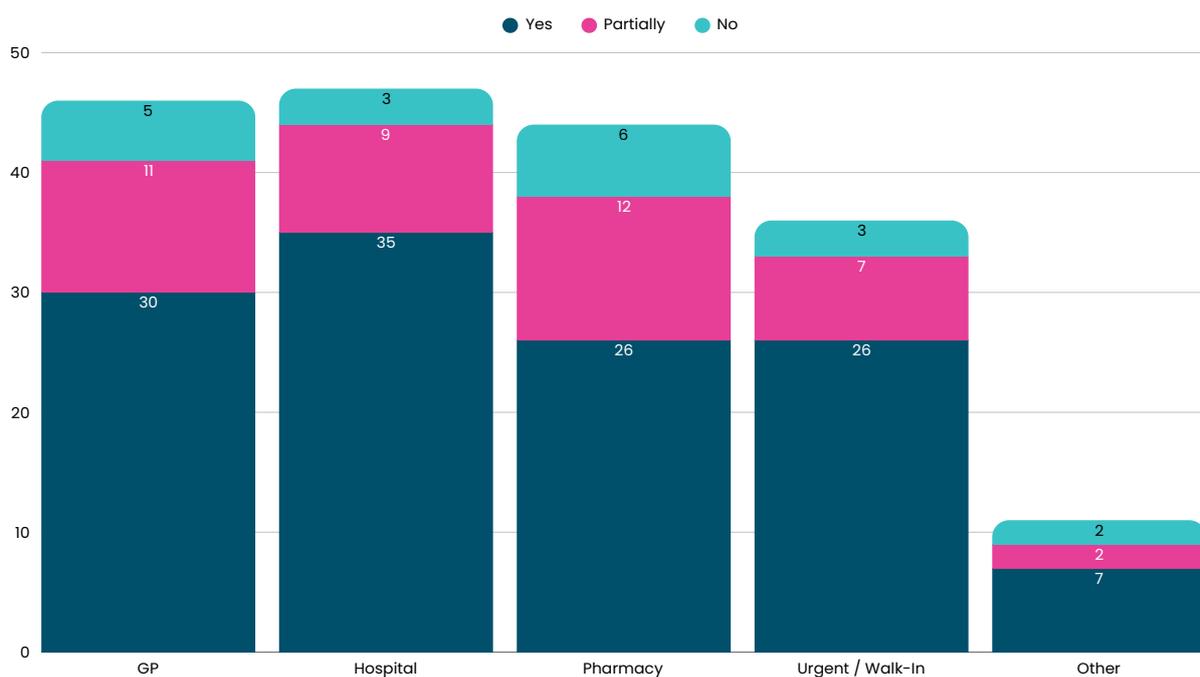


Table 6: Is signage leading into and within buildings clearly visible and easy to understand?

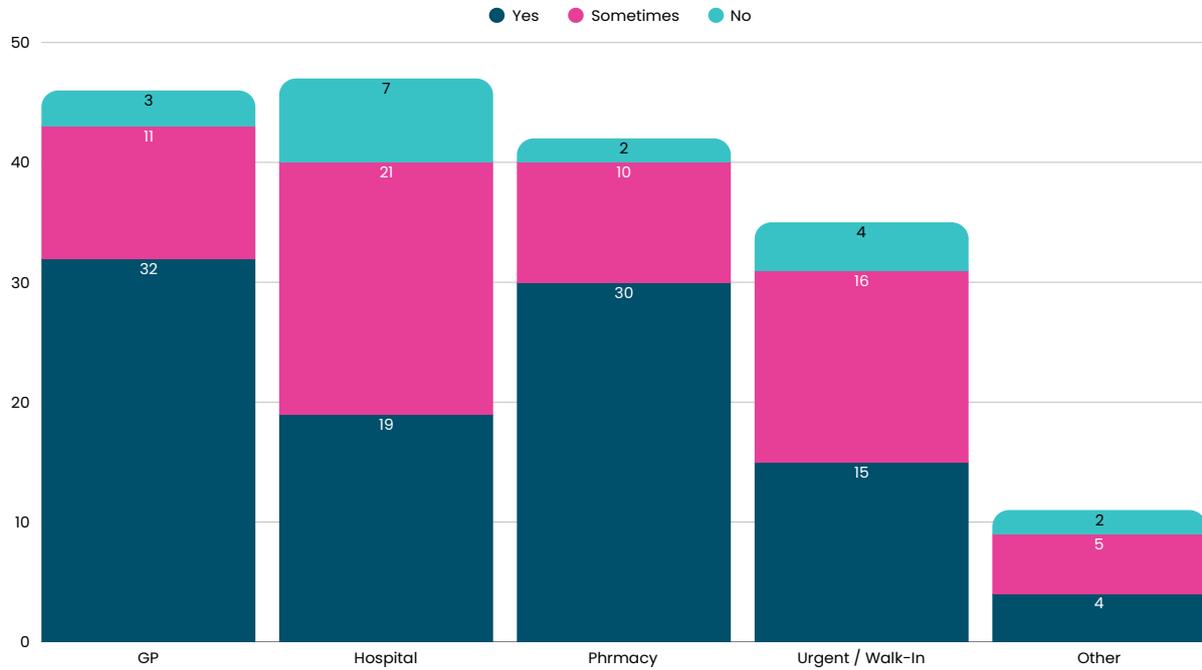
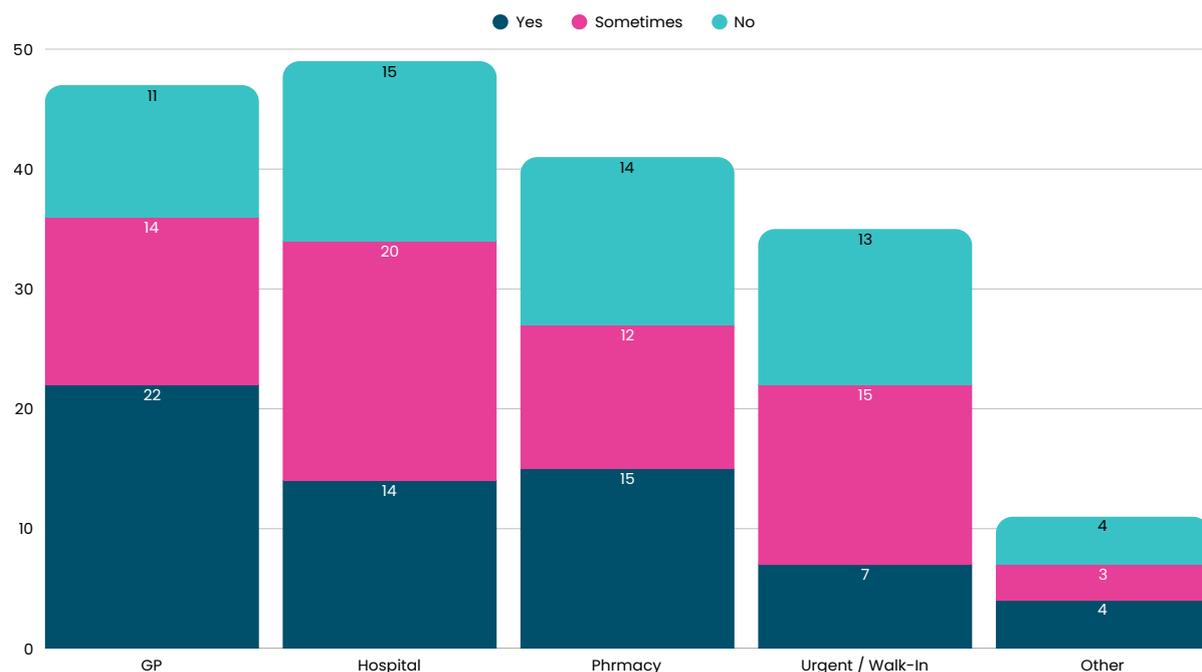


Table 7: Are waiting areas comfortable/accessible to you?



3.2. General engagement

Our general engagement activities revealed several key themes which compliment and allow us to build on the findings of our survey. Five main themes emerge:

- Accessing appropriate transportation
- The knowledge gap
- Traveling too far for care
- The financial costs of travel
- Parking challenges

Accessing appropriate transportation

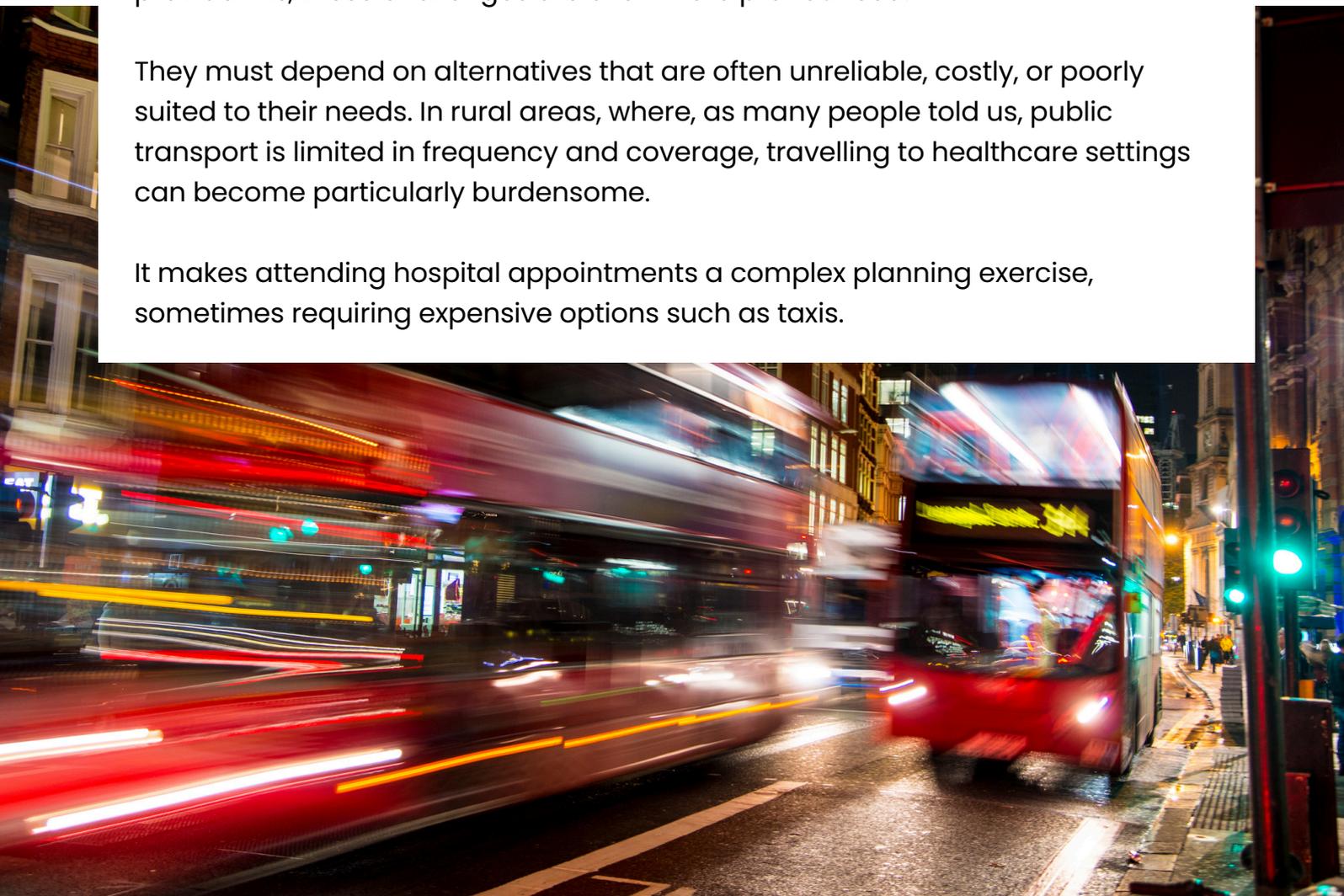
Many disabled people rely on a patchwork of public, private, and subsidised transport options to attend healthcare services. This is especially true for hospital appointments, which often involve long journeys and are often required on a regular basis.

The effort involved in arranging and undertaking these journeys can be considerable, and for some, it is a source of frustration.

For people who cannot drive themselves, or who lack family and friends able to provide lifts, these challenges are even more pronounced.

They must depend on alternatives that are often unreliable, costly, or poorly suited to their needs. In rural areas, where, as many people told us, public transport is limited in frequency and coverage, travelling to healthcare settings can become particularly burdensome.

It makes attending hospital appointments a complex planning exercise, sometimes requiring expensive options such as taxis.



“Where we live [Newburgh, West Lancashire] there is absolutely no public transport. It’s like they forgot about us, no buses ever go through our little village. I am lucky as I drive but I am not always well enough to drive myself.”

“The bus is not accessible and rarely on time – I’ve missed so many appointments because it always runs late.”

“My son uses a wheelchair and some bus drivers say they can’t accommodate him, which means waiting an hour for the next bus. It is so frustrating.”

Disability, Transport and Accessibility

For hospital visits, non-emergency patient transport can act as a vital lifeline, particularly for those with significant mobility needs. We heard many positive accounts of these services, more on which later, but also significant frustrations.

For example, the system often demands considerable flexibility from patients, with long waits, early pick-up times, and unpredictable schedules being common experiences. We found that what should be a relatively straightforward trip for treatment can easily consume an entire day.

As one patient told us, *“Patient transport is great, but having to be ready two hours in advance of pick-up, and then waiting for another two hours to be taken home, means a short appointment can turn into a full day. It’s exhausting.”*

Another said that *“You can wait for three hours for patient transport to take you home.”*



Healthcare professionals also expressed concern about the impact of transport difficulties on patients' wellbeing. A Macmillan nurse described how arranging reliable travel to chemotherapy appointments in Preston was one of the hardest parts of her job:

Getting transport for our patients to go for chemotherapy in Preston is one of the hardest parts of my job, because some of my patients aren't able to book these things for themselves.

A lot of my patients are unable to make their own way to their appointments at Rosemere so they have to use patient transport or resort to public transport like taxis which must cost them a fortune.

Some who can get a slot on patient transport find that it is a slow process and the ambulances only turn up when they feel like it. I am not saying that is the case but its how it feels. The disruption this causes is not fair on the patients as they are told that they will need to be ready earlier than often necessary to be picked up.

One lady I had was due to have her chemo at about 10am which was fine, she uses a wheelchair so was instantly eligible for patient transport. The transport slot was booked for 8am so if it was on time, which it wasn't, would have meant she would be kicking her heels around Preston for at least an hour before her appointment. What can she do about that because she can't go for a walk?

The other consequence of these arrangements was that she needed to move her slot with the district nurses, take her meds earlier than usual and then get ready. I think she said she had to wake up at 6am to be ready for pick up. This was not always on time though so there's a lot of fuss and disruption when it's not needed, for someone living with cancer it's just not fair.

Some of my patients aren't in such a position so they feel they have no choice but to pay out for taxis. What bothers me most is the cost and inconvenience to them. Taxis are the most expensive method around for getting to appointments and there is no point getting a bus. One patient lives in Nelson. To get to Preston they would have to get at least three maybe four buses to a service which isn't available in our area. That is just unfair to me.

3.3 Mystery shopping exercise

Of course, not all people are eligible for free NHS-funded community transport services – more on which in the next section. As our survey showed, many people rely on taxis, and we heard from many people that this can be a major accessibility barrier for people who use wheelchairs.

To assess the availability of wheelchair-accessible taxis in Lancashire, we carried out a mystery shopping exercise with taxi firms across the county. In total, 14 providers responded to our call. We asked them a series of questions about whether they could supply a wheelchair-friendly taxi for a hospital appointment; we told the operator that the wheelchair was a large electric one, weighing approximately 300kg.

Of the 14 firms we approached, eight said they could accommodate a wheelchair user, while six said they could not. Among the eight that could, five reported that they would usually require one or two days' notice, although same-day bookings might sometimes be possible. Two were unclear about how far in advance bookings should be made, advising instead that it was best to book 'as early as possible.' A further two recommended booking at least a week in advance.

We also asked whether a person with hearing loss could book a wheelchair-accessible taxi without needing to telephone. Five companies confirmed that bookings could be made online or via an app, while the remaining providers said they only accept bookings by phone.

"Millers Taxis brought me this morning. They told me what time they would be picking me up, and when we got there the driver got out and helped me with my wheelchair. He took me all the way to my appointment at the other end of the hospital. They are a great service and I can't fault their help and support."

This exercise highlighted some barriers to accessible transport in Lancashire. While just over half of firms contacted could provide a wheelchair-accessible taxi, many required advance notice, and some gave only vague guidance on availability. In cases where a person using a wheelchair must arrange travel at short notice, a taxi might not be available. In addition, the reliance on **phone-based booking by most providers creates a further obstacle for people with hearing loss.**

The Knowledge Gap

“I wasn’t aware of patient transport, and it was only because I was lucky enough to have a friend tell me about it that I was able to use it.”

While many disabled people we spoke to regularly use non-emergency patient transport and other community transport services, others reported not knowing what was available or whether they were eligible for it. This knowledge gap means many people who are eligible for free, subsidised or low-cost travel for healthcare are potentially missing out. This was a recurring theme in our conversations with people.

Hospital patient transport services provide free or low-cost travel to people who meet the eligibility criteria. At a time when the cost of living continues to rise, these services are vital to improving access to healthcare for many disabled people.

NHS patient transport in the UK is organised through the Non-Emergency Patient Transport Service. This is an NHS-funded service which helps eligible patients whose medical condition prevents them from using private or public transport. In the North-West of England, the North West Ambulance Service (NWAS) is the main provider, although NWAS works with third-party providers like private ambulance and taxi companies for some non-emergency transport.

NWAS eligibility criteria states that you must ‘have a medical condition which could stop you getting to your appointment by any other means’. However, eligibility is judged on an individual basis. To find out if you’re eligible you will need to contact your local booking centre.



Contact your local booking centre

While some people we spoke to noted drawbacks of Non-Emergency Patient Transport, such as inconvenient pick-up times, lengthy waits to be taken home after appointments, and occasional uncertainty about arrival times, the overriding impression was one of appreciation.

Most respondents felt the service was reliable and valued, particularly in enabling them to attend hospital and clinic appointments that they would otherwise struggle to reach. Even those who expressed frustrations with certain aspects of the system were quick to emphasise the dedication, professionalism, and kindness of the staff who provide the service, recognising the challenges they are under.

For many, this personal care and support outweighed the logistical difficulties, reinforcing the sense that the service is a vital lifeline.

For those who might not be eligible for Non-Emergency Patient Transport, or who require low-cost travel to health services, Lancashire Community Transport is also an option. You can read more on the service here: [Your Community Transport Services in Lancashire](#) below.

Lancashire Community Transport fills a vital gap as NHS Non-Emergency Patient Transport only provides travel to hospitals. The service covers most of Lancashire through five local community transport operators:

Provider	Provider
Communicars	Rosendale, Burley, Pendle
Little Green Bus	Ribble Valley, Hyndburn
Preston Community Transport	South Ribble, Preston, Fylde, Wyre,
West Lancashire Dial-A-Ride	West Lancashire
Lancaster and Morecambe Dial-a-Bus	Lancaster and Morecambe

“I didn’t know there were things like the Little Green Bus – I’ve never seen it advertised.”



[**Community Transport Services in Lancashire**](#)

Travelling too far for care

Many of the disabled people we spoke to described the difficulties they face when travelling to health services located far from where they live. For people who are unable to drive, this creates a particular disadvantage, as they are forced to rely on long and often expensive journeys. The problem is even more acute in rural areas, where public transport services are limited, infrequent, or unreliable, leaving disabled people with few options.

A lack of joined-up care within the health system compounds these challenges. In Phase 1 of our Disability Voices study, this issue emerged repeatedly: patients are passed from one service to another, attending appointments with specialists who often have little knowledge of their case history.

For disabled people, this fragmentation is particularly hard to navigate. Not only do they need to attend regular appointments, but they must also overcome the added barriers of travel and cost. In many instances, they are sent to locations far from their homes, even when more convenient local options appear to exist.

People told us that they often cannot understand why they are prevented from attending the healthcare service nearest to them, or why the service they are directed to keeps changing. This uncertainty generates frustration, and for some, physical and financial hardship.

One person explained,

'I need regular blood tests as part of my heart condition, but my GP no longer does these and I have to go to Kendal – why do I need to travel all the way there for a simple blood test? It's exhausting and seems a long way to travel for a service that I'm sure could be done nearer to home. Luckily I drive, but I don't know what I'd do if I couldn't get there myself.'

Others stressed the way in which access is shaped by the location and scheduling of services:

'It can be difficult to get to my GP (Bay Medical in Westgate) as I don't drive and the bus stop is quite a long walk from my house. It wouldn't be so bad if you could just go to the same place every time, as Heysham Health Centre is much easier for me, but you have to go where they send you.'

For some, the cost of travel is overwhelming:

'I had to travel to Westmorland General (Kendal) for some dental treatment. I wanted to go to Lancaster for my treatment, but was told I couldn't. I don't drive and ended up having to get a taxi, which cost me £120. I couldn't afford to keep using taxis.'

Even when people can drive, hidden costs can make access prohibitive:

'I go to Royal Preston Hospital a lot, and the cost of parking is a problem. I don't have a blue badge so I'm not entitled to free parking, and have found myself cancelling appointments at the hospital as I simply can't afford the parking. When I ring for support they say they can't help me as I can drive myself.'

These stories illustrate the urgent need for a more joined-up system, where patients are supported to access routine care closer to home. One young person with cerebral palsy highlighted the positive difference an integrated model can make:

'Having lots of services in one place like St Peters [Primary Health Centre, Burnley] makes things easier for me because it means that I only have to think about travelling to the one place instead of lots of places. I used to go to Padiham for my ear syringe appointments, which took two buses and caused me anxiety, but now it's at St Peters which is a lot closer and easier to get to.'

This example shows the potential benefits of organising care at a neighbourhood level. When patients can access different services in one location, unnecessary travel is reduced, appointments are easier to keep, and anxiety about transport is lessened.

Giving patients greater choice over the time, day, and location of their appointments would also make services more responsive to individual needs and circumstances, while cutting down on wasted resources caused by missed appointments.

The government has acknowledged these challenges. Its new 10-year health strategy commits to establishing neighbourhood health services that would reduce the need for patients to travel to the hospital unnecessarily. If this initiative receives sustained investment, it has the potential to transform healthcare access for millions of people.



**Read more on the
Government's plans here.**



The following testimony captures the strain that unnecessary long-distance appointments place on people:

'I phoned Kiddrow Lane surgery and they triaged me over the phone. They took my symptoms and said that they would phone me back. They then phoned me back within 1 ½ hours and was told to go to the Urgent Care Centre at Burnley. I had to take myself there on the bus because no one in my family could give me a lift. They didn't really give me any explanation about why I needed to go to the accident and emergency department they just said I needed to go.

I rang 111 to check the advice they had given me because it's a long way for me to get from the outskirts of Padiham to Burnley hospital. I asked if there was anything they could provide for me on spec as it was worrying me that I needed to go to hospital sooner rather than later. They said they couldn't help and that they would only be able to provide pre-booked appointments only. I ended up getting the bus to Burnley and then to the hospital.

The staff at the hospital were really quick at triaging me and made sure that I was given the support that I needed. They provided a wheelchair for me when they saw I was a bit shaky on my legs and offered porters to help me get about whenever I needed to visit the loo or had to go between the waiting room and the drs.

All in all I think I was there for about an hour and a half where they told me they could have sorted it at the GP. I had to get two buses all that way when it could have been a quick trip to the surgery and saved myself a day of travel and cost. I think they sent me to the urgent care instead of sorting me out at the practice because they had no appointments or just didn't want to see to me. I am not sure but it wasn't a pleasant day. I struggle with my mobility anyway at my age. I have no family who could help me at the time so the only options were a private taxi which I couldn't justify, the two buses I did end up taking or the patient transport which should have been available, especially as it was "urgent" according to the drs.

What would make things better for me would be if they were able to sort something out for the patient, rather than letting them fend their own way there. Padiham isn't a million miles away from Burnley but it is when you need to get somewhere urgently.'

The financial cost of travel

We found that the inconvenience of making unnecessary trips to health services not only results in physical and mental exhaustion, but can also impose significant financial strain, particularly on those who need to undertake long journeys on a regular basis. Worryingly, some people told us that the prohibitive cost of taxis often forced them to cancel important appointments. This in turn carried the risk of their condition deteriorating further.

For patients who are not eligible for non-emergency patient transport to hospital appointments, there are some schemes designed to help with the cost of travel:

- Healthcare Travel Costs Scheme (HTCS): Healthcare Travel Costs Scheme (HTCS) – NHS
- NHS Low Income Scheme (LIS): NHS Low Income Scheme (LIS) – NHS



[1] *NHS England » Neighbourhood health guidelines 2025/26*

However, even with these schemes, many people continue to face serious difficulties. The financial challenges have been made worse by Lancashire County Council's decision, taken early in 2025, to withdraw the £1 subsidised NoWcard fare for bus journeys before 9.30am. For people who have no choice but to attend morning appointments, this has added yet another barrier to accessing healthcare.

"By this time I was a bit worried, as I couldn't leave my wife in the entrance while I sorted out the Blue Badge, and I did not want to take her with me as it was a long way. In the end I had no choice but to bring her, but it was very stressful and we only just got to the appointment in time.

I can't understand why I was not able to register her Blue Badge before arriving, such as online or over the phone. This would have been much more convenient than doing it in person at the hospital."



Parking challenges

Many people told us that parking charges represent a significant burden for many disabled people, particularly when attending hospitals. Time and again, we heard from individuals who felt deterred from driving to their medical appointments because of the high cost of parking. For some, parking charges are simply unaffordable, leaving them with little choice but to rely on public transport. Yet, as discussed earlier, public transport can introduce its own barriers, including costs, unreliable services, physical inaccessibility, and the stress of long and uncomfortable journeys. All these issues compound the challenges disabled people already face in accessing healthcare.

'I sometimes cancel appointments due to the cost of parking. I have to take my family member and sometimes I worry how I will pay as it's not my appointment and my relative can't afford it as they aren't working.'

While the Blue Badge scheme is designed to make travel and access easier for disabled people, allowing them to park closer to the hospital for free, many people we spoke to described a confusing landscape of rules and regulations which varied between services. In some hospitals, patients must register their Blue Badge when they arrive, but it is not always clear where they must go to do so. Patients and relations spoke of their frustration and worries about badge registration when already anxious about getting to their appointment.

- *'I don't think hospital letters are very clear about Blue Badges and where to register them.'*
- *'Blue Badges are a nightmare. I've been told so many different things about registering it, and also this new thing about scanning it when you leave.'*

Many also reported that disabled car parking spaces are frequently full, forcing them to park far from the hospital entrance and undertake long walks to the hospital building. Some reported being unable to find a parking space at all, requiring them to park on roads near the hospital.

Overall, what emerges is a picture of hospital parking systems that are costly and poorly designed in terms of accessibility and convenience.

4. Conclusion

This report has shown that attending health services remains a significant challenge for many disabled people. Poor public transport, particularly in rural areas, combined with the high cost of private travel and the shortage of accessible parking space, creates serious barriers to accessing care.

For many people, free or reduced-cost transport provided by Lancashire Community Transport fills a vital gap, while NHS Non-Emergency Patient Transport can be a genuine lifeline. Most of the people we heard from were overwhelmingly positive about their experiences using these services. However, problems remain. Availability is often limited, and long waiting times for collection can cause additional stress and discomfort. Moreover, many disabled people are unaware that such services exist or assume they are not eligible to use them.

There is no simple fix for these challenges, reflecting wider national issues. However, one clear and addressable problem is how patients are frequently referred to multiple services far from their homes, leading to unnecessarily long, difficult and expensive journeys. What is needed is an approach to care which prioritises access to services rooted within local communities.

The government's 10-year plan, which promotes a neighbourhood model of health and care, offers an opportunity to make this vision a reality. As the plan itself states:

'There is an urgent need to transform the health and care system. We need to move to a neighbourhood health service that will deliver more care at home or closer to home, improve people's access, experience and outcomes, and ensure the sustainability of health and social care delivery.'^[1]

If implemented effectively, this plan could significantly reduce the transport barriers we have identified in this report.

[1] [NHS England » Neighbourhood health guidelines 2025/26](#)

5. Recommendations

- Local authorities and transport providers should, where possible, increase the availability of wheelchair-accessible taxis and ensure that they can be booked on short notice.
- Health and transport services should collaborate to identify transport gaps in rural parts of Lancashire, and develop community-led solutions.
- Healthcare providers, GP surgeries, and local councils should do more to publicise the range of available transport services, including NHS Non-Emergency Patient Transport and community transport schemes, and clearly explain eligibility criteria.
- Consider closer coordination between Non-Emergency Patient Transport Services and community transport organisations so that people who are ineligible for NHS-funded transport are referred to affordable local alternatives.
- Health commissioners and providers should prioritise delivering services closer to where people live, reducing unnecessary travel for routine tests and treatments.
- Hospitals should review their parking systems to make them easier for disabled patients to use. This includes allowing Blue Badges to be registered online or by phone in advance.
- NHS Trusts and local councils should consider parking fee waivers or reimbursement schemes for patients on low incomes or those attending frequent appointments.

6. Lancashire and South Cumbria Integrated Care Board Response

We would like to thank Healthwatch Lancashire for this valuable insight report which invites people with a lived experience of disability to share their views on physical access to services. This report builds on Healthwatch Lancashire's 'Disability Voices phase one report' published in June 2025. The earlier report looked at a much broader experience of respondents across a number of domains including continuity of care, patient satisfaction, compliance with accessibility information standards and the knowledge and attitudes of staff working in health and social care towards people with lived experience of disability.

NHS Lancashire and South Cumbria Integrated Care Board has reviewed the findings of this report noting respondents indicate several issues when accessing services including cost of transport, poor public transport links, difficulty booking transport and long journey times. We are pleased to note that "Overall, and significantly, disabled people reported finding it comparatively easy, on the whole, to get to GP surgeries and pharmacies". This supports our aim to bring more care into local communities. There are however a number of useful reminders and best practice indicators for primary care colleagues. The ICB will commit to sharing the Healthwatch Lancashire report with GP practices, community pharmacy, optometry and dental practice settings.

We also note that, while on the whole respondents were able to access primary care settings easily, hospital settings presented challenges in terms of the size of the setting and distance to travel within the building on arrival. Signage was also cited as being problematic with several suggestions for improvement. As Healthwatch Lancashire has a strong relationship with the hospital trusts across the footprint, we support its commitment to sharing this with trust patient experience teams directly so they can respond to this feedback.

The Government 10-Year Health Plan has made a commitment to three main shifts in services. These include:

From analogue to digital, including a greater use of technology to help patients access and manage their own care as well as use technology in innovative ways to improve access. This may be through a range of telephone or video consultations which can support a wide range of disabilities using specialist software especially for individuals with a visual or hearing impairment.

Moving care from acute hospital to community settings. As we continue to develop our neighbourhood health service model there will be a shift of care delivery to local hubs which will bring together multiple specialist services closer to people's homes. This is supported by the findings of the report based on the experiences of disabled people accessing more local services such as primary care.

From treating illness to preventing illness by investing in primary and secondary prevention to manage chronic conditions early and avoid hospital admissions.

With these changes to the way in which services are delivered innovatively and closer to home, we hope to reduce the number of interactions people need to make with healthcare services. Where this is necessary, these changes should support people to use technology to access services in the best way they can and closer to home mitigating some of the travel and transport issues faced by our respondents at present.

Respondents also provided very rich insight into their experience of using non-emergency patient transport services. NHS Lancashire and South Cumbria ICB has established a collaborative approach to how this service is delivered across the north west in future. NHS England's 2021 report 'Improving non-emergency patient transport services' [1] has resulted in a number of changes and improvements to the national service specification. The ICB will work with its partner integrated care boards across Greater Manchester, Cheshire and Mersey, North East and North Cumbria and Derby and Derbyshire to share Healthwatch Lancashire's report with patient engagement leads. This will support a collaborative approach to patient engagement as we work with the service provider to implement improvements as an iterative process.



Disability, Transport and Accessibility

Are you a disabled person living in Lancashire?

We need your views on transport accessibility, including repairs to wheelchairs, community and hospital transport, and any barriers you may face when accessing health services.



Scan the QR code to take part OR contact us below



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