



community transport
association

CYMDEITHAS CLUDIANT CYMUNEDOL

Leading a thriving community
transport movement

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Dear Committee Members,

Thank you for the invitation to join the Welsh Affairs Committee on 22nd April 2026 to give evidence within the Committee's inquiry into cross-border healthcare arrangements between England and Wales. As we discussed during the session, please find below some further information, data, detail, and Community Transport operator feedback that complements and extends the evidence I was able to share during the session.

Should the Committee have any further questions or require and additional information, please do not hesitate to contact me.

Kind regards,

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Executive Summary

Having been invited to give evidence to the Welsh Affairs Committee, CTA Cymru conducted a snap survey in April 2026 of our members along the border between Wales and England, along with a small number of operators from further afield. 57% of respondents are actively delivering cross-border health transport, and their comments and data have been synthesised with other data we already hold to prepare this briefing paper.

Cross-border health transport is a significant and growing area of need for patients, leading to increased demand on the Community Transport sector. Most of this demand is currently being met by volunteers, an almost invisible workforce that is directly enabling health and wellbeing for patients in Wales and England, that is under increasing pressure. We have set out below some evidence that directly speaks to the questions posed by the Committee, along with some valuable additional evidence and calls to action where the Committee may be able to provide support.

The Community Transport Association

The Community Transport Association (CTA) is a UK member-led charity that provides leadership, training, advice, and operational support to transport-related charities, community groups, and social enterprises across England, Scotland, Wales, and Northern Ireland. We have more than 1400 members across the UK and provide proactive support to communities seeking to develop their own, community-led solutions.

We support and advocate on behalf of our members, enabling them to deliver innovative and flexible transport solutions that remove barriers, drive social change, and improve access to opportunities in their communities.

CTA promotes sector-wide excellence through training, resources, publications, advice, events, consultancy and project support on voluntary, community and accessible transport. We amplify the collective efforts of community transport providers to build stronger, more inclusive and sustainable communities through access to transport.

Demand is Growing

Our data shows that demand for community transport (CT) to health appointments is growing¹. Transport to GP appointments has long been an established element of Community Transport, and we see travel from Wales into England and vice versa happening regularly in border communities.

For appointments at hospitals and/or specialist clinics e.g. cataracts, oncology, orthopaedics, and renal, our evidence points to the majority of cross-border journeys moving from Wales into England, including both border communities and further afield.

Operators in Flintshire, Powys, Pembrokeshire, Ynys Môn, Denbighshire, Monmouthshire, Neath Port Talbot, Gwynedd, and Ceredigion, have reported health journeys to Liverpool, Cheltenham, Bristol, Chester,

¹ CTA 2026

Gloucester, Hereford, Birmingham, Shrewsbury, Wolverhampton, and Worcester, showing this is not just an issue important to border communities but extends across the length and breadth of Wales.

Urban CT operators who responded in Cardiff, Bridgend, and Torfaen reported they are not in a position to provide these journeys despite requests coming through, as they are already struggling to meet their existing demand locally.

Rural operators mainly reported either a static or growing demand, particularly for specialist care, and a significant increase in demand for short notice appointments, including short notice NEPTs cancellations.

Non-Emergency Patient Transport Services (NEPTs)

Wales Ambulance Service Trust (WAST) are the commissioned provider of NEPTs across Wales, and similar provision is individually commissioned in English Health Boards. WAST reported² in 2025 that some 600+ trips per month are cancelled by WAST with 24 hours' notice or less across Wales. This may seem a small number compared with the 500K+ journeys they do complete, but that means some 7000+ additional appointments that would have been missed without alternative transport, on top of the 700,000 missed or cancelled hospital appointments each year³. This presents a significant additional and urgent demand most CTOs cannot meet, especially for longer distance trips that require significant resource.

WAST transport for Welsh patients to English hospitals is not guaranteed and depends on ambulance capacity, and may only be offered for the first journey if care is ongoing. Eligibility in Wales for NEPTs⁴ has changed to become further restricted in recent years, meaning demand for CT and taxi provision is increasing.

CTA's Transport to Health project in Gwent showed that an average one-way taxi journey of 18.3 miles would cost £67 for a patient in Monmouthshire (the pan-Wales average taxi price for a journey of this distance is £47.16)⁵. This is simply unaffordable for most people, and due to the very low numbers of accessible taxis, also very difficult to secure, especially at a time that meets patients' needs.

English NEPTs eligibility provides for carriage of carers – this is no longer provided as standard in Wales, and across both systems is heavily reliant on capacity as patients with clinical need are prioritised and demand for NEPTs is high. We have had reports of a number of journey refusals for adults with physical and/or learning disabilities who need a carer's support to travel with safety and dignity, meaning they are then refused NEPTs despite meeting the clinical criteria. Similarly, we have anecdotal data of children being refused access to NEPTs as they legally must be accompanied by an adult, and that adult does not have a clinical need for the transport.

It is important to note that financial eligibility criteria do not apply, so patients who cannot afford transport to hospital will be refused carriage by NEPTs in both England and Wales if they do not meet the now very stringent clinical criteria.

² <https://record.senedd.wales/WrittenQuestion/91367>

³ <https://www.bbc.co.uk/news/articles/cd7v5ynqj3eo>

⁴ <https://ambulance.nhs.wales/services/non-emergency-patient-transport-service-nepts/>

⁵ CTA 2026

Some patients are able to have the cost of their travel reimbursed to them (if they receive benefits like Pension Credit or Universal Credit, along with a number of other criteria), via the Healthcare Travel Costs Scheme (HTCS)⁶. We are told that this is a complex and hard-to-understand system which each hospital manages differently, and have had reports of patients being treated with hostility when requesting reimbursement. The scheme also fails to account for patients who are not able to cover the upfront costs of transport, especially for longer journeys which are significantly more expensive.

More widespread understanding [is needed] that clients who receive certain benefits can claim the cost of transport back from the NHS. Each hospital operates a different way with clients often made to feel uncomfortable by office staff when claiming back their travel costs. (Estuary Community Transport, Flintshire)

WAST do not report (in the public domain) on journey refusals due to their assessment of patient eligibility; it is not known whether these data are collected at all. Anecdotal data shared with the CTA shows multiple examples of patients being refused transport as ineligible despite being transported by WAST previously, including one example from April 2026 of an 87 year old patient refused transport from Powys to Hereford less than a week after WAST had transported her for two previous appointments.

Community Transport operators provide invaluable help in ensuring patients can attend their essential medical appointments. Many of our clients do not qualify for Hospital transport or even if they do we talk to clients who have had their hospital transport cancelled the evening before their appointment with Hospital transport cancelling their appointment with the Hospital before telling the client! Clients who have had hospital transport cancelled several times have often been taken 'off the list' due to non-attendance even though it wasn't their fault. (Estuary Community Transport, Flintshire)

The Welsh Government and NHS Wales do not report data on the percentage of hospital appointments that are missed or cancelled due to a lack of accessible transport. Our analysis shows that if just 5% of last year's missed appointments were caused by a lack of accessible transport, that has a direct cost to the NHS in Wales of £4,568,200⁷. A small investment in boosting the provision of accessible transport would mean a significant saving to the NHS⁸.

Why do some people choose Community Transport over NEPTs?

NEPTs is free to patients, CT is chargeable – not for profit so low cost, even when using paid drivers, but still an additional expense for passengers. So why do some patients choose NEPTs where a choice is available?

NEPTs eligibility criteria strenuously points patients towards all other avenues than NEPTs for patients to consider before requesting a NEPTs pick up for their hospital appointment, including via Community Transport, or through support from family, friends, or neighbours. Many patients don't have family or

⁶ <https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/>

⁷ [Unit costs of Health and Social Care, 2022](#)

⁸ <https://www.audit.wales/publication/hywel-dda-university-health-board-tackling-planned-care-challenges>

friends to support them to make their journey (this is not considered in NEPTs eligibility criteria). 19% of Wales' population do not have access to a car or van⁹, and the Bevan Foundation's 2025 research showed that this proportion increases to more than a third of people in low income households¹⁰.

Other patients are seeking to maintain their independence and prevent an additional burden on others e.g. adult children with their own responsibilities.

Many simply have no choice available to them – when covering CTA's Advice Line, I spoke to a parent from mid-Wales that was having to make regular journeys to Alder Hey with her child and was likely to be travelling weekly for several months for treatment. She had no car and no family support, and had been refused NEPTs due to capacity on the vehicles. We managed to match her to a local CT provider and a volunteer transported them to and from the hospital every week; even at 45p per mile this presented a significant additional cost at a time when her ability to work was heavily restricted.

Patients may choose to use CT because of

- Accessibility
- Support
- Direct door-to-door journeys
- Familiarity
- Reliability

We hear regularly from patients how much they value the support from the Community Transport operator as well as the relationship they strike up with individual drivers. Where NEPTs is generally a transactional provision of service, CT is so much more than just a journey and our patients regularly refer to it as a 'lifeline'. Where patients need additional support due to their mobility or communication needs, our drivers and passenger assistants walk alongside passengers to help ensure they get to their appointment on time and even have support in the consultation room if needed. Drivers collect the passengers from their home, ensuring they board, travel, and disembark with safety and dignity, and make sure they are equally supported on the return journey whatever the reason for their appointment. While NEPTs offers very little choice or control over things like pick up or return journey times – sometimes leading to patients spending the entire day travelling or waiting at the hospital for appointments as short as just 4 minutes – our network ensures minimal waiting times and journeys that prioritise patient safety, comfort, and confidence, with drivers who are empowered to take the time to get to know and build a relationship with their passengers.

Our community transport service provides a fully accessible, door-to-door journey, delivered by a trained and trusted driver who understands [the patient's] needs. This ensures she can travel safely, comfortably, and without additional stress or anxiety.

⁹ <https://www.gov.wales/llwybr-newydd-wales-transport-strategy-2021>

¹⁰ <https://www.bevanfoundation.org/resources/the-route-to-net-zero-transport-in-wales-how-to-make-it-work-for-people-in-poverty/>

This support is vital not only for her physical health ensuring continuity of specialist care but also for her emotional wellbeing, as it removes the burden from family members who would otherwise need to coordinate and provide the journey themselves.

Without this service, there is a significant risk that she would miss or delay important medical care. By providing reliable cross-border transport, we enable her to access the specialist support she needs, maintain her independence, and manage her long-term health condition effectively. (Taith Co-op, Neath Port Talbot)

Policy Changes

The impact of the abolition of NHS England is so far unclear. Similarly, groups like Healthwatch which have an invaluable role in centring patient voice and acting as an impartial watchdog and advocate for patients (similar to Llais in Wales) are also due to be abolished, and it is unclear whether that function will be replicated under the new structure. Healthwatch have historically been a strong voice of challenge including around transport issues¹¹, it will take some time before we can properly assess the impact of this gap and this is an area of concern we will be monitoring closely.

New legislation on bus services in England and Wales was passed in 2025 and 2026, which is leading towards significant change, focusing on franchising, regional devolution and control, and enhanced quality partnerships¹². While this will be a process that evolves over the next decade, there is huge potential for the shift to create a stronger foundation for community-led transport and better networks that serve many more people¹³. The Welsh Government are currently drafting the secondary legislation and guidance that will shape the provision of cross-border local bus services, so we anticipate this may have additional impacts for patients accessing healthcare from 2030 onwards once the Welsh franchising system is fully operational.

Coordination and Integration

Responses on this question were universally negative. Operators reported patients experiencing significant challenges due to lack of coordination, information, and joined up thinking within public bodies.

All respondents reported that journeys are booked and paid for by passengers, with no contracts in place for cross-border health transport. This means patients are subject to the capacity and eligibility criteria of the operator. While there have been some opportunities for CTOs to bid to join NEPTs frameworks, this process is lengthy, bureaucratic and challenging, and operators reported being expected to deliver 'like a taxi service' with pick up notifications often 4 hours or less. Most operators in Wales are booking journeys 72hrs-7 days in advance, it's simply not possible for them to accommodate those short notice requests in most instances.

¹¹ <https://www.healthwatch.co.uk/blog/2025-11-19/how-well-are-patient-transport-services-performing>

¹² <https://ctauk.org/news/bus-franchising-england-what-it-could-mean-community-transport>

¹³ <https://ctauk.org/news/senedd-report-recognises-vital-role-community-transport>

Similarly, operators report patients being given very little notice of appointments even when they have been on waiting lists for years, and being threatened with being put back to the bottom of the list if the appointment is refused for any reason. For example, one patient living in north Pembrokeshire who had been on the waiting list for cataract surgery for 5 years, who was offered an appointment with 48 hours' notice for surgery in Bristol, but transport was only provided from Carmarthen. Initially she discussed refusing the appointment due to lack of transport, only to be told if she turned it down she would go to the bottom of the list with no guarantee of another appointment for a further 5 years! Fortunately, CTA member Green Dragon was able to put transport in place to support her to connect with the NEPTs bus in Carmarthen, and met her for the return journey and got her safely settled at home with essential supplies to aid her recovery.

Key challenges are short notice bookings where the client is on an urgent waiting list, very early morning bookings where a client is required to arrive early for surgical appointments, and probably worst of all is the huge increase in last minute cancellations. We took a cancer patient to a Hereford appointment last week. It had apparently been cancelled by letter due to the consultant's annual leave. Letter has still not arrived. Who pays for that transport?

Community transport organisations play a vital role in reaching rural and vulnerable populations. Greater formal recognition within NHS transport planning, including the ability to directly receive referrals and appropriate funding, would strengthen service delivery. (Hay & District Dial-A-Ride, Powys)

Our members tell us there is a clear opportunity to improve patient access by improved communication and more proactive planning, e.g. by scheduling appointments for clinics focused on a particular geographic area would enable both NEPTs providers and Community Transport operators to better manage their capacity and increase the number of journeys they are able to offer; by reducing early morning appointments for patients with mobility support needs, it would make it much easier for patients to attend their appointment via public transport where this is available; and by working directly with Community Transport operators there are opportunities to improve patient experiences while directly strengthening the sector, who will then be better placed to provide more and better support to the NHS.

We believe the Committee could also push for data to be collected on missed appointments/cancellations due to a lack of accessible transport, as well as requesting data on NEPTs refusals – if this example is set in England, it would create a best practice example for NHS Wales/WAST to follow.

GT & MT

Both clients were in their mid 90's, had always lived together, and only had ONE lasting wish – to spend the rest of their lives together. Each was the other's nominated Carer – one had mobility problems, the other had severe visual impairment, but with appropriate local help were still enjoying active lives together.

However, when MT had a fall and was sent over to an English District General Hospital, there began 18 months of fighting Health bureaucracy, where rules meant that “home from hospital” involved anything other than the patient’s home.

*LWCT worked with Powys CC Adult Services team to attempt to bridge the gap between the two Health Boards and support MT to return home to her husband – there was no evidence of the Health Boards consulting one another regarding MT’s post hospital health care, and nothing ever involved MT going **home**, to join her husband. We advocated for her along with Adult Services colleagues, and enabled a journey to bring her home to her husband for her final months of life. (Llanwrtyd Wells Community Transport, Powys)*

NEPTs teams across the UK should build a stronger understanding of the CT provision in their region to enable better signposting. CTA’s Advice Line have recently received a number of calls from patients who have been referred to us for help in booking alternative provision after NEPTs refusal, but as we don’t directly provide any transport ourselves this just results in more delays for the patient while we find those connections for them. In contrast, some health boards including Hywel Dda University Health Board are proactively working in partnership with the Community Transport movement by investing in growing capacity to make onwards referrals and connections locally, to streamline and improve the patient experience.

UK Government and health bodies should have a better understanding of the importance of CT as fundamental infrastructure, so it can be considered in planning, service changes, social prescribing, and ‘bed blocking’ (patients remaining in hospital without an ongoing clinical need).

Mr D is an 83 year old gentleman living in Catbrook, Monmouthshire. He has no family nearby, is no longer able to drive, and his mobility has significantly declined. He relies on our service to attend regular appointments at Hereford County Hospital and Hereford Eye Hospital.

On the small number of occasions where we have been unable to find a volunteer driver, he has had to cancel his appointments, directly impacting his ability to manage his health. Over time, missed appointments can lead to deterioration in conditions that would otherwise be manageable with regular care.

During his time with us, he has completed 66 journeys, 61 of which have been to hospitals outside of Wales. Our volunteer drivers have covered over 4000 miles to ensure he can access essential treatment. Without this support, he would have no realistic way of attending these appointments. (Bridges Community Centre, Monmouthshire)

Approved mileage allowance payment (AMAP)

CTA conducted a rapid review of the impact of the current fuel crisis with Community Transport operators in England and Wales in April 2026. 88% of respondents in England and 78% of respondents in Wales reported

they are already experiencing increased costs due to the fuel crisis, and 86% (England) and 71% (Wales) are worried/very worried about fuel shortages¹⁴.

CT, especially transport to health, is heavily reliant on the contribution of volunteers – every operator bar one who responded to our snap survey reports using volunteers for this service.

The Approved Mileage Allowance Payment (AMAP) rate is an official tax-free allowance which is used to reimburse employees or volunteers for the use of vehicles they own or lease and use in the course of their duties. It is set by HM Treasury, enforced by HM Revenue and Customs (HMRC) and based on the overall cost of motoring (including fuel, insurance, equipment, repairs and depreciation).

From 2011, the AMAP rate for cars has been 45p per mile for the first 10,000 miles and 25p per mile thereafter. This can be topped up by 5p per mile per passenger.

Many volunteer car schemes use the AMAP rate as a benchmark to ensure their volunteer drivers are not left out of pocket. It can also be used by HMRC to determine whether an individual is judged to be 'making a profit' from volunteering. As long you do not exceed the AMAP rate, your volunteers do not have to report their volunteer expenses to HMRC.

CTA has been leading a voluntary sector campaign¹⁵ for an 'urgent, transparent and fair review' of the outdated 2011 AMAP rate since 2022. Motoring costs have increased significantly since 2011. Major fuel price shocks due to recent conflicts and crises in Eastern Europe and the Middle East have underlined the pressing need for action. Analysis by the RAC Foundation¹⁶ reveals that, taking inflation into account, the AMAP rate should now be at least 66p.

On 25 March 2026, HM Treasury announced a 'workers-first review' of the AMAP rate. A new rate is likely to be announced by the Chancellor, Rachel Reeves MP, in her Autumn Budget. We welcome this announcement, however the review must deliver a fair deal for volunteers and the new AMAP rate must apply fully to them along with paid staff. CTA and our coalition partners will be making representations to HM Treasury on this point.

The Welsh Affairs Committee should push the UK Government to ensure the AMAP review includes volunteers as well as paid staff, both because there are some 1.7 million volunteers in transport across the UK who deserve a fair deal, and also because cross-border transport to health is heavily reliant on this volunteer workforce.

Parking

Hospital parking is a significant issue for Community Transport operators, including regular fines for volunteer drivers, lack of accessible/standard parking bays (including bays of sufficient size for minibuses), and a lack of suitable waiting areas for CT drivers. In Wales parking in hospitals is free, while in England carries a charge which then has to be reimbursed to the driver. The Grange Hospital in Gwent (part of the Aneurin Bevan Transport to Health project) is working with the CTA to explore a dynamic register of

¹⁴ CTA 2026

¹⁵ <https://ctauk.org/amap-fair-deal-volunteers>

¹⁶ <https://www.racfoundation.org/research/economy/reviewing-the-approved-mileage-allowance-payment>

Community Transport vehicles to ensure drivers are not issued with automated fines by ANPR cameras due to be installed later this year; simple initiatives like this one can make a significant difference to the providers who enable patients to access their healthcare.

Free parking at English hospitals for community transport vehicles would make a significant difference to service delivery. Our drivers often spend extended periods waiting for patients attending appointments, and parking charges add unnecessary cost and administrative burden to a service that is largely volunteer-led and not-for-profit. Unlike private individuals, community transport vehicles are providing an essential public service, supporting patients who may have no other means of accessing healthcare. Introducing consistent free parking arrangements for registered community transport providers would reduce financial pressure, improve efficiency, and ensure that resources are directed towards supporting patients rather than covering avoidable operational costs. (Hay & District Dial-A-Ride, Powys)

Capacity Development – Investment

Core funding for CT in England and Wales is provided via the Bus Service Operator Grant (BSOG England) and Bus Service Support Grant (BSSG Wales) – this amounts to less than £1.5m per year for operators across Wales. No funding comes to CT from health bodies as standard – the exception being Aneurin Bevan T2H which amounts to just over £100k pa via Regional Integrated Funding (RIF) which comes to an end in 2027.

Contrast this with NI – the Department for Infrastructure invested £2.3m in urban transport for disabled people, and £3.1m in rural accessible transport in 2025/26, in addition to concessionary fare reimbursement – a significant investment in accessible capacity development. While this investment is not solely focused on health, it creates a strong and sustainable foundation for operators who deliver a significant number of transport to health journeys for patients who have no other options available to them.

No capital funding is specifically targeted at Community Transport in England and Wales – this is in stark contrast with Scotland where the CT sector has seen just under £9m in capital investment since 2022. Transport Scotland, in partnership with the Energy Savings Trust has this year distributed over £3.6m to 43 organisations via the Plugged in Communities programme¹⁷, focusing on growing decarbonised accessible transport.

Operators are calling for strategic investment from the UK Government and the Welsh Government in both revenue and capital, to grow and strengthen the CT movement, and that recognises the specific challenges presented by cross-border health transport.

We would like to see greater recognition from the UK Government that volunteer led community transport is currently filling a critical gap in cross-border healthcare access. Support is needed in the following areas:

- *Sustainable funding models that reflect the true cost of delivering services using volunteer drivers and private vehicles.*

¹⁷ <https://energysavingtrust.org.uk/grants-and-loans/plugged-communities-grant-fund/>

- *Support for volunteer recruitment and retention, including reducing financial and administrative burdens on volunteers.*
- *Better integration with healthcare systems, so that appointment scheduling takes account of the realities of volunteer led transport.*
- *Clear acknowledgement in policy that in cross-border areas, access to healthcare is often dependent on informal transport networks.*

Without this support, there is a real risk that these services will become unsustainable, leaving vulnerable patients without viable options.

A key issue that is often overlooked is that cross-border healthcare access is currently being sustained by volunteers using their own vehicles. This is not a formal or guaranteed system, it is a goodwill-based response to a structural gap in provision. If volunteer availability declines, there is currently no clear alternative in place for many passengers, this creates a significant risk to continuity of care.

We would strongly encourage policymakers to recognise that transport is not simply a supporting service, but a fundamental part of healthcare access. (Bridges Community Centre, Monmouthshire)