

Making Scotland Healthier

Community Transport,
NHS Boards and the
2019 Transport Act



cta

community transport
association

With thanks to



**Portlethen and District
Voluntary Community
Ambulance Association**
Scottish Charity Number: SCO 31829

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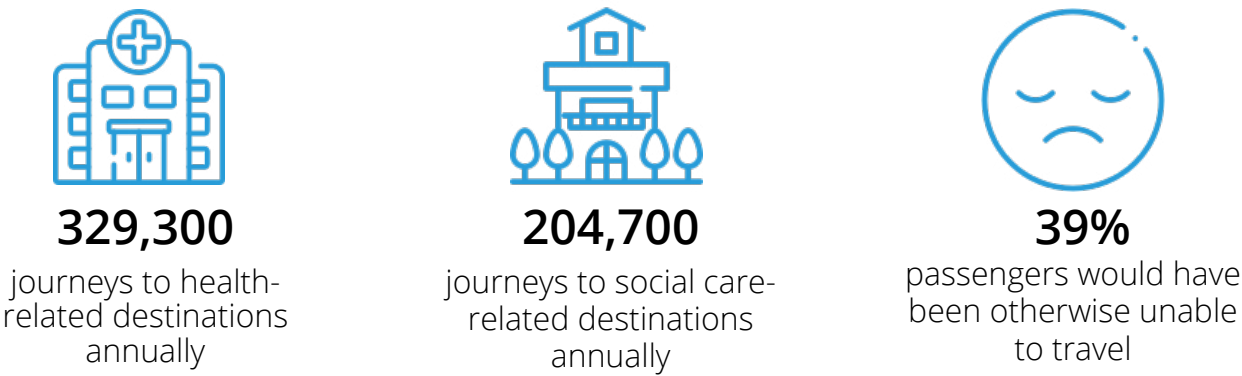


SUMMARY

Community Transport makes Scotland's communities healthier



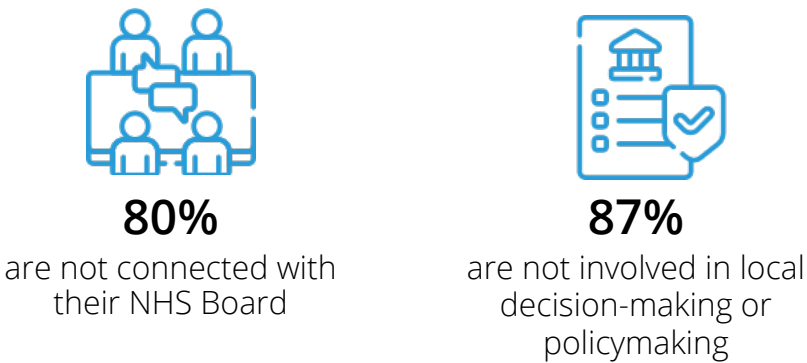
Community Transport improves access to health & social care



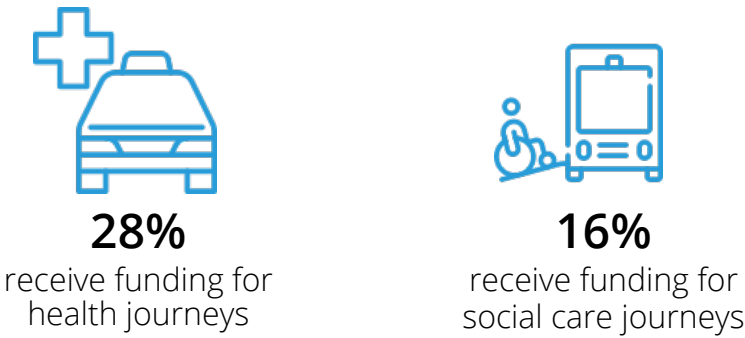
NHS Boards are failing to implement the Transport (Scotland) Act 2019



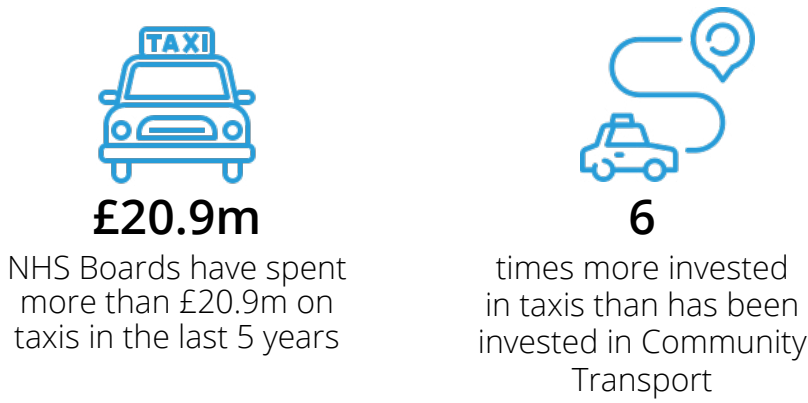
There is a lack of collaboration or partnership working with Community Transport



Community Transport services are underfunded and undervalued by NHS Boards and Health & Social Care Partnerships



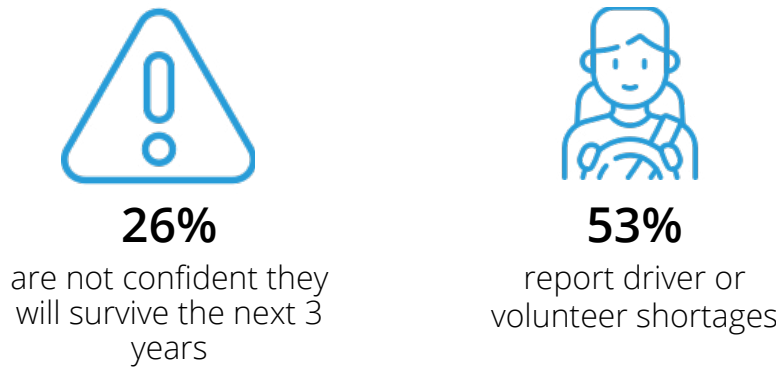
Spending on non-emergency patient transport is not cost-effective



Community Transport operators are being overwhelmed by rising demand



There is a serious risk of lifeline Community Transport services being lost



INTRODUCTION

Healthy Communities

Everyone in Scotland should have the transport support they need to access health & social care and live a healthy life. Local charities, community groups and social enterprises play a major role in our nation’s physical and mental health and wellbeing by delivering accessible and affordable transport projects and services.

Every day, in our biggest cities and most remote villages, friendly, professional and trained drivers, passenger assistants and volunteers are using accessible cars, minibuses, buses and bikes to deliver:

- **Non-emergency patient transport**, which provides access to GP surgeries, dental practices, pharmacies, hospitals and hospices, especially for disabled people;
- **Social care transport**, which provides access to day centres, residential homes and respite facilities, helping older people to live well and independently for longer in their own homes;
- **Prescription collection services**, which ensure the house-bound or people with limited mobility get the medication they need;
- **Active travel projects like walking groups**, cycling clubs and e-bike hire, which keep people physically active and encourage healthier, more sustainable travel choices; and,
- **Befriending services**, which bring people together and reduce exclusion, isolation and loneliness.

Community Transport is at the heart of a healthy community, but is it at the heart of our health & social care system?

The Challenge

For many older and disabled people, personalised door-to-door or door-through-door transport is essential to enable them to access health & social care. Without it, patients and passengers suffer from stress and anxiety and may even miss their appointment – and thereby miss out on essential care, diagnosis or treatment – or face delayed discharge (see Community Transport Passengers – page 28).

Accessible, affordable transport enables prevention and early intervention. By supporting them to be more active, connected and independent, Community Transport helps older and disabled people to live well for longer in their own homes and communities. The Scottish Fiscal Commission has warned that health & social care spending risks becoming unsustainable if we do not act to increase ‘healthy life expectancy’.

There are now more than one million people aged 65 and over in Scotland. Our ageing population means that demand for non-emergency patient transport is growing. However, the Scottish Ambulance Service (SAS) does not have the capacity to meet this growing level of demand. In fact, increasing numbers of people are being denied the support they need under an increasingly stringent Patient Needs Assessment. Between 2017/18 and 2023/24, the annual number of patient transport trips delivered by the SAS fell by nearly 64% from over 1.1 million to 404,939.

Community Transport operators across Scotland have stepped up, often with little recognition or support, to fill this gap. We can estimate that they deliver 329,300 journeys to health-related destinations every year (see Community Transport Operators – page 16), equivalent to 81% of the SAS total. The sector prevents missed appointments, tackles delayed discharge and reduces waiting lists.

However, due to a lack of resources, vehicles and volunteers, Community Transport operators are now also being overwhelmed by the level of demand and cannot meet every request (see Community Transport Operators – page 16). We risk losing these lifeline services if we do not protect and invest in them for the future.

The Context

The Transport (Scotland) Act 2019 (see table on page 9) was passed by the Scottish Parliament on 10 October 2019 and received Royal Assent on 15 November 2019. For the first time, it imposed new duties on NHS Boards to ‘have regard to community benefit in non-emergency patient transport contracts’ and to ‘work with community transport bodies’.

Sections 120 and 121 required secondary legislation to be enacted, which came into effect on 1 October 2023. Scottish Ministers have confirmed that notice and guidance was then issued to NHS Boards.

NHS Scotland published a new Climate Emergency & Sustainability Strategy in 2022, and the Scottish Government published a new Transport to Health Delivery Plan in 2024, which both committed to work more closely with the Community Transport sector to ‘bring transport planning and health planning together’.

Meanwhile, the First Minister of Scotland, John Swinney MSP, has set out his commitment to build ‘a more accessible, patient-centred NHS’, which ‘shift[s] the balance of care to preventive and community-based support’ and provides ‘transport support’ for ‘those who need it’.

Our Research

We launched our Healthy Communities programme in January 2024 to:

- **Celebrate the role and impact of Community Transport** in improving access to health & social care and nurturing healthy communities;
- **Provide new advice, information and support** for Community Transport operators;
- **Make the case for more investment into Community Transport** to improve patient outcomes, prevent missed appointments and reduce costs for taxpayers; and,
- **Facilitate new collaborations, consortia and partnership working** within our sector and between our sector and the NHS.

Since then, we have been working with CTA members on these priorities. The research which is presented in this report is the latest stage of our programme. We wanted to find out:

- **How are NHS Boards complying with their 2019 legal duties?;**
- **How are Community Transport operators nurturing healthier communities and what challenges do they face?;** and,
- **What is the value of Community Transport for passengers who rely on our sector to access health & social care?**

Our methods and our findings are presented in the next 3 chapters.



Transport (Scotland) Act 2019

PART 10

MISCELLANEOUS AND GENERAL

Health boards: duty to have regard to community benefit in non-emergency patient transport contracts

120 Health boards: duty to have regard to community benefit in non-emergency patient transport contracts

Before entering into a contract for the provision of non-emergency patient transport services, each health board must have regard to the extent to which the contract will improve the economic, social or environmental wellbeing of the board's area in a way additional to the main purpose of the contract in which the requirement is included.

Health boards: duty to work with community transport bodies

121 Health boards: duty to work with community transport bodies

- (1) In providing non-emergency patient transport services, each health board must work with bodies which provide community transport services in its area.
- (2) But nothing in subsection (1) requires a body which provides community transport services in its area to undertake work for which it does not have the capacity.
- (3) As soon as reasonably practicable after the end of each financial year, each health board must publish a report setting out—
 - (a) the steps it has taken to comply with the duty in subsection (1),
 - (b) its position on the extent to which non-emergency patient transport services in its area have been—
 - (i) effective, and
 - (ii) cost effective,
 - (c) any further action it proposes to take to comply with the duty in subsection (1).
- (4) A report under subsection (3) may be published in such manner as the board considers appropriate.

OUR FINDINGS

NHS BOARDS

We submitted Freedom of Information (Fol) requests to all 14 of Scotland’s regional NHS Boards in May 2025 to ascertain whether and how each Board is complying with its duties under the Transport (Scotland) Act 2019.

We received responses from 13 of 14 regional NHS Boards. All of the responses are available to download in full from our website.¹

We asked 6 key questions of each regional NHS Board – 3 on compliance with their legal obligations, 3 on their spending on non-emergency patient transport.

Compliance

Since the legislation was legally commenced on 1 October 2023, how has [NHS Board] paid due regard to community benefit in non-emergency patient contracts, and the extent to which such contracts will improve economic, social or environmental wellbeing, to comply with its duty under Part 10, Section 120 of the Transport (Scotland) Act 2019?

Only 7 NHS Boards responded that they either had a community benefit policy in place or were committed to delivering community benefit in non-emergency patient contracts.

NHS Ayrshire & Arran highlighted a policy since 2022 of ‘mandatory inclusion’ of community benefit clauses in service contracts. NHS Lanarkshire and NHS Dumfries & Galloway said community benefit was always part of their tender process.

NHS Lothian told us it had ‘reviewed its non-emergency patient transport contracts to ensure they include clear community benefit outcomes, including emission reduction targets, support for local employment and social inclusion initiatives with all elements being considered throughout procurement, tendering and assessment of impact’.

Meanwhile, NHS Greater Glasgow & Clyde admitted that ‘we are not familiar with the Act to which you refer nor what is required of the Board as a consequence of this legislation’. Going forward, they said will be ‘investigating the Act’s requirements and will determine what we should be doing to ensure compliance’.

¹ <https://ctauk.org/healthy-communities-scotland>



1. Since the legislation was legally commenced on 1 October 2023, how has [NHS Board] worked with bodies which provide community transport services in its area in providing non-emergency patient transport services to comply with its duty under Part 10, Section 121, Subsection 1 of the Transport (Scotland) Act 2019?

Only 4 NHS Boards could provide evidence of working with Community Transport to provide or support non-emergency patient transport. A further 4 NHS Boards indicated that there had been some level of ‘dialogue’ or ‘engagement’ with the sector in recent years.

NHS Grampian pointed towards its Health and Transport Action Plan (HTAP), which convenes ‘a network of partner agencies’ from across the North East’s health & social care sector to communicate and collaborate, including CTA. Community Transport is a key partner and priority within the HTAP.

NHS Highland indicated that it works with ‘several community car schemes’ to ‘facilitate the transport of patients to their appointments’. It added that it was ‘committed to exploring more opportunities to work with community initiatives and find the service they provide extremely beneficial to the Board being able to provide health care to our vast region’.

Conversely, NHS Western Isles denied that non-emergency patient transport was ‘part of the Health Board remit’. This was a common refrain. Several NHS Boards claimed that responsibility lay exclusively with the Scottish Ambulance Service. NHS Shetland, for example, told us that it ‘does not foresee any further actions regarding non-emergency patient transport services’.

- 2. Since the legislation was legally commenced on 1 October 2023, how has [NHS Board] reported on:**
- a) the steps it has taken to comply with these duties under the Transport (Scotland) Act 2019;**
 - b) the extent to which non-emergency patient transport services in its area have been effective and cost-effective; and,**
 - c) further action it proposes to take to comply with these duties?**

Under Subsection 3 of Section 121, NHS Boards ‘must publish a report setting out’ its compliance on an annual basis. No NHS Board has done so to date. Transparency is low nationwide.

Only one NHS Board could claim that it had begun to take steps to comply through internal reporting. NHS Lothian has ‘begun integrating the requirements of Sections 120 and 121 into

its broader transport and sustainability planning framework’ through ‘reporting channels [which] include board papers, transport service reviews and procurement monitoring’.

SUMMARY			
NHS Board	Q1 – duty to consider community benefit	Q2 – duty to work with Community Transport	Q3 – duty to report on progress
NHS Ayrshire & Arran			
NHS Borders			
NHS Dumfries & Galloway			
NHS Fife			
NHS Forth Valley			
NHS Grampian			
NHS Greater Glasgow & Clyde			
NHS Highland			
NHS Lanarkshire			
NHS Lothian			
NHS Orkney			
NHS Shetland			
NHS Tayside			
NHS Western Isles			

KEY	
	Full compliance and/or strong progress
	Partial compliance and/or some progress
	No compliance and/or no progress

Spending

-
- 3. In each of the last 5 years, how much did [NHS Board] spend on non-emergency patient transport?**

The data held and shared by NHS Boards varied widely. 5 NHS Boards were unable to share any data. NHS Fife, for example, could not differentiate between spend on emergency versus non-emergency patient transport. NHS Shetland and NHS Western Isles indicated that they did not make any relevant spend.

Nevertheless, 9 NHS Boards were able to supply data for 2020/21 to 2024/25. Their spend on non-emergency patient transport tended to grow significantly year-on-year and as COVID-19 pandemic restrictions eased and face-to-face appointments bounced back. However, in 2024/25, the most recent year, spending declined across the country almost without exception, perhaps due to budgetary constraints.

Between 2020/21 and 2024/25, these 9 NHS Boards spent a total of £61 million on non-emergency patient transport. This represents around £12.2m annually or an average of £1.35m per NHS Board per year.

4. In each of the last 5 years, how much did [NHS Board] spend with private taxi firms on non-emergency patient transport?

NHS Boards were generally able to provide a comprehensive answer to this question, although 3 could not supply any data. NHS Tayside, for example, could not differentiate between spend on taxis for the transport of patients versus ‘notes and/or equipment’.

Between 2020/21 and 2024/25, the 11 NHS Boards who responded spent a total of more than £20.9m with private taxi firms on non-emergency patient transport. This represents around £4.1m annually or an average of £381,818 per NHS Board per year. NHS Boards spend the equivalent of 34% of their non-emergency patient transport budget with private taxi firms.

5. In each of the last 5 years, how much did [NHS Board] spend with non-profit organisations which provide community transport services on non-emergency patient transport?

Only 8 NHS Boards reported any spend on non-emergency patient transport with non-profit organisations which provide Community Transport services. Between 2020/21 and 2024/25, these NHS Boards spent a total of just over £3.3m. This represents around £661,293 annually or an average of £82,662 per NHS Board per year.

NHS Boards spend more than 6 times as much with non-specialist, for-profit taxi firms as with specialist, non-profit Community Transport operators to ensure patients have the transport they need. NHS Boards spend the equivalent of just 5% of their non-emergency patient transport budget with Community Transport operators.

It appears that much of this spending may be with larger national charities like St Johns Scotland or the Royal Voluntary Service, rather than with smaller Community Transport operators.

Summary

The responses we received from NHS Boards reveal a deeply mixed picture across Scotland with limited areas of best practice overshadowed by generally low levels of compliance with – and even a basic lack of awareness of – their legal duties among NHS Boards.

Firstly, our analysis indicates that there is a lack of accountability and transparency. Reporting is absent and data collection and monitoring is partial, incomplete and inconsistent.

Secondly, our analysis finds a lack of collaboration and partnership working with Community Transport. Working with the sector to deliver community benefit or improve non-emergency patient transport services would not appear to be national priorities for the Scottish NHS.

Lastly, our analysis demonstrates that there is only very limited investment in lifeline Community Transport services. Spending on non-emergency patient transport is much more likely to be directed towards private taxi firms, which are not as cost-effective for taxpayers or as effective for public health.

The lack of progress since 2019 is unmistakable. More than 6 years since being passed into law by MSPs, and nearly 2 years since being commenced by Scottish Ministers, Community Transport operators and passengers in most of Scotland are still waiting for change.



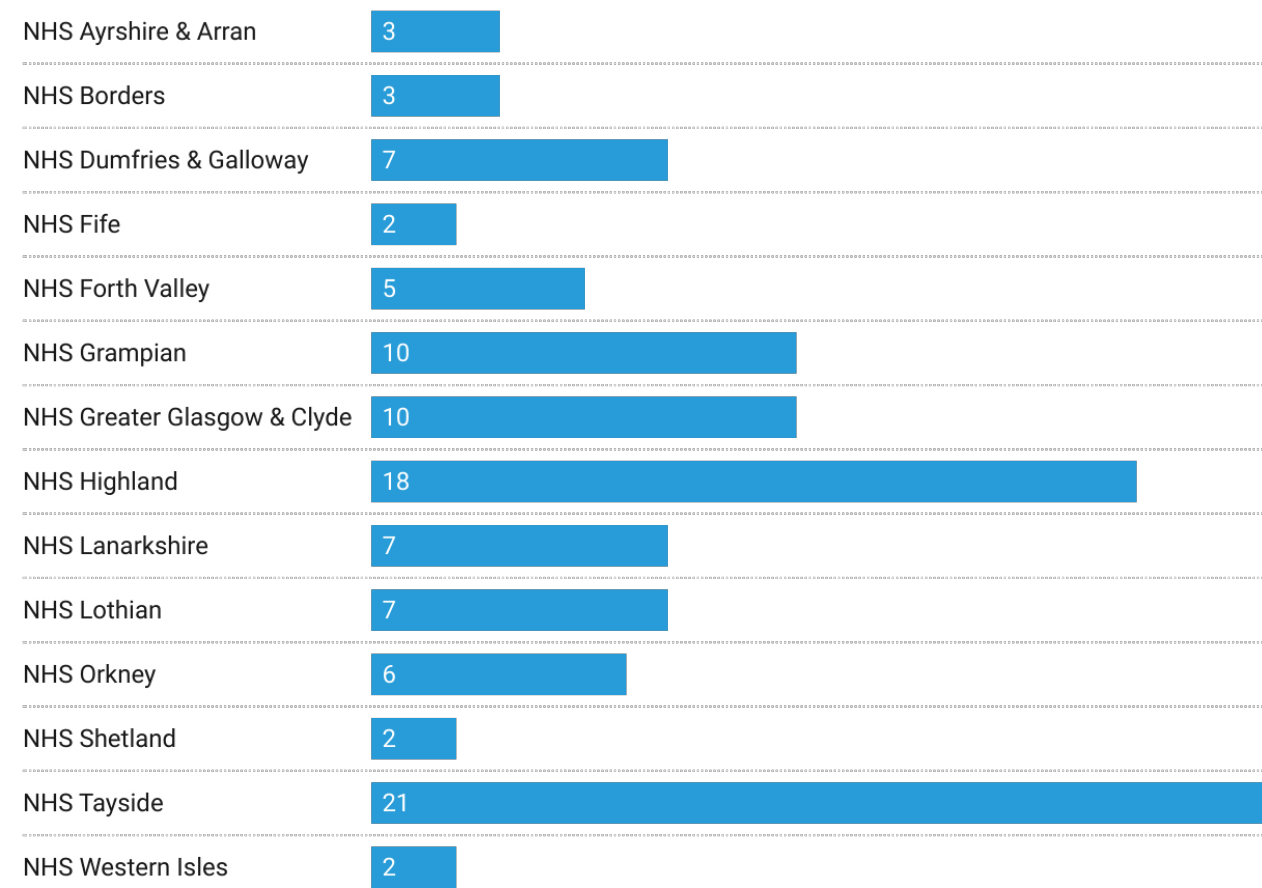
COMMUNITY TRANSPORT OPERATORS

RESPONDENTS

Our online survey was open to all Community Transport operators in Scotland from 7 April to 30 June.² It was promoted in regular CTA newsletters and via our partners (including local authorities) and local intermediaries (such as Third Sector Interfaces). We sought responses from operators delivering journeys to health- or social care-related destinations in particular.

We secured a total of 82 responses, representing approximately 45% of Community Transport operators nationwide. The data is therefore a strong and representative sample of Scotland’s Community Transport sector.

Q4 There are 14 regional NHS Boards in Scotland. Where does your organisation operate? If you routinely deliver relevant projects or services in more than one regional NHS Board, please select all which apply.



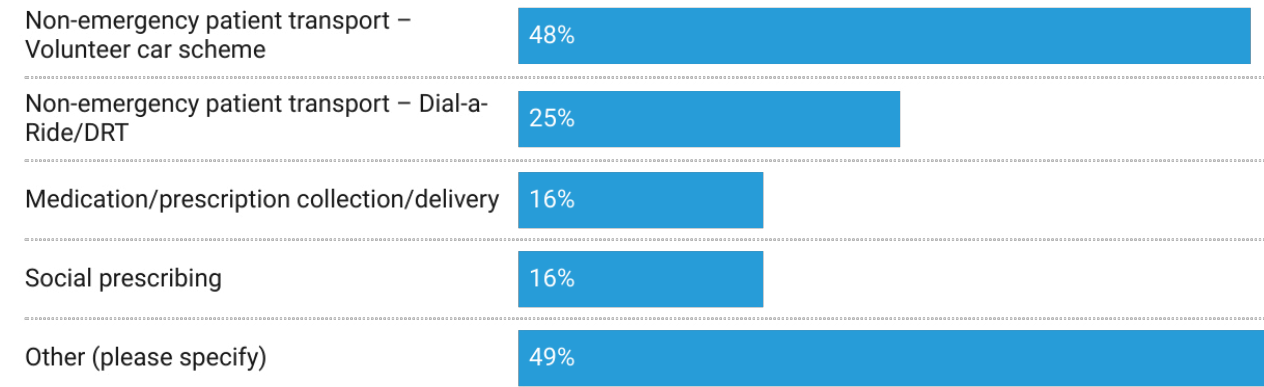
² www.surveymonkey.com/r/HealthyCommunities

At least 2 operators responded from every NHS Board area. Respondents were clustered in regions with higher concentrations of CTA members – Grampian (12%), Highland (22%), Greater Glasgow & Clyde (12%) and Tayside (26%). These areas cover a complex, large and rural geography or have a large population.

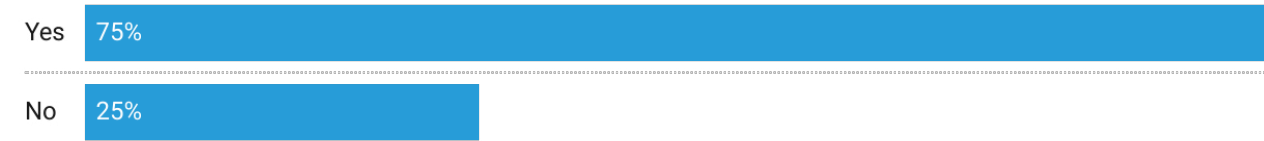
13% of operators deliver projects or services across 2 or more NHS Boards, including long distance journeys for patients requiring specialist care, diagnosis and treatment.

SERVICES

Q1 Which of the following types of Community Transport services does your organisation deliver? Please select all which apply.



Q6 Does your organisation deliver journeys to health-related destinations like GP surgeries and hospitals?



Q7 In 2024/25, what proportion of your total journeys were to health-related destinations? If you don’t have an exact figure, please estimate.



Q9 Does your organisation deliver journeys to social care-related destinations like day centres and residential care homes?



Q10 In 2024/25, what proportion of your total journeys were to social care-related destinations? If you don't have an exact figure, please estimate.



Half of respondents deliver a volunteer car scheme, while a quarter deliver demand responsive transport, which provides access to health-related destinations.

The most common 'Other' activity types specified were enabling access to day care centres and social activities or trips, which boost mental health and wellbeing by reducing exclusion, isolation and loneliness. Lunch clubs, care home visits and transport to respite care were also cited.

According to this data, journeys to health- and social care-related destinations make up an estimated 60% of all Community Transport journeys in Scotland. The sector is playing a major and critical role in providing access to GP surgeries, hospitals, day care centres and residential care homes all over the country.

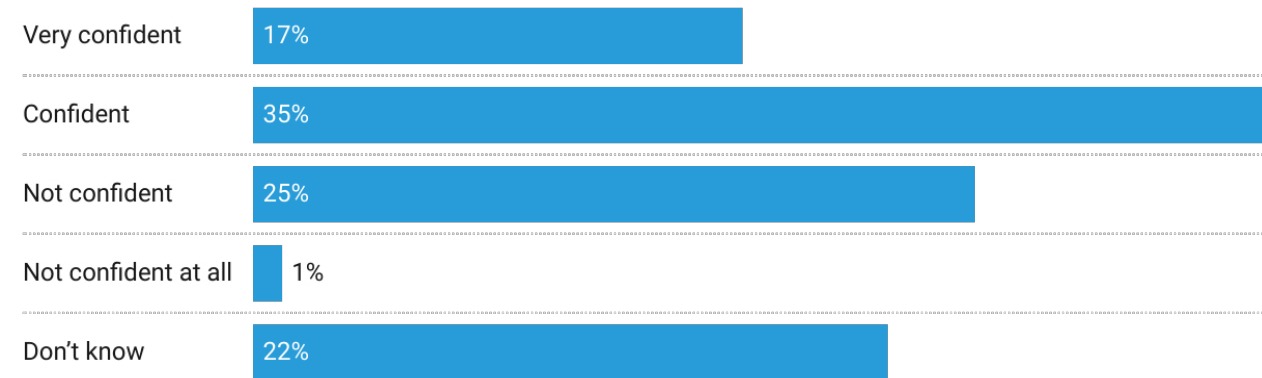
In 2022, we estimated that there were over 890,000 Community Transport journeys in Scotland each year.³ On this basis, our new data suggests there are around 329,300 Community Transport journeys to health-related destinations annually, plus around 204,700 Community Transport journeys to social care-related destinations annually.

³ <https://ctauk.org/sites/default/files/2024-09/More%20Than%20A%20Minibus%20Report.pdf>

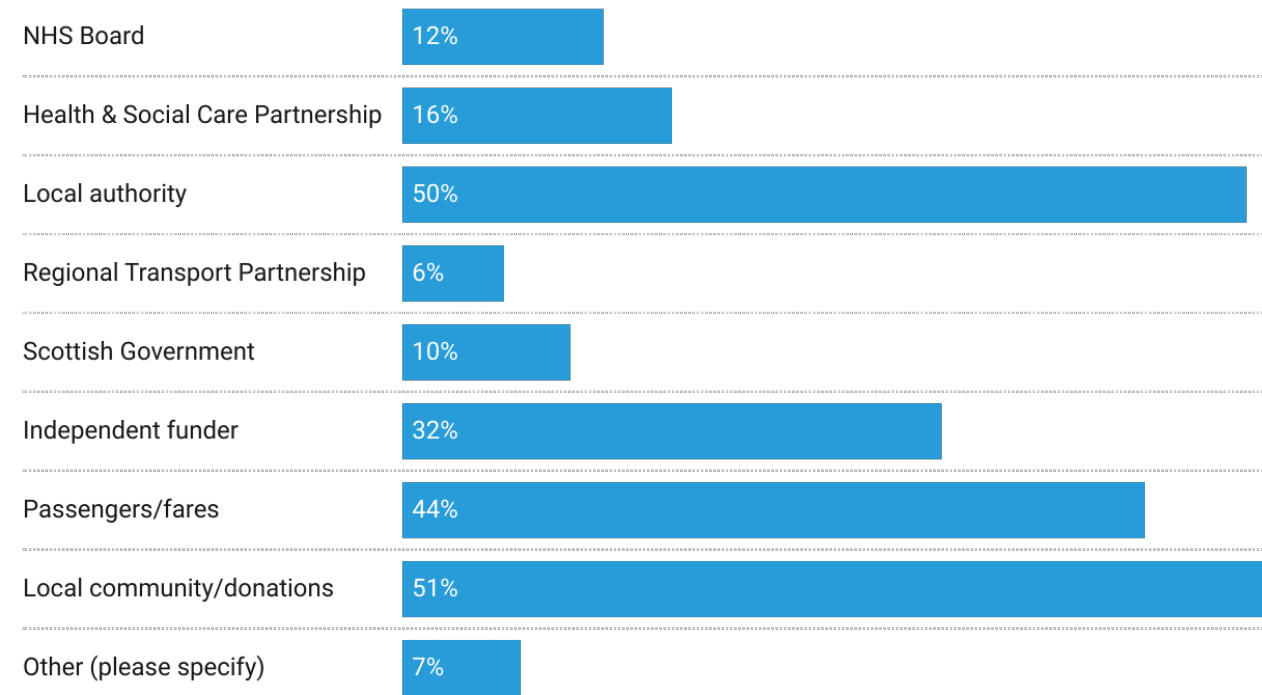


FINANCES

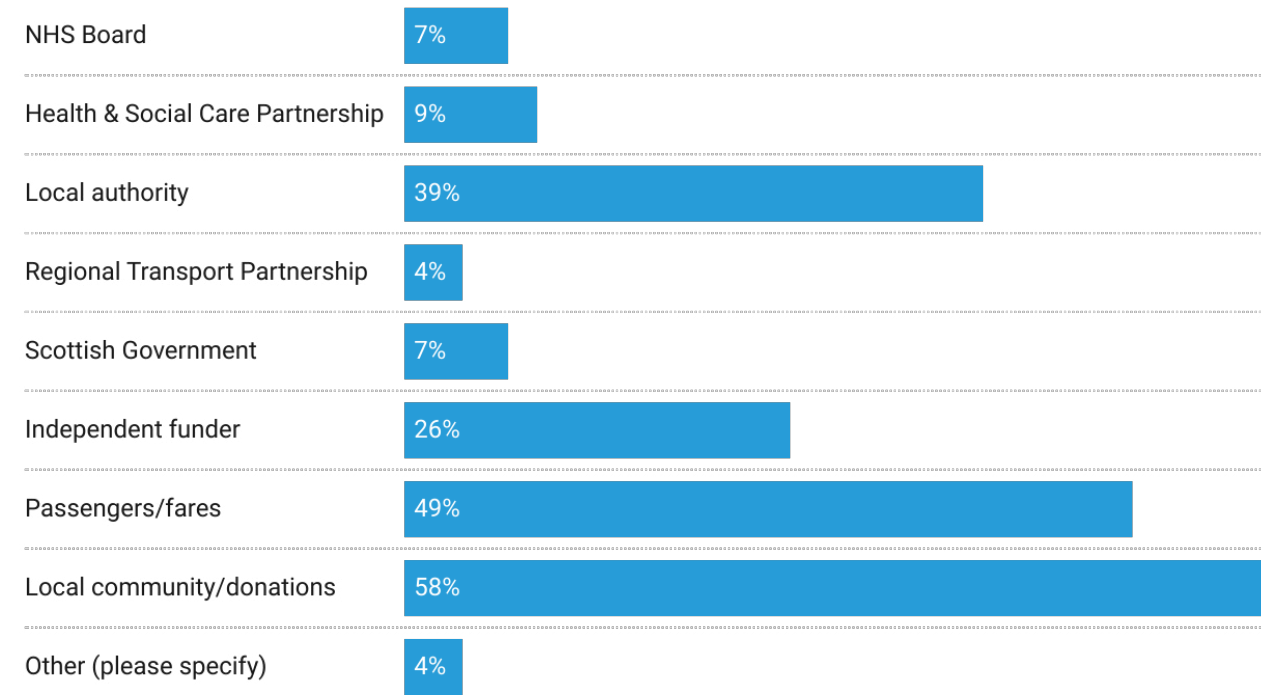
Q2 How confident is your organisation about sustaining these services over the next 3 years?



Q8 Where do you receive funding from to deliver journeys to health-related destinations? Please select all which apply.



Q11 Where do you receive funding from to deliver journeys to social care-related destinations? Please select all which apply.



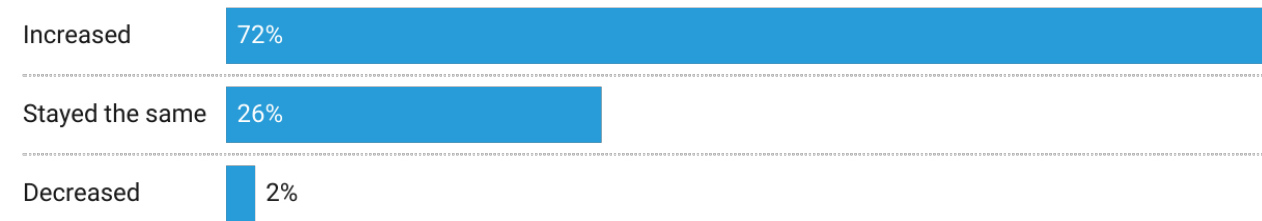
Just over half of operators are confident that they can sustain their services over the next 3 years. However, more than 1 in 4 respondents lacked confidence, underlining the severe financial challenges facing some Community Transport operators. There is a serious risk of essential and lifeline services being lost in the short- to medium-term.

The financial burden is falling on Community Transport passengers and local communities. This is likely to exacerbate existing health inequalities with less transport support and worse access to health & social care for those on lower incomes and for residents of areas of multiple deprivation.

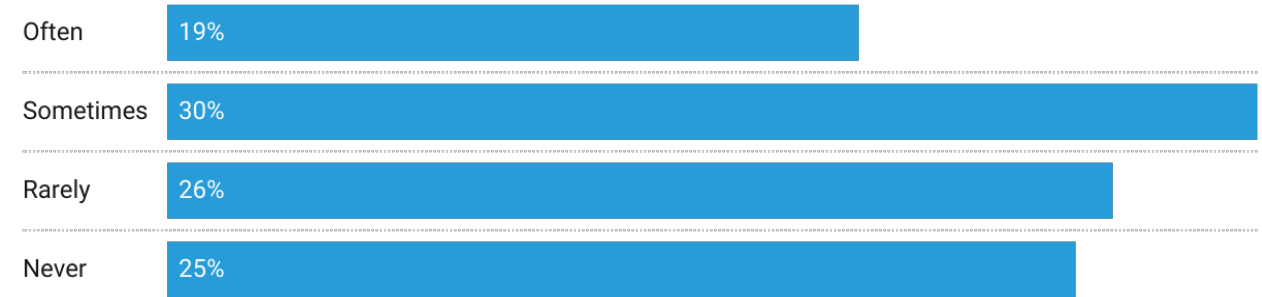
Respondents were significantly less likely to report funding from the public sector (or from independent funders) for journeys to social care-related destinations than health-related destinations. They are more likely to rely on passengers and fares or the local community and donations. This suggests a funding gap for services enabling access to social care.

DEMAND

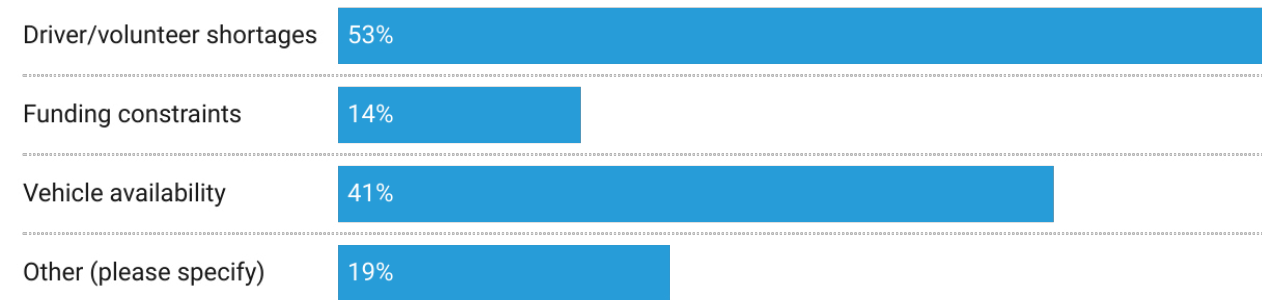
Q13 Over the last 12 months, has demand for journeys to health- and social care-related destinations increased, stayed the same or decreased?



Q14 Over the last 12 months, has your organisation had to refuse requests for non-emergency patient transport?



Q15 What were the primary reasons for refusal?



Almost 3 in 4 Community Transport operators are experiencing growing demand for non-emergency patient transport with nearly half ‘often’ or ‘sometimes’ forced to refuse requests for support from people in need.

Shortages of drivers and volunteers are the biggest barrier due to the cost-of-living crisis⁴ and the D1 licensing regime.⁵ A lack of available vehicles is also a major problem. Funding constraints were less likely to be cited by operators, but increased funding could help tackle both of these challenges, enabling the sector to invest in minibus driver training, volunteer recruitment strategies and new accessible vehicles.

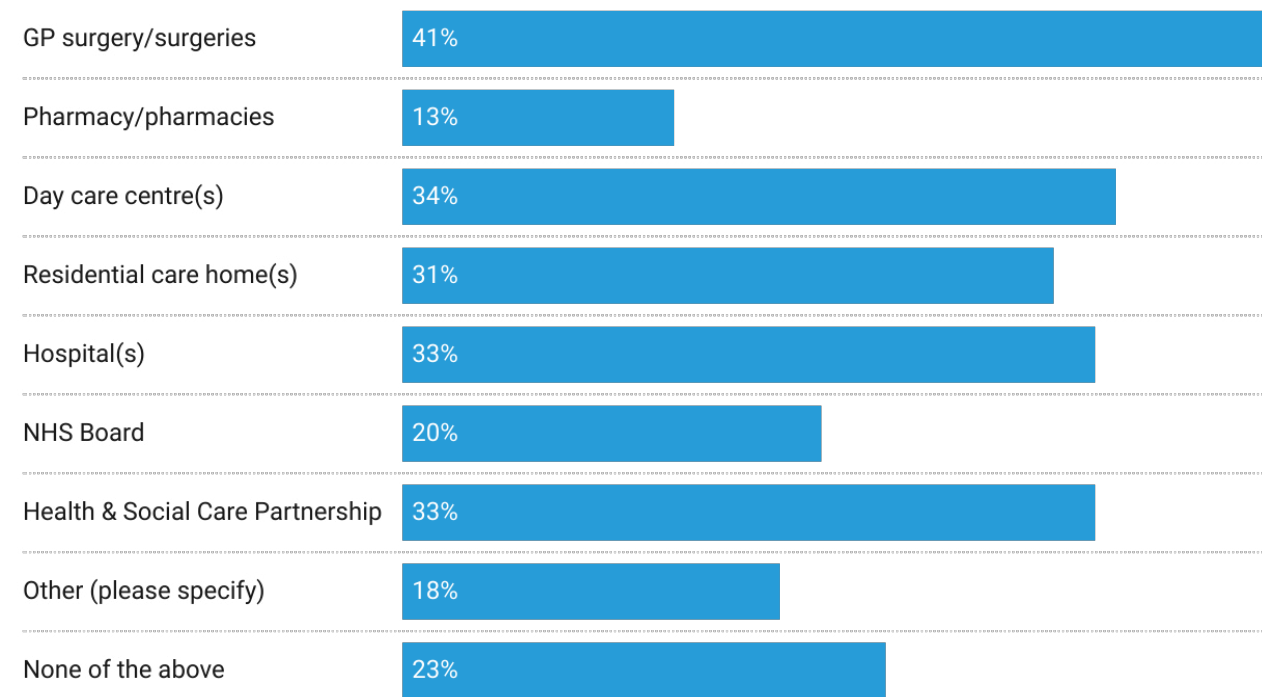
4 www.volunteerscotland.net/wp-content/uploads/2025/04/The-state-of-Scottish-volunteering-report.pdf

5 <https://ctauk.org/tackling-driver-shortages-d1-campaign>

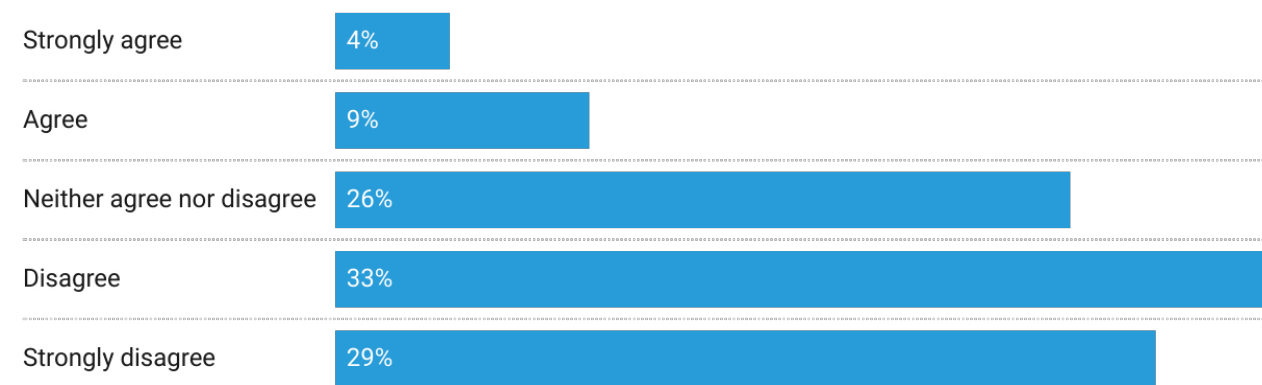


COLLABORATION

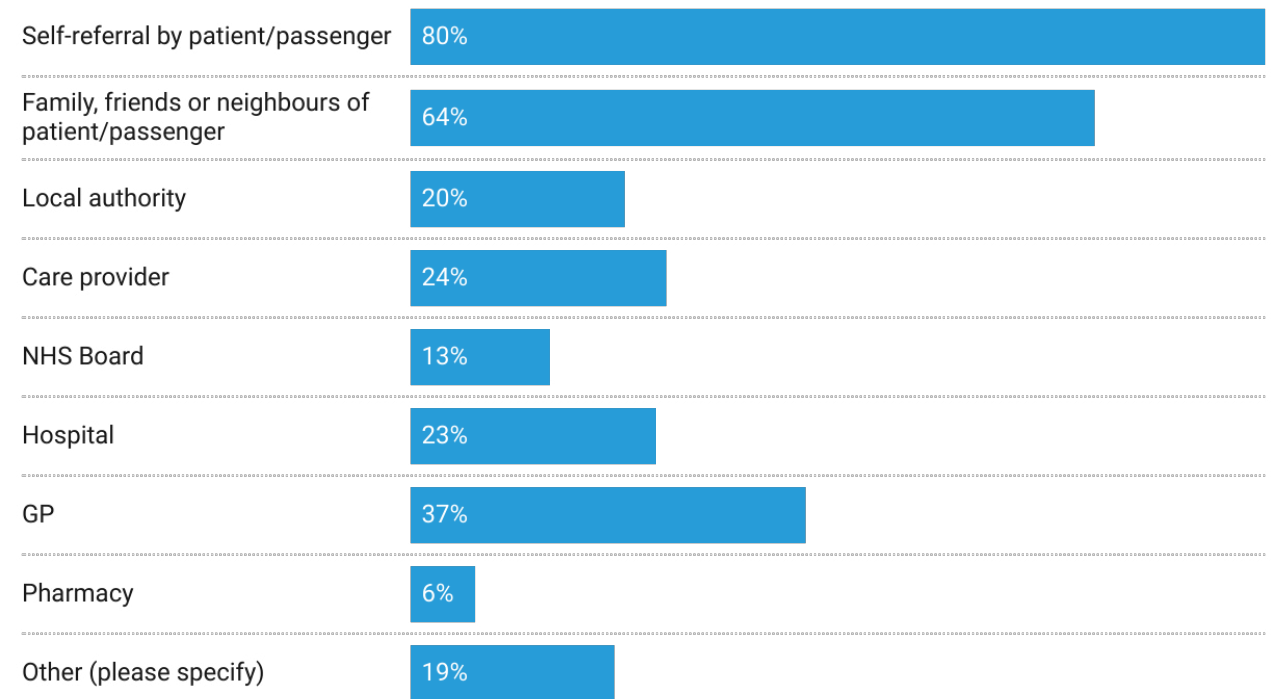
Q3 Is your organisation connected with the following health & social care stakeholders and services in your area? Please select all which apply.



Q5 To what extent do you agree or disagree that your organisation is part of local health & social care decision-making or policymaking?



Q12 From whom, or from where, does your organisation receive requests or referrals for non-emergency patient transport? Please select all which apply.



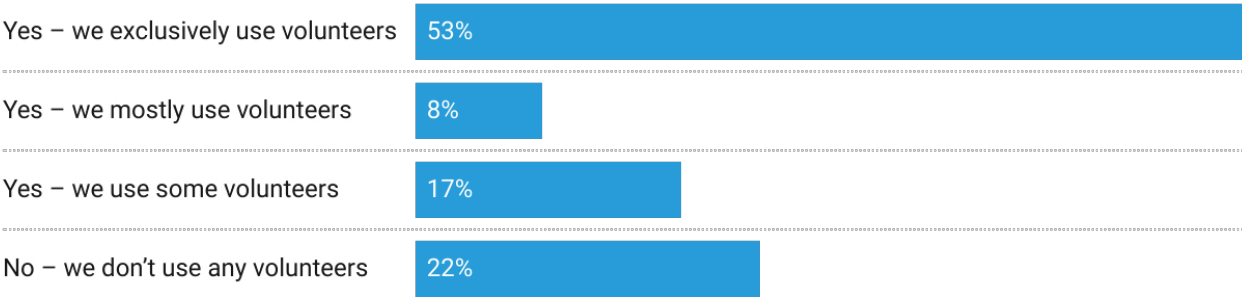
Nearly 1 in 4 Community Transport operators are not connected with any health & social care stakeholders or services in their area. Only 1 in 5 are connected with their regional NHS Board, despite the latter’s legal duties to work with Community Transport.

Collaboration appears to be more common and effective at a local level. Respondents were twice as likely to be connected with a GP surgery in their community.

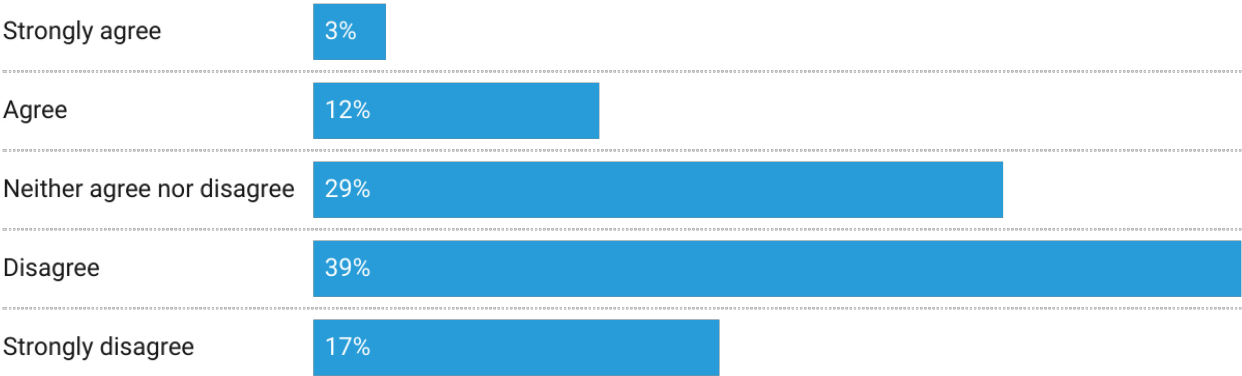
Meanwhile, operators are excluded from local decision-making and policymaking. Only 13% of respondents said they were involved, despite the expertise, experience and insight they can offer, as well as the opportunities for partnership working.

VOLUNTEERING

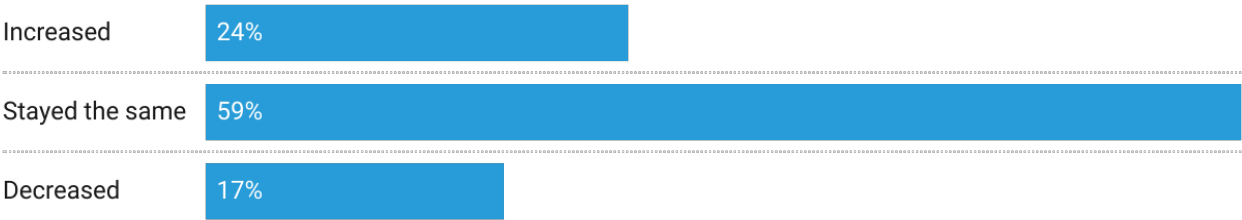
Q16 Do you rely on volunteer drivers to deliver journeys to health- and social care-related destinations?



Q17 To what extent do you agree or disagree that your organisation currently has enough volunteers to meet demand for your services?



Q18 Over the last 12 months, has your organisation's recruitment of new volunteers, stayed the same or decreased?



Volunteering is critical for the future of Community Transport. A majority of operators rely exclusively on volunteers to deliver journeys to health- and social care-related destinations. This can be due to a lack of funding or a need to minimise labour costs. 78% of operators use volunteers to some extent.

However, levels of volunteer recruitment and retention are stagnating or decreasing. A majority of Community Transport operators (56%) do not have enough volunteers to keep up with current levels of demand.

Scotland needs to prepare for a future with significantly higher levels of demand due to our ageing population and improved life expectancy by investing in community capacity and solutions.



COMMUNITY TRANSPORT PASSENGERS

PARTNERS

We wanted to discover more about the journeys that passengers were making and understand what they would do if they unable to use Community Transport.

We partnered with 3 Community Transport operators in different parts of Scotland to pilot a new passenger survey:

- **Borders Wheels**, which operates across Berwickshire, Galashiels and Tweeddale;
- **Partnerships for Wellbeing**, which is based in Inverness; and,
- **Portlethen and District Voluntary Community Ambulance**, which operates in south-east Aberdeenshire.



The passenger survey was tested during June and July 2025. The survey had a total of 11 questions – 4 questions to identify the passenger’s key demographics and 7 questions about their journey and their lived experience.

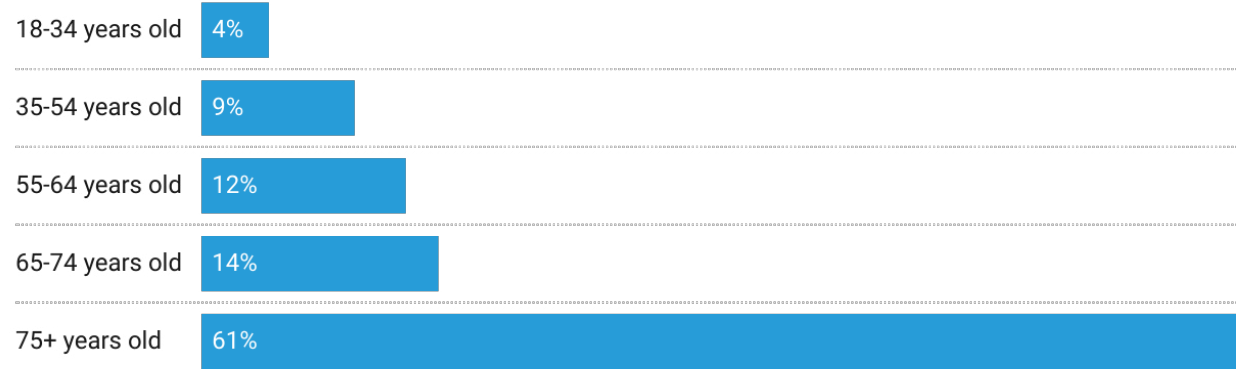
Drivers, passenger assistants and journey planners were briefed to help passengers if required to complete and submit the survey. The survey could be completed by phone, online or with a paper copy before being submitted to us at CTA.

We secured a total of 56 responses from passengers. The respondents are not a weighted or necessarily representative sample of all Community Transport passengers across Scotland. However, the results give a flavour of the demographics, experiences and views of those who rely on Community Transport to access health & social care.

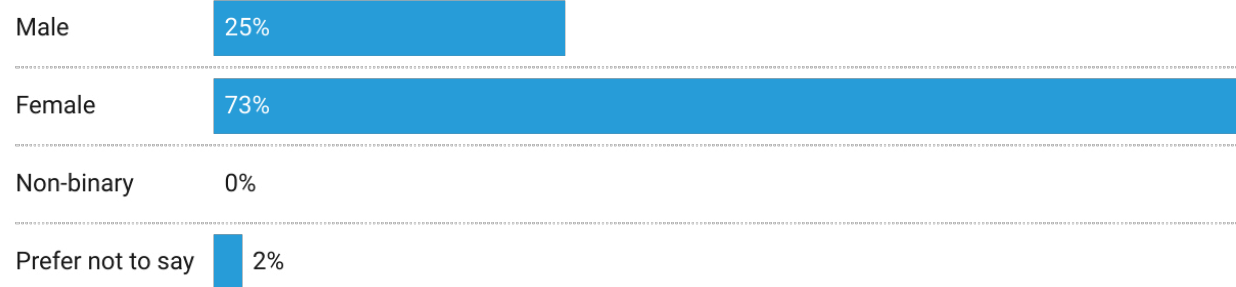
Working with these 3 operators enabled us to hear from Community Transport passengers in urban and rural communities, from a city and towns to small villages and hamlets. Each operator has a focus on health and wellbeing. Each is based in a different local authority area in the South, Central Highlands and North East of Scotland.

RESULTS

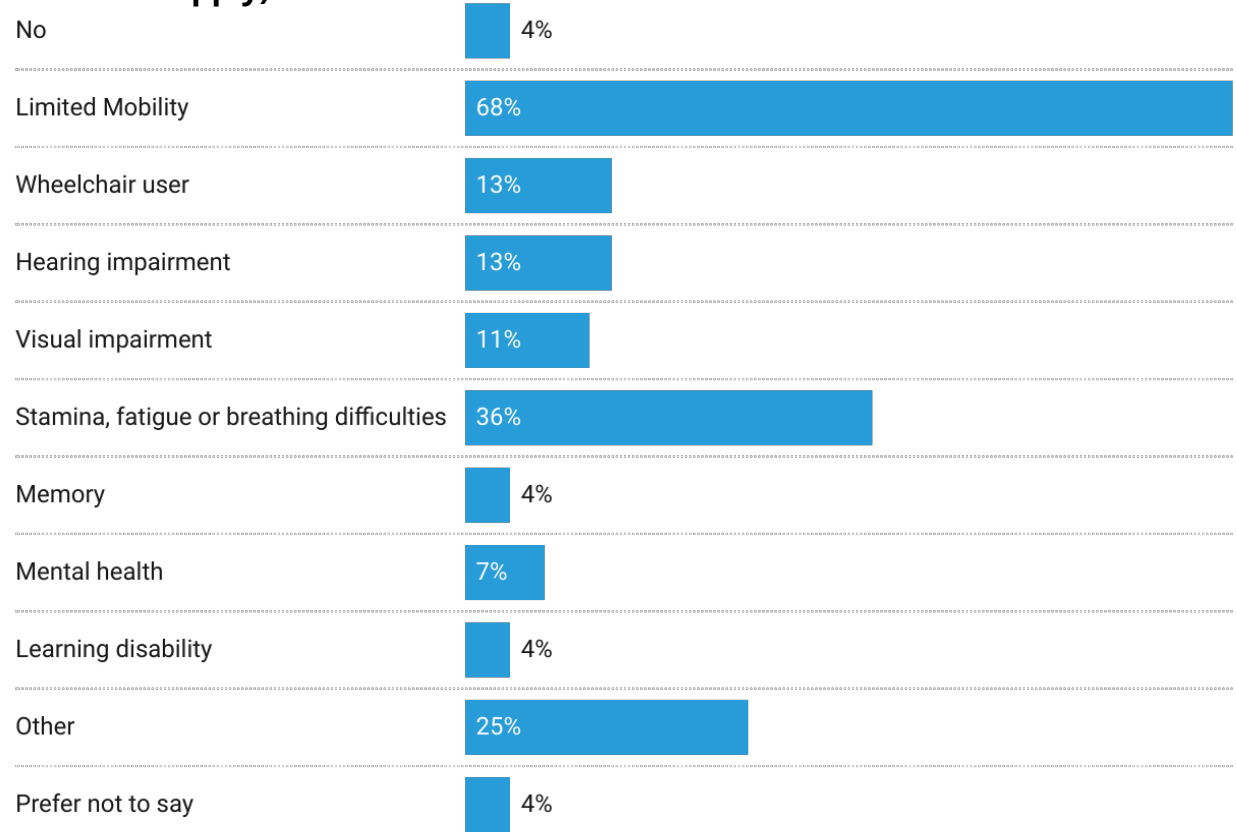
Q2 What age are you?



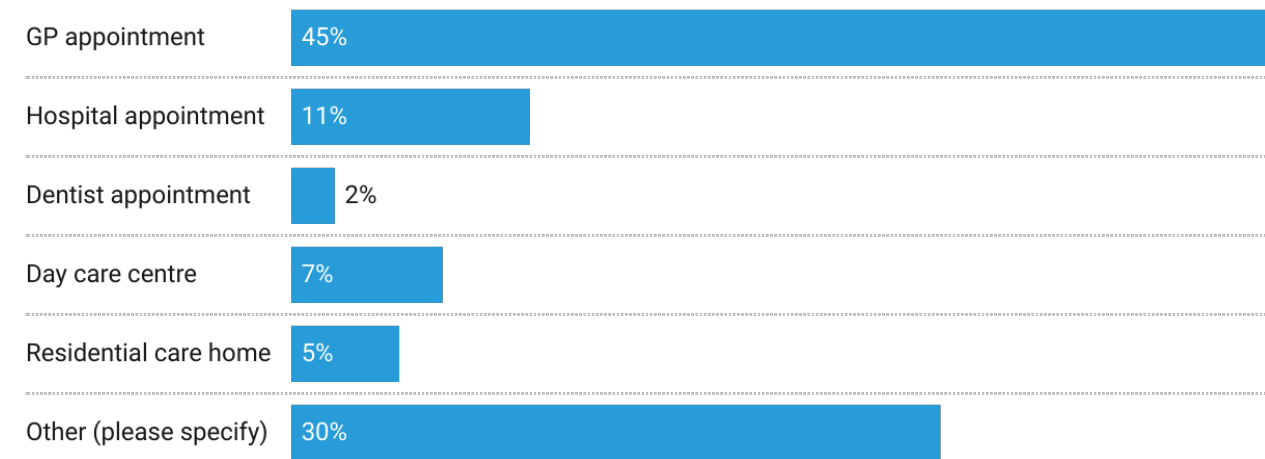
Q3 What is your gender?



Q4 Do you have a disability or long-term limiting illness? (Please select all that apply)



Q8 What is the purpose of your journey today?

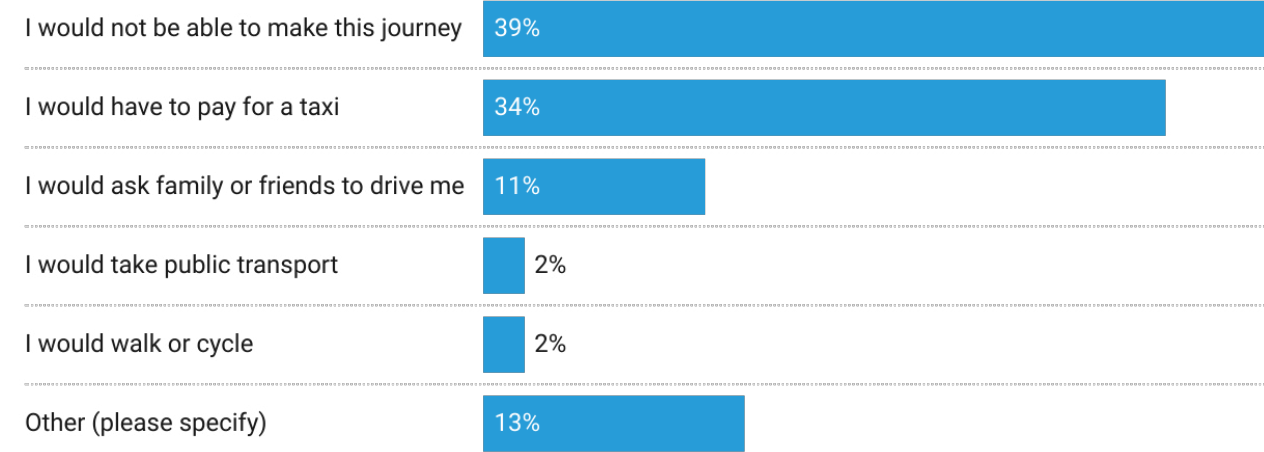


Our results indicate that people who rely on Community Transport to access health & social care are most likely to be women over 75 years old. They typically need accessible transport and door-to-door or door-through-door support, because they have limited mobility or difficulty with stamina, fatigue or breathing. A minority of passengers reported complex needs related to mental health or learning disability. Private taxi firms were seen as being unable to offer the required type and level of support in these instances.

The most common purpose was to attend a GP appointment (45%). However, 12% of journeys were to social care-related destinations. Services enabled access to day care centres and visits to close family in residential care.

Journeys categorised as 'Other' were generally related to boosting their physical health through exercise or recovery, such as specialist exercise classes, leisure centres and physiotherapy.

Q9 What would happen if the service you are using today was not available?



Nearly 2 in 5 of the passengers we surveyed would have been unable to travel to health- or social care-related destinations without Community Transport due to transport poverty, personal needs or a lack of alternative options. Community Transport is therefore critical in preventing missed appointments and reducing waiting lists.

Taxis were a potential alternative for around a third of passengers, but affordability was repeatedly cited as a major concern and a significant barrier. This had been a source of anxiety and stress for many passengers before they were aware of or eligible for Community Transport services. Some suggested they would have to travel less to be able to afford to travel by taxi when necessary or unavoidable.



TESTIMONIALS

Q10 What would it mean for you if you could not use this service for the journey you are making today?

“Another day spent by myself.”

Val, aged 86, Kelso (Borders Wheels)

“I can’t use public transport and the cost of taxis is too much for me. The drivers at PfW provide me with much more support than a regular cab driver.”

Jayne, aged 54, Inverness (Partnerships for Wellbeing)

“I would not be able to get the care required and my condition could worsen. It helps keep my medical condition closely monitored to keep me well and properly medicated.”

Charles, aged 88, Muchalls (Portlethen and District Voluntary Community Ambulance)

“I would be unable to visit my husband in the care home. I would be so upset, I miss my husband so much. It does both of us so much good... He was so excited to see me and I am really chuffed that I can now see him.”

Margaret, aged 85, Inverness (Partnerships for Wellbeing)

“I’d have to pay for an expensive taxi or avoid going to surgery.”

Ann, aged 88, Chapelton (Portlethen and District Voluntary Community Ambulance)

“I would be increasingly isolated as there is no public transport. It gives me the freedom to make doctor and dentist appointments and... gives me peace of mind.”

Susan, aged 84, Town Yetholm (Borders Wheels)

“I would be really struggling as I have had to go to hospital every day this week for cancer treatment. I am finding this very upsetting and stressful. But knowing that I am getting a lift from a friendly driver who helps me to/from the car makes the experience a lot more bearable, not to mention affordable. Commercial taxi drivers are so impersonal – many of them do not speak – and don’t help you.”

Angie, aged 57, Inverness (Partnerships for Wellbeing)

Q11 How does this service help your mental and physical health and wellbeing?

“It’s a life-saving service – I used to panic about how to get there.”

Lorraine, aged 73, Portlethen (Portlethen and District Voluntary Community Ambulance)

“I always feel positive after using PfW. They allow me to maintain my independence... Using the service takes away the stress of worrying about whether I can attend appointments.”

Louise, aged 45, Inverness (Partnerships for Wellbeing)

“It allows me to attend an exercise class where I feel I have achieved something both physically and mentally.”

Barbara, aged 92, Galashiels (Borders Wheels)

“It’s a relief knowing that the service is there.”

Elaine, aged 77, Portlethen (Portlethen and District Voluntary Community Ambulance)

“We had laugh after laugh! The driver couldn’t do enough to help me. It made for a very happy day!”

Ellen, aged 84, Culloden (Partnerships for Wellbeing)

OUR CONCLUSIONS & RECOMMENDATIONS

From dial-a-ride to volunteer car schemes, Community Transport plays a major role in delivering non-emergency patient transport and helping people to live healthier lives. The sector enables 534,000 journeys to health- or social care-related destinations every year. Our pilot survey indicates that 39% of these passengers would have been unable to travel without Community Transport.

Despite featuring in landmark legislation, strategic commitments and political priorities, local, community-owned and non-profit services still do not receive the recognition, funding or support they need or deserve.

Community Transport is at the heart of healthy communities all over Scotland – but it is not at the heart of our health & social care system.

Community Transport operators overwhelmingly report a lack of communication, collaboration or partnership working. Most are not connected with local health & social care stakeholders or services and are not part of local health & social care decision-making or policymaking.

Most NHS Boards are failing to comply with their legal duties under the Transport (Scotland) Act 2019. There has been an implementation gap. More than 6 years on, Community Transport operators and passengers are still waiting for change.

Just 28% of Community Transport operators receive funding from their NHS Board or Health & Social Care Partnership to deliver journeys to health-related destinations. Instead, 11 NHS Boards have spent more than £20.9m over the last 5 years with private taxi firms on non-emergency patient transport to fill the gap. This is not cost-effective.

More than 1 in 4 Community Transport operators now fear that they will not survive the next 3 years. There is a serious risk of essential and lifeline services being lost in the short- to medium-term.

We therefore need to:

- **Invest in and expand Community Transport to save lifeline services**, meet rising demand and prepare for an ageing population;
- **Harness the preventative power of community solutions to public health challenges** to protect our NHS for the future, improve outcomes for patients and passengers and reduce costs for taxpayers; and,
- **Develop a new partnership between the Community Transport sector, the NHS and the Scottish Ambulance Service** to prevent missed appointments, reduce waiting lists and end delayed discharge.



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