



Transport to healthcare

Project report

March 2026

Contents

About us	2
Introduction	4
Key points	5
Background research	6
Methodology	8
Case studies	11
Summary of findings	24
A590 focus	26
Survey results	29
Conclusion	37
Recommendations	38

Engagement Officer
Leila on Walney Beach



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- [HWW&F volunteers Rosemary, Charles and Eddy](#)
- [PEAT - Peninsula Environmental Action Together](#)
- [Blueworks Bus](#) • [Western Dales Bus](#) • [Fellrunner Bus](#)
- [SITU - Sustainable and Integrated Transport for Ullswater and the Ullswater Hopper](#)
- [The Chat Room, Alston](#) • [ACTion with Communities in Cumbria](#)
- Westmorland and Furness councillors and portfolio-holders for early interest and information
- Joint council [Enhanced Partnership Forum on public transport](#)

About us

Healthwatch Westmorland and Furness (HWW&F) is the local health and social care champion for the unitary authority of Westmorland and Furness.

Healthwatch works to reduce inequalities and barriers to services by seeking out the experiences of all communities, including those often referred to as 'under-represented'. We share intelligence gathered to drive improvements.

Independent of all services, local Healthwatch are in place across England to engage with local people, communities and neighbourhoods, listening to their feelings, wishes and experiences of using health and social care services.

Defined by the Health and Care Act 2012, our statutory role is to:

1

Gather the views of people about their needs and experiences of local health and social care services. Local Healthwatch makes these views known to those involved in the commissioning and scrutiny of those services.

2

Develop reports and make recommendations to decision-makers based on what patients and care customers have told us.



HWW&F volunteer Charles at an event in Sedbergh

3

Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.

4

Provide information and advice to the public about accessing health and social care services and options available to them.

To fulfil our statutory functions, Healthwatch undertake a range of engagements from 'pop-ups' in villages and towns, attending existing support groups and networks, holding focus groups, carrying out surveys and collecting case studies, and visiting services to see them in action (this is called Enter and View).

By law, there must be a Healthwatch in every local authority, and local Healthwatch are commissioned by those authorities. Healthwatch England (HWE) acts as the national consumer champion for all local Healthwatch organisations, enabling and supporting them to bring important issues to decision-makers attention nationally.

We do this by:

A) Taking people's views and experiences to Healthwatch England who will help us carry out our role as national champions.

B) Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to carry out special reviews or investigations into areas of concern.



Introduction

Healthwatch Westmorland and Furness (HWW&F) launched this transport project following feedback received during engagement, from other projects – such as 2023's [Disability Voices](#) – and communicated to us by phone and email.

Westmorland and Furness is a large, predominantly rural area with a dispersed population and limited transport infrastructure. Many communities are located significant distances from hospitals, GP surgeries, and specialist clinics. Public transport services are often infrequent, involve long journey times and require multiple changeovers, leaving many residents with few practical options other than private vehicles or costly alternatives such as taxis.

These challenges have a direct impact on healthcare access. People report missing, delaying or cancelling appointments due to public transport difficulties. For some, particularly older adults, people with disabilities and those on low incomes, the lack of reliable and affordable transport options contributes to health inequalities and social isolation.

Project aims

This project aimed to understand how patients across Westmorland and Furness use public transport to attend the full range of health appointments in primary, secondary and follow-on care (such as GP and dentists, local and regional hospitals, and physio), building on consistent feedback and insights from previous projects.



Key points

From August to December 2025, **540 people** shared their transport to healthcare experiences through our online survey or by completing a case study with us.

61% of respondents said that they rely on public transport to attend health appointments...

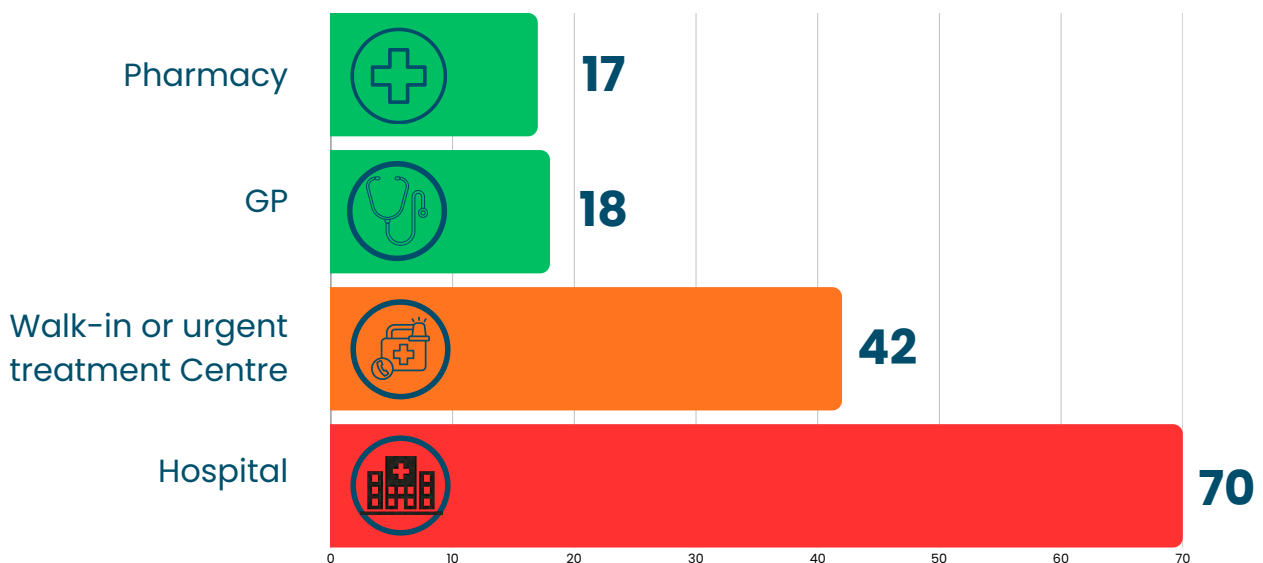
40.1%

... said that they have cancelled healthcare appointments due to being unable to get there

£2,300+

Estimated cost to the NHS of missed appointments from project sample alone

520 survey responses told us about average journey times to:



*Average Journey Times in Minutes

Background to project

Transport issues and how they affect people's ability to get to and from medical appointments are frequently brought up in the feedback gathered from HWW&F contact with patients and public.

Healthwatch Cumbria's 2023 [Disability Voices](#) project highlighted how poor access to healthcare and limited opportunities for social interaction reduce quality of life for disabled people. Many linked loneliness directly to barriers in public transport, noting that physical obstacles prevent them from carrying out daily activities.

Recommendations from the project included a gap analysis of local transport, extended timetables, free all-hours travel passes, and full wheelchair accessibility. Although progress has been made in many areas since then, some have not been implemented, and barriers to healthcare access remain.



Senior Engagement Officer Lisa with the Blueworks Bus in Ulverston

Not just physical barriers

Recent national research supports this. The National Centre for Accessible Transport (NCAT) 2024 report, [Understanding and Identifying Barriers to Accessing Transport](#), found that more than 90% of disabled people experience at least one barrier when travelling.

These include difficulties with planning and booking, reaching stops, boarding, and managing complex journeys. Participants frequently described services as “unreliable, stressful and often inaccessible”, and most did not expect accessibility to improve significantly.

Physical issues such as broken lifts, uneven pavements and the absence of ramps are only part of the problem. Many face informational barriers, including inaccessible travel information, unclear eligibility for support and poor communication about service changes. Attitude barriers – such as a lack of understanding from staff – also make journeys uncomfortable or unsafe.

Nationally, inaccessible transport limits people's ability to attend healthcare appointments, work, study and socialise.

This increases social isolation, reduces independence and worsens physical and mental health. Rural areas face particular challenges due to long distances, infrequent services and limited alternatives.

NCAT recommends: fully integrating accessibility and inclusion into transport planning; co-producing solutions with disabled people; improving real-time travel information; strengthening staff training and ensuring accountability for accessibility standards. These issues strongly mirror experiences in Westmorland and Furness.

Geography, community and equity

Local residents consistently report lengthy, complex trips to healthcare. For people in rural and remote areas such as Alston, Broughton and parts of South Lakeland, hospital journeys often involve multiple changes, infrequent timetables and high costs. For example, travel from Alston to Furness General Hospital is nearly 90 miles and can take more than three hours each way by public transport. Older adults, disabled people and those on low incomes are particularly affected, often resulting in missed or delayed appointments and increased anxiety about travelling.

A recent study exploring barriers to outpatient attendance among groups at risk of inequity found that communication problems, system errors, transport, and appointment processes – as well as personal factors – all contributed to missed appointments. Many participants were unaware they had even missed appointments, underscoring the need for more tailored service design rather than a “one size fits all” approach ([Sung et al., 2024](#)).

Understanding and addressing these lived experiences is essential to improving equitable access to health and care across Westmorland and Furness. This project sought to amplify local voices, provide area-specific evidence and support decision-makers to take action on improving accessible transport options in the context of healthcare and medical appointments.

Methodology

This project was undertaken by Healthwatch Westmorland and Furness (HWW&F) from August 2025 to December 2025 to explore people's experiences of public transport. The work aimed to identify barriers, challenges, and good practice relating to transport options for reaching health and social care services across the area.

The findings are based on a combination of quantitative and qualitative data gathered through an online survey and a series of in-depth case studies. This mixed-method approach enabled us to capture both broad trends and detailed personal experiences, providing a rounded picture of local transport challenges in Westmorland and Furness.

Data collection

Online survey

Format and distribution: Created in SmartSurvey, it was hosted on the Healthwatch Westmorland and Furness website and promoted through our social media, newsletters and on public notice boards (including on some buses).

Participants: Residents of Westmorland and Furness who had recently travelled or attempted to travel to healthcare appointments, including GP, hospital, and specialist services.

Question themes included:

- Demographic information (age, postcode area, health conditions, mobility status)
- Types of healthcare appointments attended
- Modes of transport used and reasons for choice
- Journey length, cost, reliability, and accessibility
- Barriers and challenges to making journeys
- Overall satisfaction with transport options and ideas for improvement

Accessibility: While the primary format was online, paper copies were made available for those without internet access when engagement officers were out in the community.

Case studies

Selection: Participants were drawn from survey respondents who gave consent to be contacted to complete a case study, as well as through contacts gathered from engagements.

Diversity of participant perspectives: Efforts were made to include individuals from a range of geographic locations, age groups, and mobility circumstances.

Method: Semi-structured interviews were conducted by Healthwatch staff by telephone. Participants discussed their healthcare journeys using transport options available and any barriers they faced.

Ethics and confidentiality: All participants gave informed consent, and the data was anonymised.

Data analysis

As this project adopted a mixed methods approach, the data analysis was completed in two steps.

- Firstly, the online survey response data was analysed using descriptive statistics. This means that percentages and tables developed from the survey data was used to identify trends.
- Secondly, thematic analysis of case studies was conducted to identify common themes in experiences shared with us.



HWW&F out with the HARRI Bus at an event in Beetham



Transport project engagement map

Map courtesy of Westmorland and Furness Council

Case studies

Personal experiences of travelling to medical appointments



Case study:

Rural transport barriers and access to eye clinic appointments

This individual lives in Alston, a remote rural area. They previously drove but gave up their car in April due to cost and infrequent use.

“For the odd hospital appointment it really wasn’t viable to keep a car. It was old anyway, so I decided to give it up. But when I say I don’t rely on public transport, it was probably better to say I can’t rely on public transport. Therefore, I have to get lifts from friends and my children. I’m rather independent, in as much as I hate asking for favours, and you never know how long you’re going to be stuck at a hospital.”

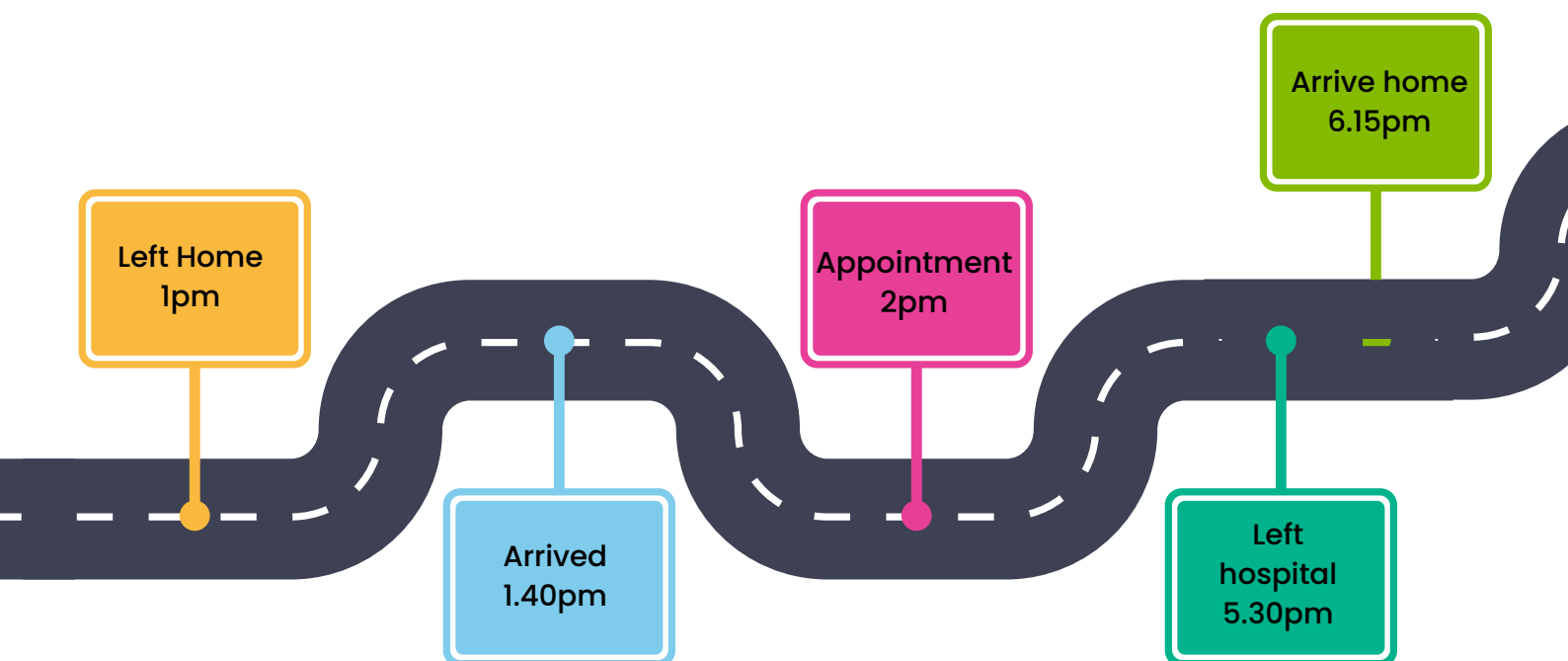
Destination: Cumberland Infirmary, Carlisle

Appointment type: Eye clinic – field of vision test (and other eye tests)

Transport: Lift from a friend

Journey duration: 45 minutes each way

“I couldn’t have driven myself because they told me not to drive. They put drops in my eyes. My friend read a book from cover to cover while waiting for me.”





Engagement Officer
Leila with SITU's
Ullswater Hopper

Appointment experience

While attending, they briefly left the waiting area to use the toilet and missed their name being called out.

"I said to the receptionist, I'm just gonna nip out to the loo... but they called me in and I wasn't there. I had to wait another hour."

They noted that eye clinic visits are lengthy and involve several stages:

"They'll do an eye test, they'll do a scan, they do all different things and you have to go and see a different person for each one."

Travel challenges

The respondent was originally scheduled to attend Whitehaven Hospital (63 miles away) at 9.30am.

"I just refused to go. I said, I'm sorry, I can't get there. That's all there is to it."

They later received a call offering a new appointment in Carlisle, which was manageable.

If they had gone to Whitehaven, the journey would have taken around 1 hour and 45 minutes each way from Alston.

"If it had been a winter appointment, I might have even had to cancel because of going over Hartside Pass, which is often closed in winter. The thing is with Alston, you don't have alternative routes. You've just got to put yourself at risk."

"Public transport is to the west non-existent. We don't have a bus to Penrith, only between the end of July and the end of September, then they put a bus on in the summer four days a week."



The bus stop at Alston

Hospital choice and road access

“From the point of view of being less likely to be affected by weather, Carlisle’s the best because the A-roads from Alston to Carlisle are all-weather roads. That doesn’t make it good, but it makes it possible.”

They explained that the trip to Carlisle takes about 45 minutes, compared with an hour to Penrith, and much longer to Whitehaven.

“I accepted this when I moved up here: that I wasn’t going to just go down the road to a hospital, but transport was better then. Now it has got worse. That is the biggest thing: public transport.”

Key issues highlighted

- Appointment locations and times do not consider patient distance or travel challenges.
- Public transport access in rural areas such as Alston is extremely limited or seasonal.
- Weather and road closures (e.g. Hartside Pass) can make hospital travel unsafe.
- Patients without cars must rely on friends or family for lifts, reducing independence.
- The Cumberland Infirmary in Carlisle is the most accessible option, but still requires long, costly journeys.

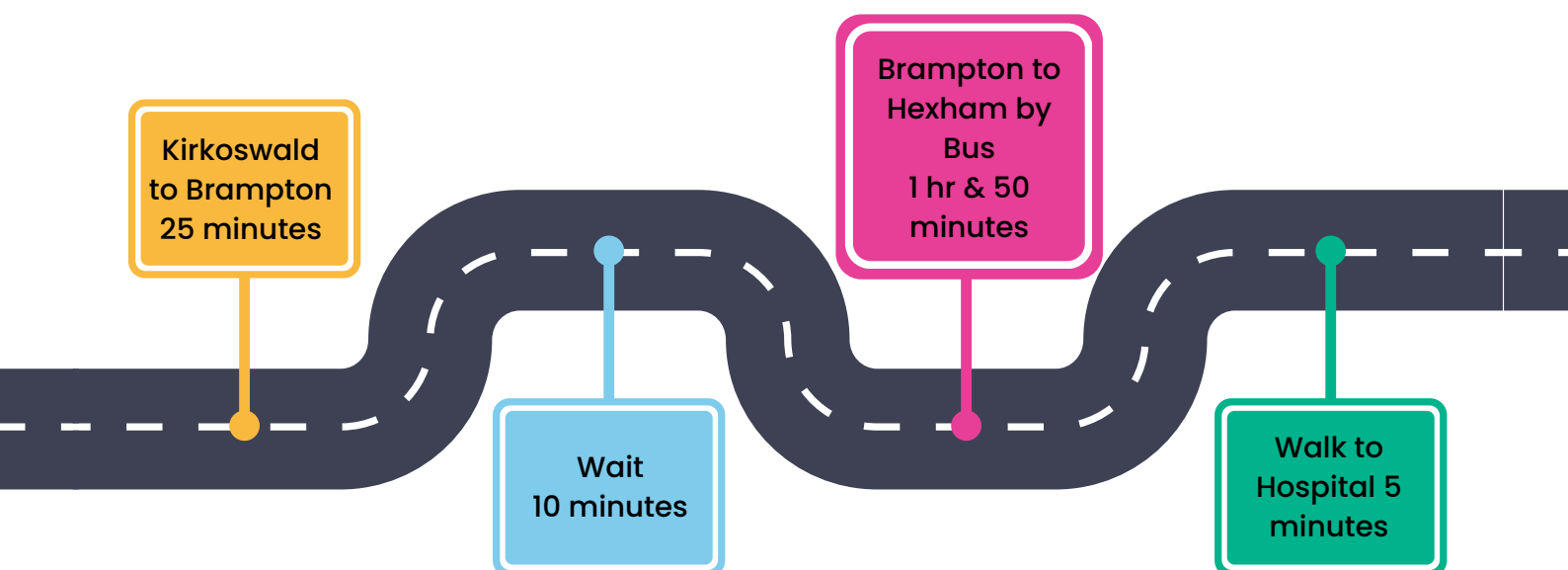
Case study:

Preference of hospitals due to transport

This individual from Kirkoswald, in the Eden Valley, told us about their experiences with travelling to Hexham General Hospital for cancer care.

"I regularly travel to Hexham. It all came about because I was diagnosed with prostate cancer after some investigations at Hexham. As I was diagnosed there, I stuck with it and continue to attend for treatment. I had no signs or symptoms, the cancer was found on examination.

"I live in Kirkoswald with my wife. At the time of diagnosis, she took me by car across to Hexham for treatment when I was unable to drive for medical reasons. However, soon we found out that there was a Hexham bus every half hour from Brampton. And with our bus pass this is free."



"My journey is a 25-minute drive from home in Kirkoswald to Brampton, then a 10 minute wait to ensure we're in time for the bus. The bus from Brampton to Hexham bus station takes 1 hour 50 minutes. Then a five-minute walk across the road to the Hexham hospital entrance. It is very convenient. There is no parking to contend with and sometimes we make a day out of it!"

"We never have to rush, and we enjoy the bus journey. I make the journey semi regularly – say three times yearly."

"I feel well cared for at Hexham and I am lucky that I can go there because the journey for me, via car and public transport would be remarkably similar to Carlisle for treatment."



Although Carlisle is geographically closer, I would rely on the car then two different buses.

“I’ve never really had any issues on the journey. I’ve never missed an appointment and the bus has never been cancelled.”

“It is convenient as we both know the route well and we can rely on the timings. You never feel like you wouldn’t get back from a clinic appointment as they run buses back from Hexham until well after 6pm on that route. While we do drive, it works well.

“If we did not drive we would have to get a neighbour to drive us to Plumpton, get a bus from Plumpton to Carlisle and the Newcastle bus across to Hexham. It would be an altogether different and much longer journey.”

“For preference, we travel after 9.30am. So far all my appointments have been after that time in the morning so I can use my bus pass for the bus section of the journey, making it very affordable.”

“My only wish is that there were a shuttle from Kirkoswald to the A6. That would make things simpler and mean we could travel totally by bus.”



“In addition I have heard of the community car scheme, a friend used it. But there seemed a number of problems with it – late pick ups, no pick ups etc meaning that sometimes he didn’t get a good reception once he got to his appointment. However we know that it’s all down to volunteers and it is a good service to have if you have no other way to travel.”

Key issues highlighted

- Accessibility of public transport
- Barriers to transport for Carlisle from Kirkoswald making Hexham a more desirable journey for healthcare
- Issues with voluntary car scheme

Case study:

Long-distance referral and early appointment times are barriers to care

Background

"I was referred to a spinal clinic by my doctors after having issues with my back. This was to be at my local health centre, or so I thought."

This was expected to be a one-off consultation.

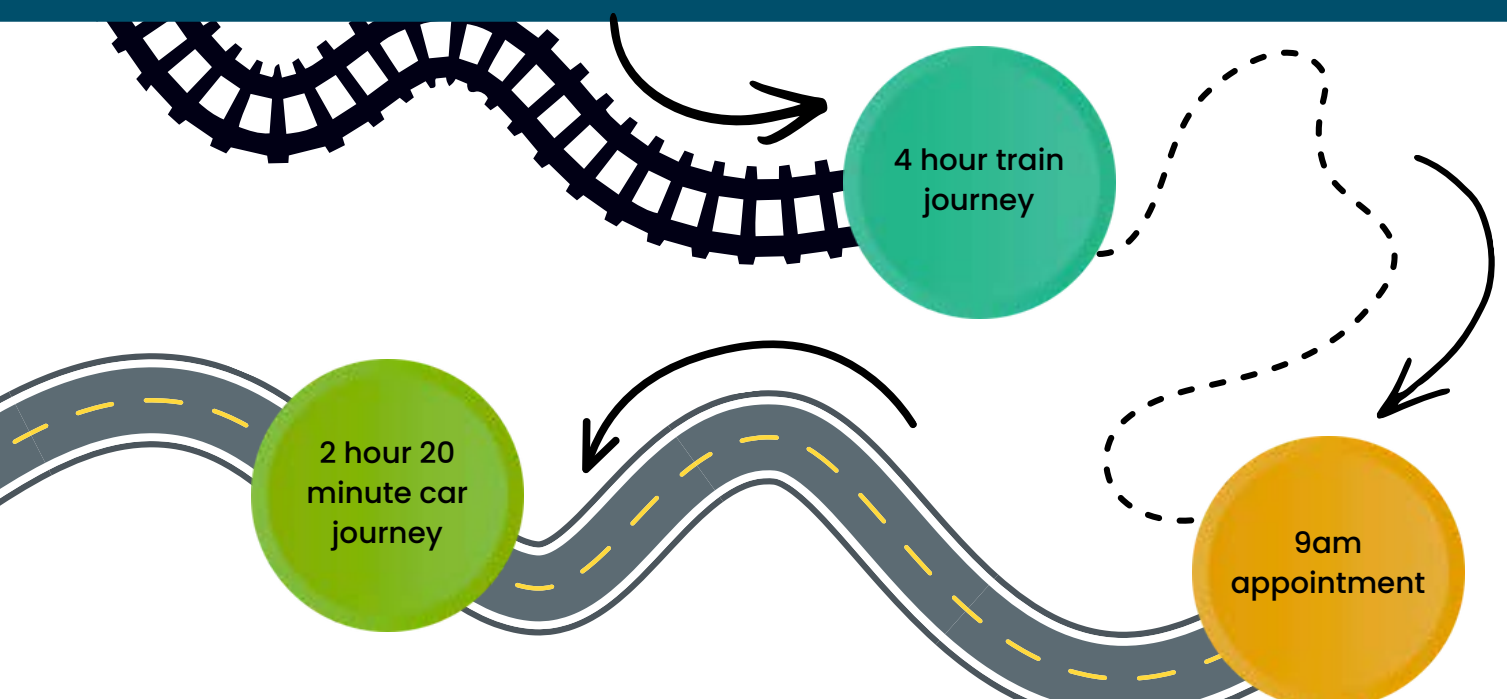
Appointment details and travel requirements

"I received my appointment within a few weeks, and the appointment was for a few weeks further ahead."

However, the appointment location and timing created significant travel barriers:

"This was more than four hours away by train. The appointment time was for 9am – much too early for me to be able to get there by public transport."

"Travelling by train would have taken four hours and 25 minutes whereas travelling by road and car would have taken 2 hours and 20 minutes. This is such a big difference, however travelling by car wasn't an option."



Public transport complexity

“The journey would have included starting on a bus and going to my local rail station, then the train to Bolton, changing for another train to Huddersfield, followed by a further bus to the hospital.”

“This would have taken more than four hours which meant I would have really needed to have stayed the night before in a hotel to have arrived for 9am the next morning. A very expensive option and completely unaffordable.”

Attempt to resolve the issue

“So, I phoned the appointment line for the referral and explained my situation. The only other clinic available in the north west of England was at Blackpool. This too was far away, but using public transport would only take three hours this time compared to more than four.”

“My Huddersfield appointment was cancelled and I was referred to Blackpool.”

Impact

“Living in Westmorland and Furness, we are very isolated for lots of different health appointments. This places an added barrier to accessing good quality care and highlights health inequalities in service delivery. Now I must wait for another appointment putting my treatment off even further.”

Key issues highlighted

- Long-distance referrals for specialist clinics place significant strain on patients in Westmorland and Furness. Complex multi-leg journeys make attendance unrealistic without overnight accommodation.
- Early appointment times do not account for public transport travel times. Cost of travel and accommodation is unaffordable for many patients.
- Delays to treatment occur when appointments must be cancelled and rebooked.

Case study:

Lack of accessible and affordable transport for a wheelchair user

The respondent lives six miles from Penrith and relies on wheelchair-accessible transport.

“I’d like to tell you about transport in general to health and social care appointments.”

Transport availability and cost

“Up until two months ago there was no taxi transport that was accessible to a wheelchair user like me. I had no way to get anywhere.”

When an accessible taxi service became available, the cost created a new barrier:

“I thought it was criminal when I heard that they were charging double the rates that they would charge an able-bodied person to get the same distance in their taxi.”

“If I were to attend an appointment, to guarantee that they would do the return journey they required me to pay a waiting time. Shocked.”



NHS transport

“I am a wheelchair user and I need transport that will take me door to door. I am eligible for hospital transport, which so far has been arranged by the hospital but this doesn’t get around the problem of getting to the GP surgery.”

Impact on access to health and social care

“I am very much stuck when it comes to health and social care.”

The respondent has limited alternatives:

“I have an agreement that the GP will do a home visit if I need one, and the district nurses pop in now and again.”

However, other essential care remains inaccessible:

“As for a dentist, I can’t get to one, and I pulled three teeth out myself as a consequence during COVID.”

Health history and current situation

“Recently I spent six months in hospital, then 11 months recovering in a care facility, and I have been back at home for the past six months. I now have full time care.”

Despite this, transport remains a major barrier:

“I live six miles from Penrith and the transport options I have [taxi] are unaffordable. And more than that – I don’t feel like I am being treated equally to other people if I am asked to pay double fares.”



Key issue highlighted

- Lack of wheelchair-accessible taxis in rural areas.
- Higher fares for disabled passengers, creating inequality.
- Unaffordable transport costs, even for short distances.
- Limited access to primary care, dentistry, and routine health services.
- Reliance on home visits due to inability to travel.

Case study:

Cancer treatment, transport barriers and empathy of journey requirements

Background

"I have had quite a few appointments in Carlisle and also Whitehaven. My husband has had to go to Hexham.

"If I have - what I call - an ordinary clinic appointment in Carlisle, I travel from home in Kirkby Stephen. I walk 30 minutes up hill to the train station. I catch a train to Carlisle which takes an hour and then I walk to the market and get a bus to the hospital. All in all, my journey takes about two hours door to door."

Cancer treatment and transport barriers

"Problems occur when you have an appointment or an admission where you are not allowed to use public transport."

"For example, I had to have six weeks of chemotherapy in Carlisle for cancer. I resorted to hospital transport as they said I wasn't allowed to use public transport due to being immunosuppressed. Every time a taxi came to collect me, it came all the way from Preston to Kirkby Stephen to take me to Carlisle. This seemed ridiculous. It also often arrived very early. For example, once it arrived at 7am for my appointment at 10.30am. This made me very anxious.

"On returning home from the chemotherapy appointments all but one time, I had to wait more than two hours in the hospital for the transport to arrive to return me home. Twice I was returned home by ambulance with stops to drop other passengers/patients off in Penrith, which made it a very long journey.

"When I consider if it's [public transport] convenient way to travel, I think you just put up with it. It is affordable. The train from Kirkby Stephen to Carlisle is approximately £10 return.

“A problem I have is if I need to try and travel to Whitehaven, which I have had to in the past. **I just can’t get there on public transport.** I used volunteer transport via the local community car scheme. There not being enough drivers for the scheme, although I think they prioritise you if you say you are going to an operation. It’s costly at 45p per mile. I wouldn’t choose Whitehaven by choice; it’s a nice hospital but’s too far. But if you get an appointment there, you’ve just got to go.”

“My husband has had some difficulties with transport. He had some appointments in Hexham. At first, he went by special dispensation via the community car scheme. However, a special arrangement had to be made because the community car scheme is not supposed to drive you out of the county, even for health reasons.

“Next, the problem came when he was asked to get to the Hexham hospital for 7am for a procedure.”



“He had to cancel as there was no way of getting there for 7am in the morning.”

Therefore, he didn’t have this procedure done.



“I have a good idea about breast screening. All women of a certain age are sent for breast screening during the same time period of a week. What if there was a way to know that your friends and neighbours had also been called so that you could all get together and carpool. It seems ridiculous all those individual cars going to Carlisle for the same service. I know some people don’t attend because of the distance.”





“Why can’t they make it better still and send the screening van to the town for a week and get everyone done together?”



Empathy of journey requirements

“My final point is that I would love it if the people making the appointments on the phone had a bit more empathy towards a patient’s travel needs and difficulties, and an appreciation of the lengths people go to to get to appointments. For example I was called for an 8am Sunday scan. I told them there was no way I could get to Carlisle for that time as the first train was 11am on a Sunday, and they were less than sympathetic.”

Key issues highlighted

- Long journey times
- Public transport location limitations
- Transport provision for those immunocompromised
- Community car scheme limitations

Summary of findings from project case studies

Limited rural transport

- Very few bus services in rural areas
- Some routes run once a week, seasonally, or have been cut entirely
- Bus timetables do not match hospital appointments or visiting hours
- Many areas are effectively car-dependent

Appointment times do not reflect travel distance

- Early appointments (8am–9am) often impossible by public transport
- Travel time and journey complexity not considered when booking
- Missed appointments and delayed treatment result

Reliance on cars, family and friends

- Driving is often the only realistic option
- People without cars rely on friends and family, and volunteers
- Many report loss of independence and discomfort asking for help

Volunteer transport pressures

- Volunteer driver numbers are declining
- Long journeys (e.g. Whitehaven, Newcastle) require full-day commitment
- Community car schemes work for short trips, not long hospital journeys
- Anxiety about future availability

Cost as a barrier

- Taxi journeys costing £200–£300 return
- Overnight stays sometimes required
- Costs lead to cancelled or delayed appointments

NHS Patient Transport

Vital for older, disabled and cancer patients

Issues include:

- Long phone waits
- Early pick-ups (2–3 hours before appointments)
- Long waits for return journeys

The NHS Patient Transport System lacks flexibility for:

- Short appointments
- Guide dogs
- Unexpected delays

Accessibility and equality concerns

- Limited wheelchair-accessible taxis
- Some disabled people charged higher fares
- Inappropriate vehicles for guide dogs
- Difficulty accessing GPs, dentists and routine care
- Disabled people feel treated unequally

Weather and road safety

- Winter weather and road closures limit travel
- Some areas have no alternative routes
- Access to care depends on conditions, not need

Emotional impact

- Travel causes stress, anxiety and exhaustion
- Long waits without food, toilets or safe spaces
- Vulnerability when stranded in unfamiliar places
- Added strain for carers and families

From those we have engaged with, it is clear that residents in Westmorland and Furness want:

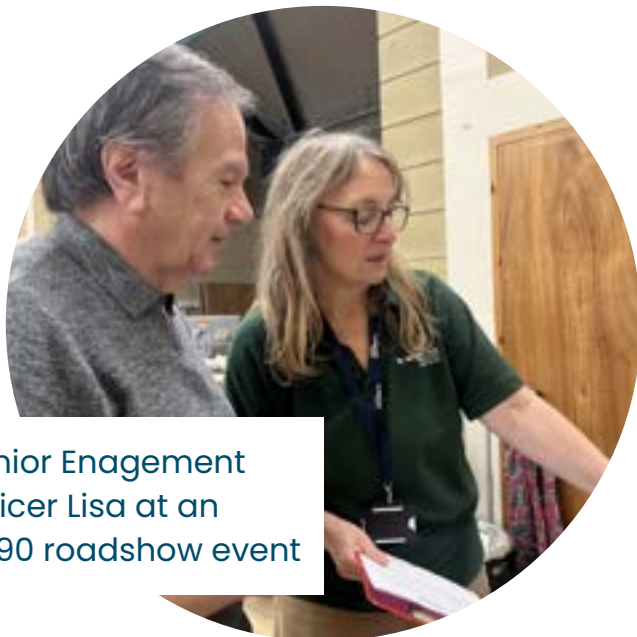
- Greater flexibility and empathy in appointment booking
- Travel distance and transport options considered
- Better coordination between health services and transport
- Fair, accessible rural transport solutions

A590 focused engagement

The A590 is the only major route to reach Barrow-in-Furness, Furness General Hospital and parts of the the South Lakes area from the M6. Many towns such as Ulverston and Dalton-in-Furness are reached using the A590.

There is no time-efficient alternative to using the A590 other than relying on the train line which is only a viable option for reaching major towns such as Barrow-In-Furness.

In October 2025 we pivoted our transport project engagement to focus on the A590 in South Cumbria. This was in response to public engagement by Lancashire and South Cumbria Integrated Care Board (LSC ICB) on the future of Level 3 Intensive Care at Furness General Hospital.



Senior Engagement Officer Lisa at an A590 roadshow event

We recognised that the proposed changes would, understandably, receive a strong response from the Barrow-in-Furness community.

We knew this because of feedback received previously, and through projects such as Enter and Views at South Lakes Birth Centre (SLBC) at Furness General Hospital, and Helme Chase Maternity Unit at Westmorland General Hospital for the Bay-wide Maternity and Neonatal Voice Partnership (MNVP).

We also facilitated and supported the ICB's eight-week public engagement drop-ins in Barrow and across Furness.

Patients requiring Level 3 critical care (the most intensive form of life support) are transferred to Royal Lancaster Infirmary (RLI) once they have been stabilised at Furness General Hospital. Patients needing Levels 1 and 2 critical care continue to receive treatment in Barrow-in-Furness.

The transfer of Level 3 patients from FGU was introduced following an independent clinical review, which recommended permanent suspension based on patient safety considerations. The review highlighted concerns that with very few patients requiring extended Level 3 care, clinical teams were unable to maintain the necessary skills and competencies to provide safe treatment.

We pivoted our engagement activity to hear about people’s experience of travelling along the A590 to a medical appointment. We were particularly interested in hearing about travel to the Royal Lancaster Infirmary, Preston Royal Hospital and Westmorland General in Kendal.

We held roadshow events at Rampside Hall Village Hall, Ulverston Health Centre, Dalton Medical Practice, Barrow Citizens Advice, Haverthwaite Sports and Community Centre, and Park View Surgery in Milnthorpe, Alfred Barrow Health Centre in Barrow, and Furness General Hospital in October and November.

What did residents of Westmorland and Furness say about their experiences using the A590?

“If there is an accident, there is no easy work round. I give myself an extra hour for journeys sometimes. Particularly on a Friday.”

“Pinch points are Newby Bridge Garage and the traffic lights in Ulverston. If the road is blocked, the official way is to go through Bowness and Windermere and Kendal onwards, but the locals go sometimes via Grange.”

“I travel to [medical appointments] even locally by car, because the roads are really narrow and there no pavements. I also go to Liverpool. We are moving to Ulverston to futureproof ourselves.”

“I wouldn't be confident going along the A590 road as I'm not a confident driver. I'd have to have somebody to accompany me. If I didn't, I'd cancel or ask my appointment to be made more locally. I've never used public transport, I would not think about this as an option.”



"I wouldn't like to be travelling along [the A590] when I'm concerned about a loved one.

"There's often a pinch point at Ulverston, there always seems to be some type of roadworks whether it's at Newlands, within the town or on the way to town.

"Traffic delays and long holdups just seem to be happening more and more regularly. We also think that the road isn't adequate anymore especially with more people travelling through the area."



"I think the A590 will be a concern for me as I get older. I don't like driving at night and wouldn't like to drive along this road then, I also think it's a worry in summer with seasonal tourism, the road is much busier with Lake District travellers."

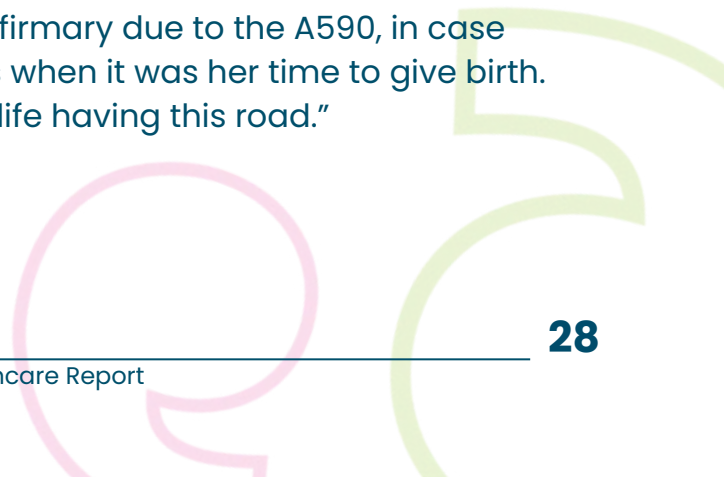


"There was a serious accident last time we travelled by the A590 but the accident didn't delay us as it was on the other side of the road. It did delay the other carriageway. If we are given the option to go to Furness General Hospital, we no longer go by bus, instead we go by train. It's an easier journey and gives us the option to go shopping while there."

"What happens if you have a crash? We have heavy industry, what happens if you have an aortic aneurysm – you'd be dead."

A woman who lives in Grange told us their concerns about the A590 and issues with Furness General Hospital. Living in Grange she is aware that she – or her family – could be transferred to either Westmorland General Hospital or Furness General Hospital.

She chose to give birth at Royal Lancaster Infirmary due to the A590, in case there were delays, accidents or other events when it was her time to give birth. She said: "Living in Grange, it is just a fact of life having this road."



Survey results

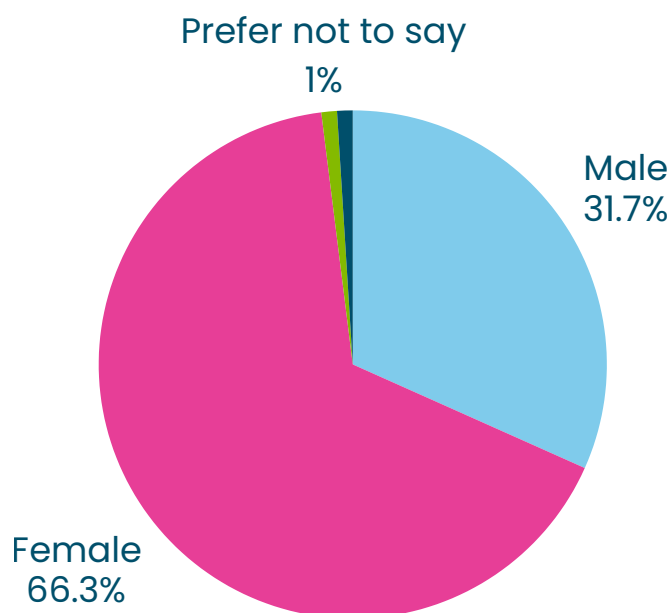
The online survey was live from August to November 2025 and gathered **520 responses** from residents of Westmorland and Furness. The survey explored how people use public transport for attending healthcare appointments and any barriers they face on their journeys. In comparison to our case studies, this survey data highlighted recurring themes, and common issues faced. This data also provides some insight into the accessibility of varying healthcare services and the geographical differences.

Demographics

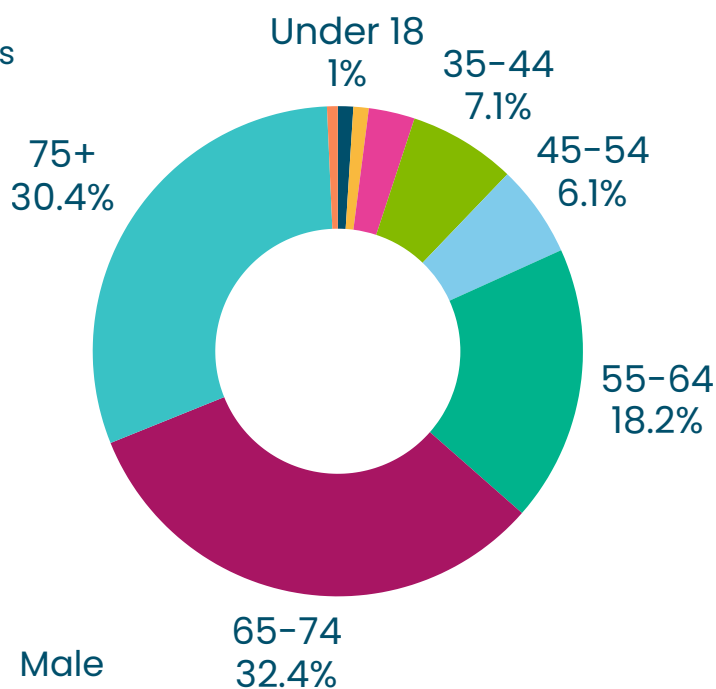
Who we heard from:

- Older people
- People with disabilities
- People with long-term conditions
- Carers
- Residents in rural areas

Gender of respondents



Age of respondents



Summary of findings by theme

1) Transport dependency

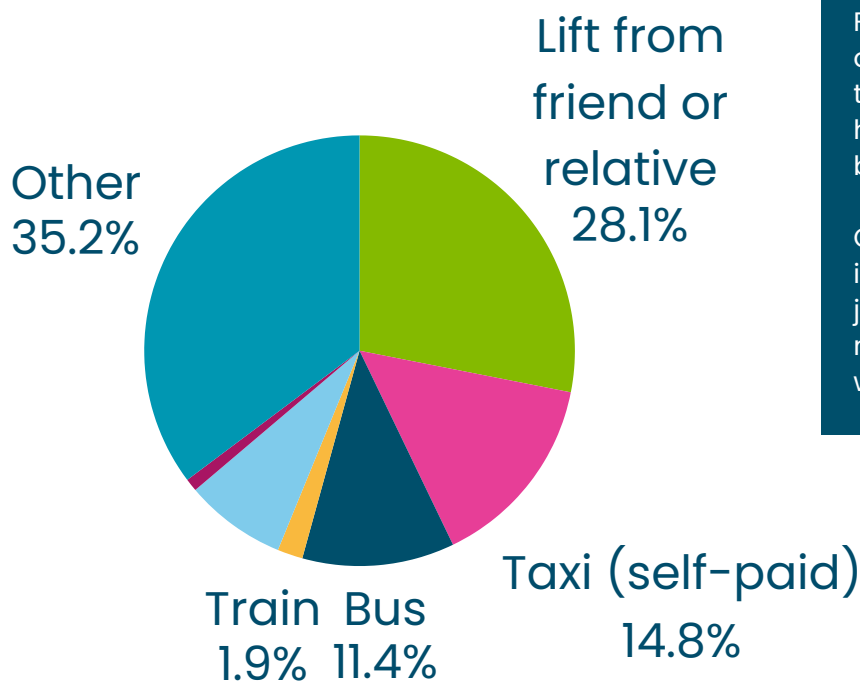
Is there a reliance on public or patient transport to get to health appointments?

61% of those who responded to our survey, rely on public or patient transport to attend appointments.

To understand the impact of transport in Westmorland and Furness, we wanted to find out how people get to medical services.

Responses within 'Other' do not contain those with their own vehicles. Earlier in the survey, we filtered the questions shown to those with their own transport options. Other contains responses such as 'Walking', 'Cycling' etc.

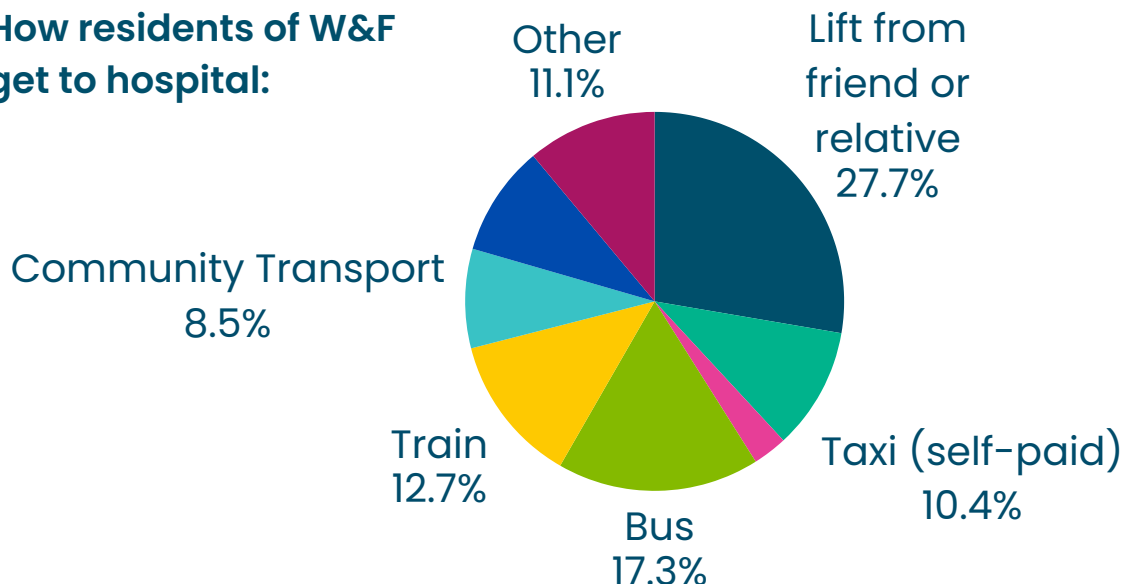
How residents of Westmorland and Furness (W&F) get to their GP:



The majority of responses stated that residents of Westmorland and Furness rely on others for transport to their GP and to hospital on a regular basis.

Our case studies go in depth into the journeys that people make and reasons why this is.

How residents of W&F get to hospital:



How residents of W&F get to their pharmacy:

A large majority of respondents stated within 'other' that they receive prescriptions through the mail or that their pharmacy is within walking distance.

- Other **48.3%**
- Lift from friend or relative **21.9%**
- Bus 11.9%
- Community Transport 7.9%
- Taxi (self-paid) 7.9%
- Train 2%

How residents of W&F get to walk-in and urgent care centres:

Our findings show that for accessing walk-in and urgent care centres, there is a strong reliance on lifts from friends/family. These services are used in urgent instances and when doctors appointments are unavailable. These services are a necessity and when those who help are busy with their own work and home commitments, it causes significant distress to someone who is unwell.

- Lift from friend or relative **38.9%**
- Other **19.8%**
- Bus **12.7%**
- Taxi **9.5%**
- NHS Patient Transport **8.7%**
- Train **4.8%**
- Community Transport **4.8%**
- Taxi (subsidised/NHS paid) **0.8%**

2) Time implications when using public transport for healthcare

We asked how the time of day affects access to services:

68.7% stated the time of day impacts their travel plans. For instance, not accepting early morning appointments.

We also asked about journey times to various medical services:

In our survey, we asked about the usual journey times to the following healthcare services. It should be noted that this data could represent walking time, a car journey or time spent on public transport. The following table gives a snapshot of what typical travelling times are for healthcare in Westmorland and Furness.

Service	Average journey time (hours & minutes)	Standard deviation	Minimum journey time (hours & minutes)	Maximum journey time (hours & minutes)
GP	18	14	2	2 Hrs
Hospital	1 Hr 10 Min	49	1	7 Hours
Pharmacy	17	12	1	1 Hour 20 Min
Walk in or Urgent Care Centre	42	25	5	2 Hours

These journey times also include responses from those who have to travel further than their nearest hospital in order to receive specialist treatments. These remain important to include as due to the geography of Westmorland and Furness, in addition to public transport limitations, some journeys are extremely long.

3) Barriers to accessing healthcare: Transport availability and financial impact

Have residents of Westmorland and Furness cancelled appointments due to transport?

● Yes ● No



Cost to the NHS

Data published by NHS Digital in January 2026 paints a bigger picture of the cost of missed appointments in December 2025. Approximately 42,000 appointments were missed in Lancashire and South Cumbria costing the NHS £1,554,000 based on an average cost of appointments. Around 7,260 appointments were missed in North Cumbria*, at an estimated cost to the NHS of £269,000, based on average appointment costs.



Using these figures, the estimate of missed appointments from our dataset would cost the NHS more than £2,300 from the 63 responses stating they have cancelled appointments due to being unable to get there.

* Figures not available for Eden solely.

** Sources: [Patient Claim Line](#); [NHS England](#); Practice-level reporting.

*** Sources: [Esendex](#); [Deep Medical](#).

Implementing the recommendations in this report will significantly reduce the estimated £1.5 million annual cost of missed appointments in Lancashire and South Cumbria, while improving patient outcomes and reducing health inequalities.

Demographics specific to this question:

Some respondents skipped questions therefore, to be representative, this demographic information is being reported for the 40.1% of respondents (63 responses) who answered yes to cancelling appointments.

68.3% were female, 31.7% were male with 69.8% being age 55+.

Do respondents have a car and driving license?

From these responses, 33.3% said they do have access to a car with a driving licence, however they still use public transport (for health reasons, simply for preference).

66.67% said no they do not have access to their own means of transport. This is important to report as, despite around one third of responses stating they have other means of transport, there are evidently other reasons to require public transport to get to health appointments. As discussed in case studies, journey time and driving confidence are barriers.

Do residents of Westmorland and Furness claim financial help for transport to healthcare appointments?

Only **4.6%** of respondents said they claim financial help.

95.4% stated they do not claim any financial help. As we kept this question open with space to explain why, we know it is not that it isn't needed.

"I don't think I'm eligible and haven't heard of this"

"Presumed it was only for those who receive benefits or would be too much effort and paperwork"



Does paying for transport cause financial hardship?

16% said yes. Despite this low figure, it demonstrates a barrier to accessing healthcare services for some residents of Westmorland and Furness.

"I'm not poor enough, even though I have no way of getting to, or back from, appointments and treatments."



Finally, why do some people not use public transport at all?

Using skip logic in our online survey to filter out certain questions, this allowed for responses to be collected for car users and those avoiding public transport.

Skip logic is a survey tool that allows researchers to filter out questions shown to the respondent depending on their responses.

This was included as, in addition to assessing the usage and opinions of public transport for healthcare, it is just as important to find out why it is avoided by those who have other means of getting around.

Lack of public transport availability

A consistent theme is the absence or minimal provision of public transport. Many respondents stated simply that there is “no public transport where I live” or asked rhetorically, “What public transport? There isn’t any.” Some villages have only one bus a day or none at all, leaving residents entirely dependent on private vehicles.

Infrequency, unreliability and poor alignment with medical appointments

Where services are running, they have been described as too infrequent, unreliable, or poorly timed to be used for healthcare appointments. Respondents stated buses “do not run on time and are often cancelled at the last minute” and timetables that “don’t match up with appointment times”. As one person noted, “It takes 30 minutes in the car or over two hours using the bus with a change”.

Car use as the only practical option

Responses described car use as the only realistic, efficient, and flexible option. Many explained that “by the time I drive to a bus stop, I might as well drive to where I am going”. Others highlighted convenience and control: “I can choose when to set off, arrive, and return. I don’t trust public transport.”

Barriers for older people, disabled people and carers

Public transport poses significant challenges for people with health conditions, disabilities, or caring responsibilities. Long walks to stops, lack of accessible infrastructure, and physical strain were frequently mentioned: “I cannot walk from the bus station to the hospital and back after my appointment,” and “My husband is disabled and it’s 20 minutes down rural roads to the bus stop with no pavements.” Respondents explained worries about toilets and personal safety discouraged use.

Cost and complexity of public transport


Public transport is often perceived as more expensive and more complex than driving. One respondent explained that combining bus and train travel fares to get to hospital could cost significantly more than driving. Another noted that taxis are “far too expensive”, but often the only option at the end of public transport routes.

Dependence on driving; anxiety about the future

Many respondents expressed concern about what will happen when they can no longer drive. As one older respondent put it, “I worry about when they won’t renew my licence again,” while another warned, “If our ability to drive reduces, we would be stuck”. This highlights a widespread sense of vulnerability and future transport insecurity.

Limits of patient and community transport

While voluntary and patient transport schemes are valued, they are described as restricted and difficult to access. Furthermore, respondents stated using these services often means long waits for short appointments.



Campaign group
PEAT's stand at an
event on the Cartmel
Peninsula

Conclusion

The National Centre for Accessible Transport (NCAT) report highlighted the need for a collaborative initiative that includes accessibility and inclusion in all stages of transport and service planning. They recommended: co-producing transport solutions with disabled people; improving real-time accessible travel information; strengthening staff training; establishing accountability for accessibility standards across all modes of transport.

Hearing from our communities

Our project responded to these by carrying out research across our geography, and sought out engagement with a variety of communities. We involved our volunteers and relevant grass roots organisations such as PEAT in planning the project and co-creating recommendations.

Through varied engagements including attending transport related events, pop-ups in healthcare settings and travelling on the community bus schemes, we created a project engagement model that was both inclusive and specific to the target demographic. Engagement officers took printed copies of our online survey to reduce the impact of digital exclusion, something our team is very aware of from other projects and campaigns.

The findings from NCAT align strongly with our own, as we consistently heard about barriers extending beyond physical requirements, including communication and awareness of what transport options are available, financial challenges, and long journey times.

Significant health inequalities were uncovered in our findings, with a disproportionate impact on older adults, those with disabilities or long-term conditions, low-income households, those in rural areas and those without support networks to rely on (family/friends). These findings directly support those by NCAT with consequences including delayed or missed treatment.

Previous research recommended a change in service design, pivoting from a 'one size fits all' approach to healthcare (Sung et al., 2024). Our 20 case studies gathered during this project are examples of how the current system of public transport, appointment scheduling and general healthcare access does not serve those it is made for, and individual circumstances are not accounted for.

Recommendations

1 Raise awareness of subsidised transport options, eligibility, and how to apply to them

Survey and case study feedback highlighted a gap in awareness for subsidised transport such as the Healthcare Travel Costs Scheme (HTCS). We recommend a campaign to communicate this to those who need it.

95% of respondents said they don't receive financial help for healthcare appointments however there were many responses telling us they "didn't know they could" or "didn't think they would qualify". Other issues persist, with the lack of transport options for those who are unwell but have their own means of transport which causes them to be ineligible for Patient Transport.

As this topic came up frequently - and while the project was running - we created a printed booklet and social media signposting campaign providing information such how to find out if you are eligible, and how to apply for financial support.



Patient Transport signposting leaflet developed by HWW&F



"I drive if I'm well enough. If I'm ill or injured, I don't go even if I should. I live alone, no friends with transport, minimal public transport, and can't afford taxis.

"There's no provision for people like me. I'm not poor enough to qualify for help but not rich enough to afford taxis."



2

Raise awareness among healthcare staff of the need to make accommodations for patients using public transport or travelling long distances

Through our case studies and survey feedback, we heard that patients have had a mixed response from healthcare staff when they explain the difficulty of getting to medical appointments when using public transport, particularly in rural areas, travelling long distances, or both.

For example, many patients have been unable to take up early morning appointments because they would not be able to use public transport to get there.

Electronic patient records systems such as EMIS (at GP practices), Lorenzo (used by hospitals), or Rio (mental health Trusts) allow for an alert to be added onto the system. When this alert is noticed by staff, it reminds them to act on it. For instance, in the Lorenzo system used by hospitals there is a facility to add a butterfly symbol to the system which indicates that the person whose record it is has a dementia diagnosis.

We recommend a similar system is developed for when a patient has a considerable distance to travel, or have notified the service that they struggle with transport. We suggest a bus or car symbol on the person's record. This would ensure suitable times and locations for appointments are offered.

3

Public transport services working collaboratively

In order to visit hospitals a journey often involves multiple changeovers between transport services. With journey times already lengthy, cancellations and missed buses/trains can lead to significant waiting times.

In practice, this would involve buses linking more closely with train times and would also apply to bus routes such as the X6 between Barrow and Kendal linking up with other services to facilitate patients getting to Westmorland General Hospital, and Furness General Hospital.

We hope that Cumbria's Combined Authority, which comes into effect in 2027 and has both a transport and health and wellbeing remit, makes this a priority.

4

Directory of services set up on the council website, including information on public transport

From engagement and survey feedback, and our involvement with the Enhanced Partnership Forum, it is clear that many patients and public are not aware of what transport services are available to them.

The Westmorland and Furness Council website features a services page directing the public to information such as recycling, council tax, school dates and much more. However, the website lacks guidance to the small transport services that are run locally, such as the Western Dales bus driven by volunteers, and fulfill the gaps in public transport. These small services do not have capacity to have tracking systems as Stagecoach and Trainline do.

As current public transport does not reach many people in the most rural areas, we recommend that the council create a place on their services page on the website to signpost those in rural areas to transport options and information.

While more and more people are active online, there is duty to provide information that is accessible to those who don't have reliable internet, smart phones etc, or those who require reasonable adjustments to be able to use information. With an up-to-date webpage, services such as the library, GP practices and charities could relay information to those in need.

5

Mobile healthcare services for rural and underserved communities

As one case study participant stated: "Why can't they make it better still and send the screening van to the town for a week and get everyone done together?" This recommendation responds directly to patient feedback, would reduce the travel burden for those without (or unable to use) private transport, while supporting the strategic shift from hospital to community-based care outlined in the NHS 10-Year Plan.

This has the potential to reduce hospital outpatients appointments, reduce "missed appointments due to transport" and increase screening uptake in communities with mobile service visits, but it could also provide blood tests, health checks and minor diagnostics.

Recommendations

Recommendation	Timeline*	Owner	Success measure
1) Raise awareness of subsidised transport options, eligibility, and how to apply to them	12 Months	NHS Primary Care Networks (PCNs) and Integrated Care Communities (ICCs); NWSA; HWW&F	<ul style="list-style-type: none"> • 50% reduction in "didn't know I could claim" responses. • 30% increase in HTCS applications. • Patient transport uptake data.
2) Increased healthcare staff and system awareness of travel barriers	12 Months	Cumbrian NHS Integrated Care Boards and hospital trusts: LSC ICB, NENC ICB, UHMBT, LSC FT, NCIC, CNTW	<p>Quantitative</p> <ul style="list-style-type: none"> • 90% of appointment booking staff trained on transport considerations. • Transport difficulty flag/symbol added to 100% of relevant patient record systems (EMIS/Lorenzo/Rio). • 25% reduction in early morning appointments (pre-9am) offered to patients with transport flags. • 40% reduction in patient-reported instances of "staff didn't understand my transport difficulties". <p>Qualitative</p> <ul style="list-style-type: none"> • Staff feedback survey shows increased confidence in accommodating transport needs. • Positive case studies from patients about flexible appointment scheduling. • Reduction in complaints related to appointment timing/accessibility.

***Timeline figures are suggestions, and it is recognised that some will be quicker to implement than others.**

Recommendations

Recommendation	Timeline*	Owner	Success measure
3) Public transport providers working collaboratively	2 Years	Cumbria Combined Authority; W&F Council	<p>Quantitative</p> <ul style="list-style-type: none"> • Three+ new integrated transport routes linking healthcare facilities (e.g., X6 bus timed with hospital outpatient sessions). • 50% reduction in "had to change buses 2+ times" responses in follow-up patient survey. • Evening/weekend services to hospitals increased from X to Y routes. <p>Qualitative</p> <ul style="list-style-type: none"> • Cumbria Combined Authority includes healthcare access as priority in transport plan. • NHS represented on transport planning committees. • Patient feedback: "public transport is reliable enough for appointments".
4) Directory of services	6 Months	W&F Council	<p>Quantitative</p> <ul style="list-style-type: none"> • Directory webpage live on W&F Council website. • Includes information on 7+ transport options (volunteer schemes, community buses, subsidised transport). • Webpage receives 500+ unique visitors per month by month six. • Downloadable/printable version available (accessible PDF). <p>Accessibility</p> <ul style="list-style-type: none"> • Webpage meets WCAG 2.1 AA accessibility standards • Available in Easy Read format • Information shared to all GPs, libraries and community centres.

***Timeline figures are suggestions, and it is recognised that some will be quicker to implement than others.**

Recommendations

Recommendation	Timeline*	Owner	Success measure
<p>5) Mobile healthcare services for rural and under-served communities</p>	<p>18 months</p>	<p>Cumbrian NHS Integrated Care Boards (LSC ICB, NENC ICB)</p>	<p>Quantitative</p> <ul style="list-style-type: none"> • Mobile screening/diagnostic services visit 10+ rural locations. • 30% increase in screening uptake in communities with mobile service visits. • 25% reduction in "missed appointments due to transport" for services offered through mobile units. • Breast screening van visits scheduled to coincide with call-up periods for entire postcode areas. Mobile services include: breast screening, blood tests, health checks, minor diagnostics. • 40% reduction in hospital outpatient appointments for services that can be delivered through mobile units. <p>Qualitative</p> <ul style="list-style-type: none"> • Community feedback demonstrates improved access: "services came to us rather than us struggling to get there". • Positive case studies from rural residents about reduced travel burden. • Mobile service schedules published 6 months in advance on council transport directory (Recommendation 4).

***Timeline figures are suggestions, and it is recognised that some will be quicker to implement than others.**

Provider responses

North East North Cumbria ICB

Thank you for sending us your latest report, which provides insight from people across Westmorland and Furness about the experience of travelling to access the health service. We recognise from the feedback featured in the report, that there are challenges regarding transport to healthcare across Westmorland and Furness.

We hear the issues residents described: limited or infrequent public transport, accessibility issues, long journey times, and the financial strain of travelling to appointments. We see that these difficulties contribute to missed or delayed care and deepen existing health inequalities, particularly for disabled people, older adults and people in rural communities.

Recommendation	Comment
1) Raise awareness of subsidised transport options, eligibility, and how to apply to them	This research is timely as it can advise the work underway to improve to patient transport services. This work is currently focused on the North East. It includes raising awareness of travel cost reimbursement. The learning from this piece of work could then be used when looking at patient transport services delivered in Cumbria.
2) Increased healthcare staff and system awareness of travel barriers	<p>We recognise the need for greater awareness among staff about the transport challenges faced by patients. This aligns with ongoing work to strengthen the use of reasonable adjustments across the NHS. It is possible that the trusts may be able to flag travel barriers under the reasonable adjustment digital flag, which aims to prompt staff to provide adjustments.</p> <p>Resources to support healthcare staff awareness of travel barriers could be potentially held on Boost, the learning academy for the health and care system in the North East and North Cumbria.</p> <p>It would also be useful to raise awareness with patients that they can request different times for their appointments.</p>

Provider responses

North East North Cumbria ICB continued

Recommendation	Comment
5) Mobile healthcare services for rural and underserved communities	<p>Mobile services have the potential to reduce travel burdens and improve access, particularly in rural areas. We will share this report with our newly forming Neighbourhood Health teams. They can look at the feasibility of mobile screening, health checks and minor diagnostics.</p> <p>This work will depend on available funding, staffing resources and alignment with national screening programmes, but we support the principle of bringing services closer to communities.</p> <p>Virtual care can significantly reduce transport barriers in rural and remote communities by removing the need for patients to travel long distances to attend appointments. This is particularly helpful where public transport is limited, costly, or unreliable, and for individuals with mobility issues or caring responsibilities. It can improve access, reduce missed appointments, and support more timely care.</p> <p>However, there is a risk that virtual care may exclude some people, particularly people with low digital literacy, limited internet access, or lack of confidence using technology. Services are at varying stages of digital maturity in their provision of virtual care. For this reason, virtual care should be offered as a choice alongside face-to-face options to ensure equitable access for all. This may be suitable for outpatient appointments where physical examination is not required, and virtual wards where people receive remote monitoring and care in the comfort of their home.</p>

Provider responses

Lancashire South Cumbria ICB

Thank you for your 'Transport to healthcare project report', which provides insight from people across Westmorland and Furness about their experiences of travelling to access health and care services.

We are aware people living in rural locations can often experience travel and transport issues when accessing any services (not just health) and acknowledge the issues and concerns raised in your report: limited or infrequent public transport, accessibility issues, long journey times, and the financial strain of travelling to appointments – and the impact these can have.

The Government's 10-Year Health Plan commits to three key shifts in service delivery:

- From analogue to digital: expanding technology to help people access and manage their care and using digital approaches to improve access. This includes telephone and video consultations, supported by specialist accessibility software, particularly for people with visual or hearing impairments.
- From hospitals to community: shifting more care from hospitals into neighbourhood health services and local hubs, bringing multiple specialist services closer to people's homes.
- From treating illness to preventing illness: strengthening primary and secondary prevention to identify and manage chronic conditions earlier and reduce avoidable hospital admissions.

Overall, delivering care more innovatively through better use of technology and/or closer to home should reduce the number of interactions people need with services. Where contact is still required, these changes should make it easier to access care in the way that works best for individuals, while helping to address the travel and transport barriers raised by respondents in your report.

We also acknowledge positive elements of the report: examples where the NHS has been responsive to individual needs by changing appointment locations or adjusting times. It is important patients are aware they can request different times for their appointments.

Provider responses

Lancashire South Cumbria ICB continued

In addition, we note the shift in focus of the engagement to the A590 in South Cumbria in October 2025 in response to the public engagement by the ICB on the future of Level 3 Intensive Care at Furness General Hospital.

While we welcome this insight, it is probably more applicable to the points raised above, rather than the transport of patients in a critical care situation. More information and assurance about the safe conveyance of patients in these circumstances is available on our website: [LSC Integrated Care Board :: Furness General Hospital critical care service](#)

Please find responses to the specific recommendations directed towards the ICB below:

Recommendation	Comment
1) Raise awareness of subsidised transport options, eligibility, and how to apply to them.	We recognise the importance of people knowing what help and support is available to them in terms of patient transport. We are currently in the process of procuring non-emergency patient transport services across the north west. As part of this process, we will work with the successful provider(s) to make sure public facing messaging regarding eligibility and how to apply is clear and consistent across the footprint. We also acknowledge the shared responsibility of NHS organisations and the need to work across borders, so residents aren't disadvantaged.
2) Increased healthcare staff and system awareness of travel barriers	We recognise the importance of promoting greater awareness among staff about the transport challenges faced by patients. Again, as part of the procurement mentioned above, we will work with the successful provider(s) to make sure clear and consistent messaging is shared with healthcare staff across primary, community and secondary care.

Provider responses

Lancashire South Cumbria ICB continued

Recommendation	Comment
5) Mobile healthcare services for rural and underserved communities	<p>We recognise the advantages of mobile services and bringing care closer to home to reduce travel and improve access. In 2021 the Furness Renal Centre opened in Ulverston, bringing care closer to home for patients in south west Cumbria. Before this, patients had to travel to Kendal. As we develop our neighbourhood models, we can consider the effectiveness of mobile healthcare services as well as virtual care, which can also significantly reduce transport barriers for people living in remote communities.</p>

Provider responses

North West Ambulance Service

Thank you for sharing the Healthwatch Westmorland and Furness Transport to Healthcare report and for the opportunity to provide a response.

Having reviewed the report, we felt it presented a balanced and thoughtful reflection of the challenges many people experience when accessing healthcare, particularly within rural communities.

The findings provide valuable insight into the practical barriers affecting patients and highlight a number of wider system issues relating to transport infrastructure, clinic locations, and public transport availability, which extend beyond the direct remit of North West Ambulance Service (NWAS), but nonetheless significantly influence people's overall experience of accessing care.

In relation to the recommendation regarding awareness of subsidised transport support, NWAS is supportive of the proposed approach. We recognise there is further opportunity, working alongside system partners, to strengthen awareness and signposting of schemes such as the Healthcare Travel Costs Scheme. We will consider how this can be further supported through Patient Transport Services, communications activity, and engagement work to help ensure information is clearer and more accessible for patients who do not meet Non-Emergency Patient Transport Service (NEPTS) eligibility criteria.

While not identified as formal recommendations within the report, we also noted the feedback relating to NEPTS provision, including waiting times, early collection times, return journeys and service flexibility. NWAS is commissioned to deliver a number of performance standards and are currently awaiting to hear the outcome of the PTS contract tender and whether we will be the successful provider in the years ahead. That said, these are recognised challenges, and areas we continue to review through ongoing service improvement activity, operational planning, and patient feedback mechanisms.

The report also referenced experiences relating to assistance dogs. By way of context, NWAS has recently reviewed its Transportation of Assistance Dogs Guidance in collaboration with Patient Transport operational teams, with the aim of supporting a more consistent and patient-centred approach across the service.

Provider responses

North West Ambulance Service

We also noted the feedback regarding the A590 and the Intensive Therapy Unit (ITU) service changes at Furness General Hospital. As these matters are currently being considered through wider system discussions involving partner organisations, including University Hospitals of Morecambe Bay NHS Foundation Trust, NWAS will continue to ensure its contribution remains aligned with this broader partnership work.

For completeness, the report has been shared internally with relevant Patient Transport leadership teams, operational colleagues, and communications and engagement teams for awareness and consideration.

Thank you again for sharing the report and for the continued collaborative engagement. The insight provided is extremely valuable, and we look forward to continuing to work alongside Healthwatch and system partners in support of improving patient experience and access to care.

Wider service developments

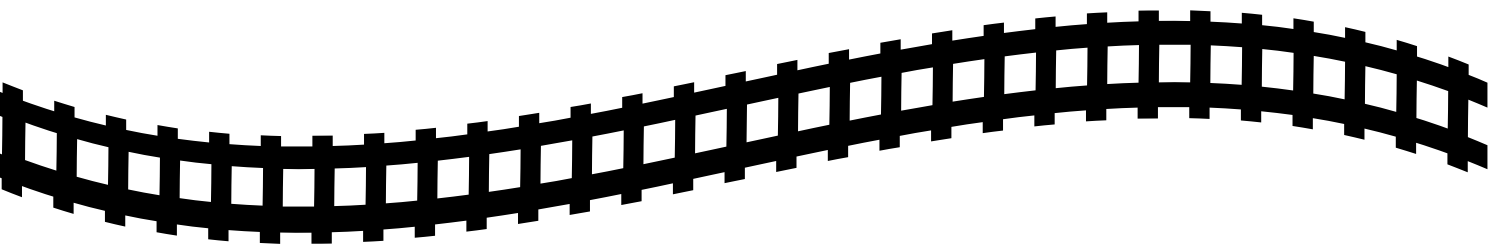
During our project, and research and writing of this report, we kept up to date with external changes and announcements relating to public transport. Two of which are highlighted here:

Access for all at Ulverston Train Station

Westmorland and Furness announced in January 2026 that the government's Access For All programme will fund accessibility upgrades on Ulverston Station. This funding will provide step-free access to Platform 3 with a new footbridge and lifts.

Healthwatch Westmorland and Furness hope these accessibility upgrades will make using the railway a more viable option for residents in our area.

Source: <https://www.westmorlandandfurness.gov.uk/news/2026/council-welcomes-access-all-announcement-ulverston-station>



Council funding approved for Westmorland and Furness buses

£1.7 million of UK Government Local Authority Bus Grant funding will support the extension of 25 existing bus routes, and consider the introduction of up to seven new bus services across Westmorland and Furness. Improvements will include greater frequency of buses, and new or improved evening and weekend service provision.

In the course of our project we heard from many people about the challenges of using public transport in the most rural areas. These proposed changes could improve accessibility to transport for all and help change the perception of the reliability of public transport to healthcare appointments.

Source: <https://www.thewestmorlandgazette.co.uk/news/25781859.council-funding-agreed-westmorland-furness-buses/>

Further information

Data collection privacy

Healthwatch Westmorland and Furness (HWW&F) collects survey responses through the online survey platform SmartSurvey. This platform stores data securely in the Cloud.

HWW&F follows UK GDPR protocol and the guidelines outlined in the Data Protection Act 2018. Data collected may be used in other HWW&F publications, however all data is anonymous and cannot be traced to the individual who has shared their experience.

Respondents have the right to withdraw their data at any point by email or telephone, simply by providing information to identify their dataset.

Case studies

In this project report, not all completed case studies have been included. Instead, we chose five unique personal stories which encompass the issues encountered, making for a more reader-friendly experience.

Case studies were anonymised to ensure no identifiable information remained in this published report.

References

[Sung, B., O'Driscoll, F., Gregory, A. et al. Identifying barriers to outpatient appointment attendance in patient groups at risk of inequity: a mixed methods study in a London NHS trust. BMC Health Serv Res 24, 554 \(2024\).](#)

[Understanding and identifying barriers to accessing transport. \(2024, November\).](#)

healthwatch

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