



**Comisiynydd Pobl Hŷn Cymru
Older People's Commissioner for Wales**

Accessing Health Services in Wales: Transport Issues and Barriers

Older People's Experiences

**An independent voice and champion
for older people**

The Older People's Commissioner for Wales

The Older People's Commissioner for Wales protects and promotes the rights of older people throughout Wales, scrutinising and influencing a wide range of policy and practice to improve their lives. She provides help and support directly to older people through her casework team and works to empower older people and ensure that their voices are heard and acted upon. The Commissioner's role is underpinned by a set of unique legal powers to support her in reviewing the work of public bodies and holding them to account when necessary.

The Commissioner is taking action to end ageism and age discrimination, stop the abuse of older people and enable everyone to age well.

The Commissioner wants a Wales where older people are valued, rights are upheld and no-one is left behind.

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Mae'r ddogfen hon ar gael yn Gymraeg // This document is available in Welsh

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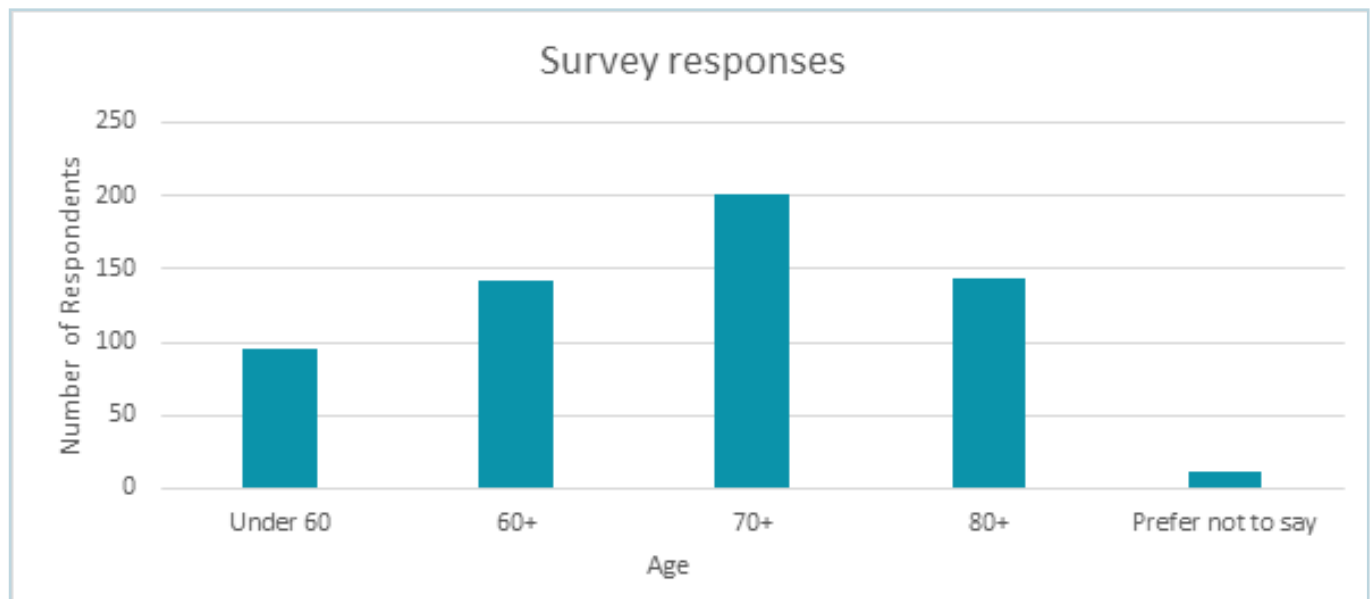
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Our Approach

The views and experiences of older people were gathered over a period of six months and included focus groups, engagement events, meetings with stakeholders, written submissions and a survey questionnaire.

The 'Travelling to Health Services' survey was open between June and October 2019 and was made available both electronically and through a paper version which was shared widely with older people's groups and forums across Wales.

We received 632 responses to the survey with some responses from people aged under 60, the majority of those were between 51 and 60 and generally raised very similar issues. All responses have been included in the statistics.



*39 respondents did not answer this question.

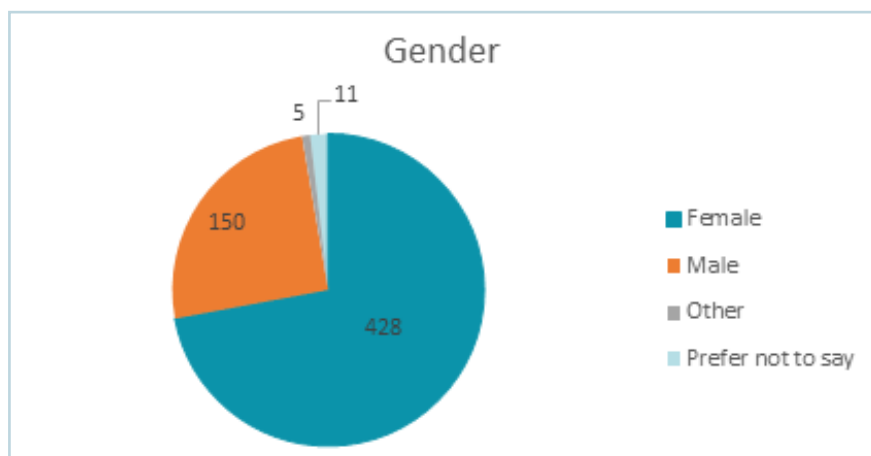
Focus groups were also organised for both North and South Wales and engagement events were attended in other areas to better understand the issues facing older people across Wales.

Several stakeholders submitted written submissions whilst others indicated a preference for face-to-face meetings which were held during the same period.

The report was also able to draw upon representations that had been made previously to the Commissioners casework team and further secondary research.

Further analysis of the 632 responses identified data around gender, disability and a broad indicator of location based on identifying the Local Health Board.

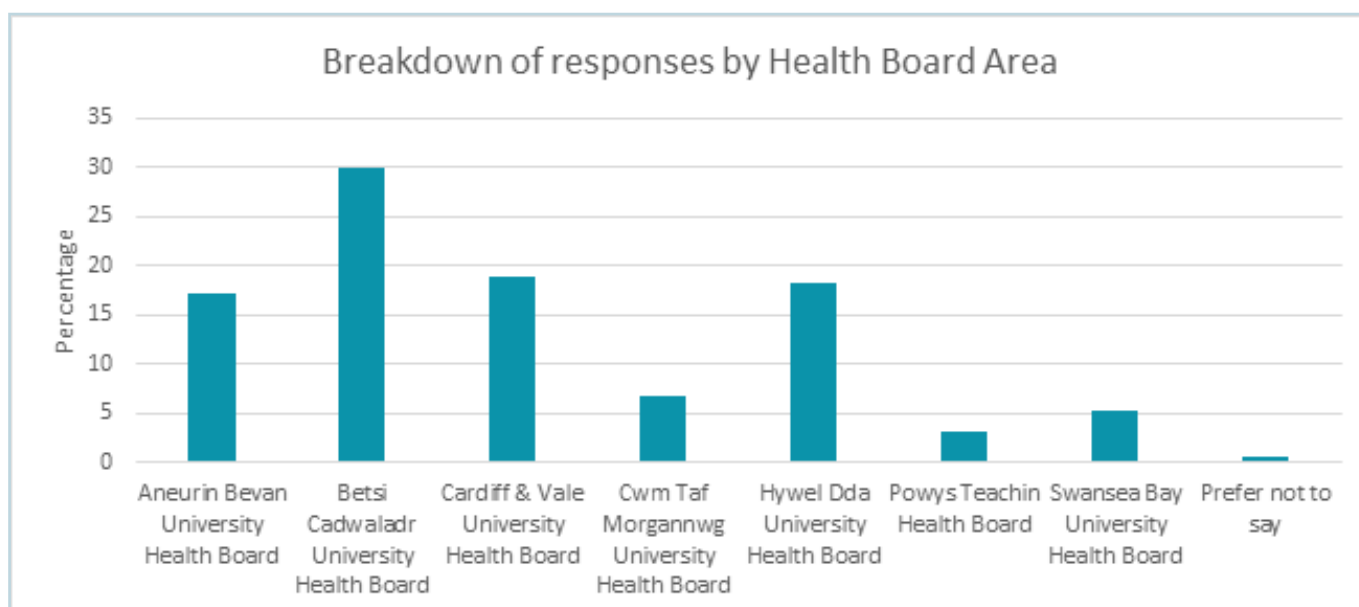
72.1% of the survey respondents recorded their gender as female, while 25.3% recorded their gender as male. A further 1.9% selected the prefer not to say option, whilst five respondents selected 'other'. 38 respondents chose not to answer the question.



Gender	N
Female	428
Male	150
Other	5
Prefer not to say	11
Total	594

*38 respondents did not answer the question.

We received responses from all seven Local Health Boards (LHBs) areas. The highest number of responses came from the Betsi Cadwaladr University Health Board area, with 29.9%. Aneurin Bevan, Cardiff and the Vale and Hywel Dda Health Boards all registered around 19% (71 respondents did not provide a Health Board).



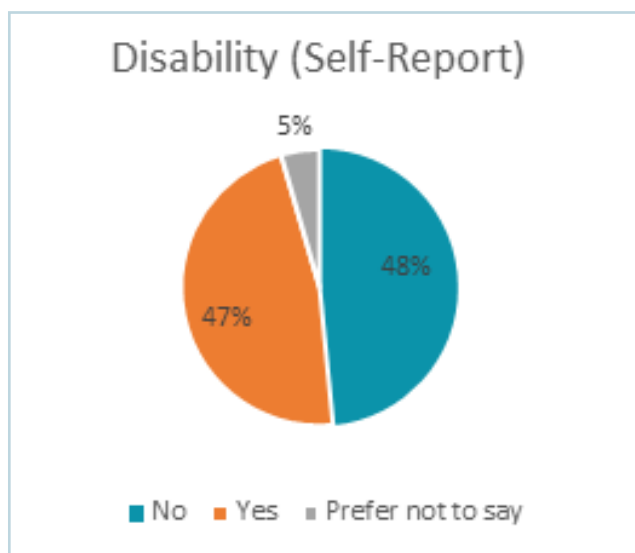
The response rate generally reflects the over 65s population levels within the Health Board areas.

Health Board	Over 65s population
Betsi Cadwaladr	163,213
Aneurin Bevan	119,638
Hywel Dda	96,015
Cwm Taf	87,994
Cardiff & Vale	80,538
Swansea Bay	78,701
Powys	36,376

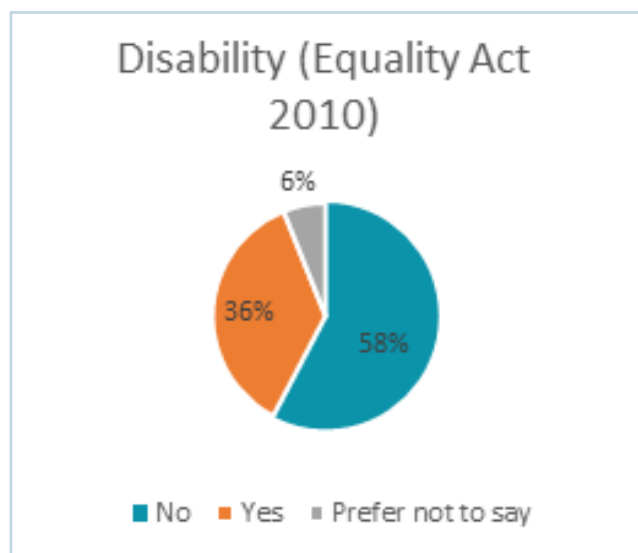
Of the 632 respondents to the questionnaire, 47% considered themselves to have a disability. In comparison, only 36.2% of respondents reported having a disability as defined under the Equality Act (2010), which defines disability as:

A person (P) has a disability under the Act if—

- (a) P has a physical or mental impairment, and
- (b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities. (Equality Act, 2010)



*58 respondents did not answer this question



*171 respondents did not answer this question

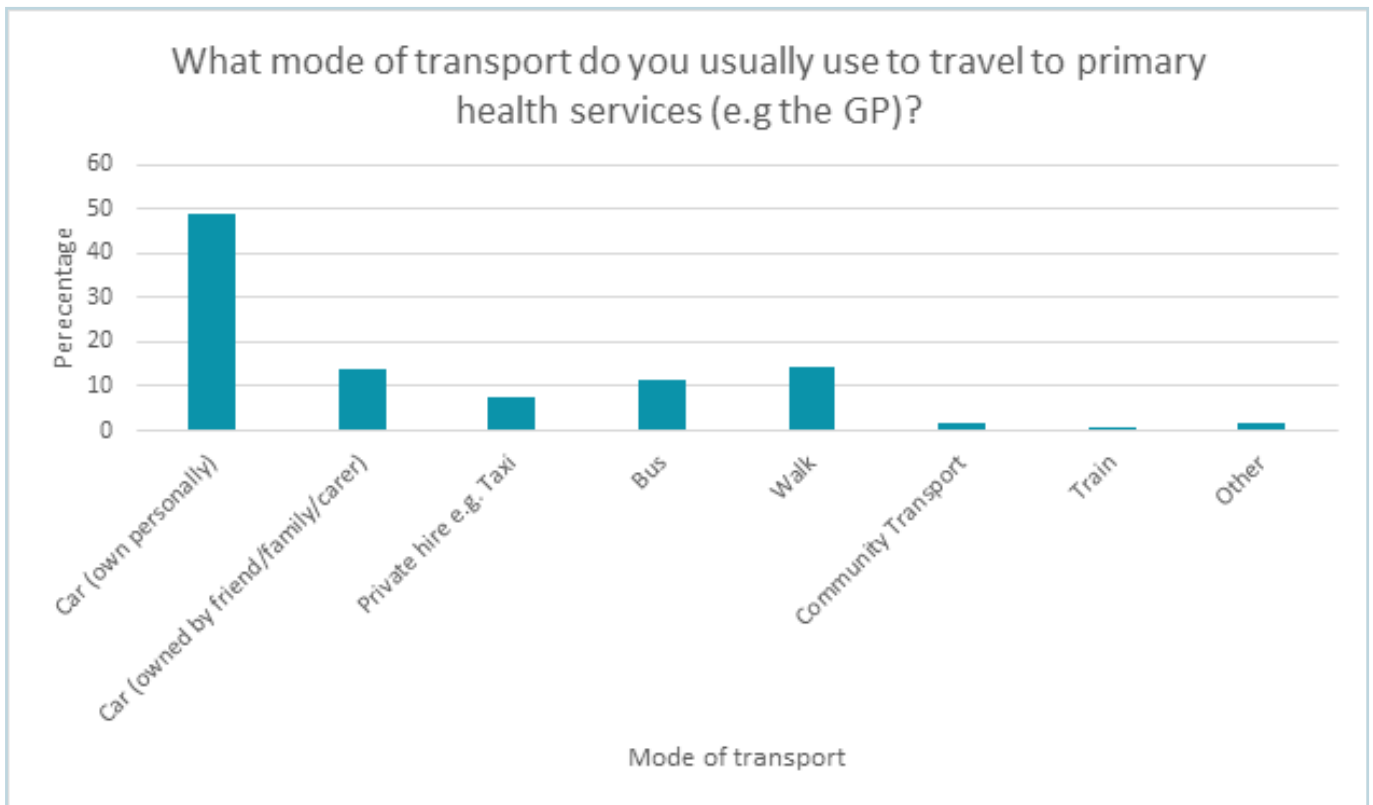
Travelling by car was found to be the most popular method of travelling to both primary and secondary/tertiary health services.

48.9% of respondents travelled to primary health by their own car. A further 13.7% travelled in a car owned by a friend family member or carer. 14.2% of respondents walked to primary care, and 11.6% got the bus. 7.5% took a taxi, while 1.9% used Community Transport and 1.9% used another form of transport.

Travel by car was highest amongst the 70 – 79 age group, marginally higher than those in the 60 – 69 age group, however car travel fell away sharply for those over 80+.

Similarly, a higher number in the 70 – 79 age group reported travelling by bus compared to those in the 60 – 69 age group. This figure fell away sharply for those over 80+

Finally, the same group, 70 – 79 age group recorded a higher figure for walking compared to the 60 – 69 age group. This figure also fell away sharply for those over 80+.



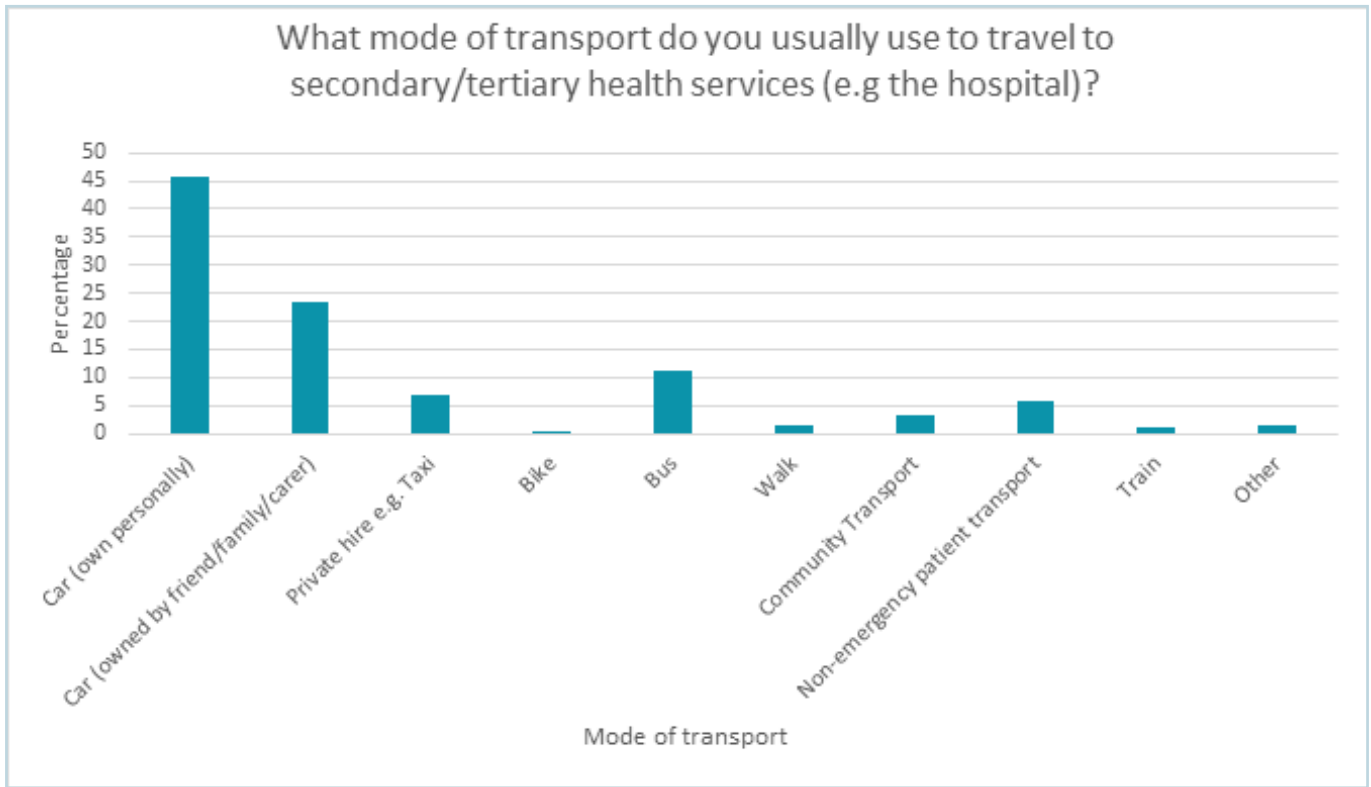
*61 respondents did not answer this question

45.6% of respondents travelled to secondary/tertiary health services by their own car. A further 23.6% travelled in a car owned by a friend family member or carer. 11.1% got the bus, 6.9% took a taxi, and 5.6% used non-emergency patient transport. 3.1% used Community Transport and 4.2% of respondents walked, took the train or used another form of transport.

Once again travel by car was marginally highest amongst the 70 – 79 age group, than those in the 60 – 69 age group, however car travel fell away sharply for those over 80+.

Similarly, a higher number in the 70 – 79 age group reported travelling by bus compared to those in the 60 – 69 age group. Once again, this figure fell away sharply for those over 80+

Finally, the numbers reporting that they were able to walk to the hospital across the three age groups were in single figures.

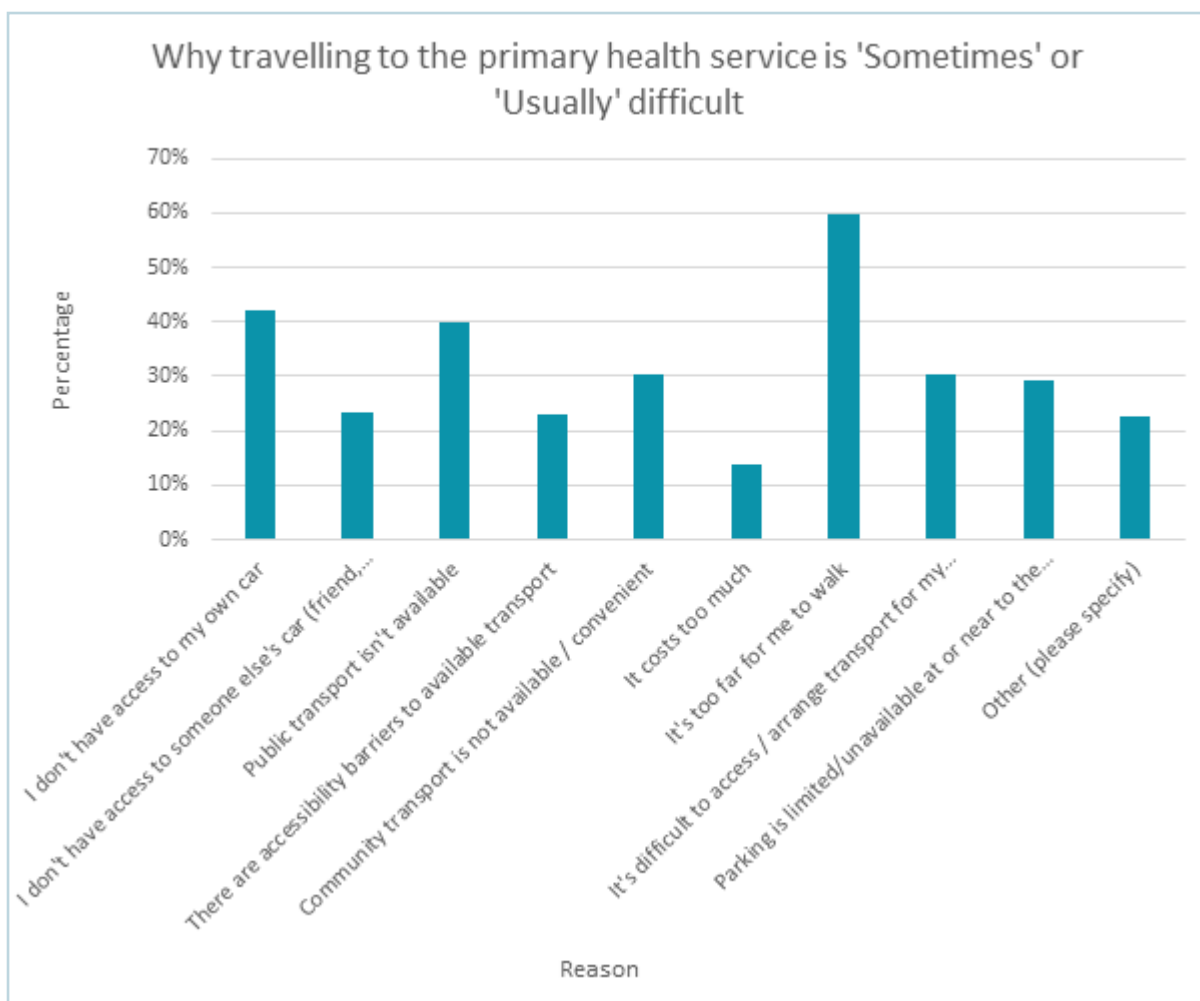


*81 respondents did not answer this question

Primary Health Services

It was clear from the survey responses that a significant number of older people find travelling to primary health services difficult, with almost a third indicating that this was usually or sometimes the case.

Whilst several reasons were identified for this, as set out in fig.1 below, the most common reasons were services not being within walking distance, not having access to their own car and a lack of public transport.



Why travelling to a primary health service is 'sometimes' or 'usually' difficult

These kinds of difficulties were highlighted as common reasons why over a quarter of survey respondents had missed or were late to appointments at primary health services. This means that transport issues are not only seem to be creating additional costs and pressures within the health service but are also having a potentially negative impact on the health and well-being of those who may find themselves unable to attend appointments.

Furthermore, given that around two-thirds of respondents reported visiting primary health services every 8-12 weeks, and that around half of those aged 80-89 are visiting these services every month, it seems that transport difficulties and the subsequent issues they create could be regularly affecting significant numbers of older people throughout Wales.

Getting to the surgery

The majority of survey respondents told us that their preferred method of travelling to their GP was by car, with over 60% either driving themselves or receiving a lift from family or friends. The remaining 40% were evenly split between those who walked to their surgery and those who use public or community transport.

Based on the evidence gathered through the survey, it seems that alongside other factors, such as cost and convenience, the time it takes to travel may be playing a part in older people's decision to use their car to get to primary health services, rather than other forms of travel.

Whilst no two journeys are the same, given that distances from home to the surgery vary widely for each respondent, the overall average time spent travelling by car was around 17 minutes and the average time spent travelling by bus was 39 minutes and by taxi 22 minutes

The average travel time reported for community transport was just under 16 minutes, however, given the small number of respondents who used this method, it is likely that this does not reflect the experience of community transport users in rural and semi-rural areas, where journey times by any form of transport are typically much longer.

Interestingly, walking to a GP surgery also took an average of 17 minutes, around the same time as travelling by car. However, as discussed below, the relocation of GP surgeries to new co-located well-being hubs may be limiting this option for many older people, alongside other factors such as mobility issues and the built environment.

Across all forms of transport, older people shared with us a number of concerns, frustrations and barriers that can make getting to primary health services more difficult, which are explored below.

Car

As highlighted above, travel by car was the preferred option for the majority of older people, which is perhaps unsurprising given that, for many, this will be the quickest and most convenient way to access primary health services.

However, concerns were raised about the availability of parking in some GP surgeries, particularly the availability of blue badge parking bays.

“...Dentists and GP surgeries either don't have accessible parking spaces or are abused by non-disabled people and staff i.e. office staff and district nurses...”

Online questionnaire, Betsi Cadwaladr University Health Board

“Accessible parking as it is often abused and therefore no spaces available for disabled people. This occurs at primary and secondary health services (accessing pharmacy can be extremely difficult and so I rely on partner for this).”

Online questionnaire, Swansea Bay University Health Board

These comments reflect similar concerns highlighted in the Commissioner’s 2017 report, GP Services in Wales: The perspective of older people.

“Parking facilities, particularly for disabled drivers, are totally inadequate and difficult, particularly to exit.”

Hard copy questionnaire, Betsi Cadwaladr University Health Board: Older People’s Commissioner for Wales, 2017 – GP Services Report

Some progress does seem to have been made since 2017, with focus group participants in a number of areas telling us that parking was generally good and accessible. It was noted, however, that this was often achieved by relocating surgeries to the outskirts of populated areas. Whilst this approach will be of benefit to those able to travel by car, it is also important to remember that this can make it more difficult for older people to access these services using other forms of travel, particularly getting to a surgery by foot.

Walking

Around 1 in 5 older people who responded to the survey stated that they travel on foot to primary care services, a similar level to those using public or community transport. However, as highlighted above, the relocation of surgeries to the outskirts of towns and villages means that walking to these services can be more difficult, if not impossible.

“Our surgery is moving in the future which will make it difficult to get to when my husband is no longer able to drive.”

Hard copy questionnaire, Hywel Dda University Health Board

“Visiting a dentist is a lot more difficult as it’s in the next town and a long walk from the nearest bus stop.”

Hard copy questionnaire, Betsi Cadwaladr University Health Board

In addition to potential issues related to the location of services themselves, older people also shared concerns about the ways in which the built environment can encourage or discourage travelling on foot, an issue that was highlighted in the BMA’s 2012 report ‘Healthy Transport = Healthy Lives’. The report identified a number of potential barriers that can prevent older people from walking to health appointments, including a lack of (or uneven) pavements, poor lighting, and short duration traffic signals at pedestrian crossings.

Similar issues were discussed during engagement sessions with stakeholders, who highlighted the need for safe ‘active travel’ routes, which include features such as dropped kerbs and wide pavements. It was suggested that making ‘active travel’ easier, more appealing and safer could encourage more older people to leave their cars at home and walk to health appointments when possible.

Bus and Community Transport

For older people who do not have access to a car, or are unable to walk to primary health services, public and community transport is essential, with many describing it as a 'lifeline'.

However, older people highlighted several issues related to public and community transport that can create difficulties in accessing essential health services.

One key issue was the lack of alignment between bus schedules and appointment times, which means that using public or community transport to access appointments can be difficult.

“Where I live public transport is not the best and doctors and hospital appointments can become a nightmare for older people.”

Online questionnaire, Cwm Taf Morgannwg University Health Board

“It’s awkward if you have no car. It’s too far to walk, and you could wait ages for a bus.”

Engagement, Hywel Dda University Health Board: Older People’s Commissioner for Wales, 2017 – GP Services Report

Difficulties in using public or community transport to access health appointments were also exacerbated when appointments had to be made on the day.

“Getting to the doctor or hospital is quite easy for me, not so for a lot of older people. Getting an appointment is another thing, ring at 8am, all appointments gone, try again tomorrow. It took me 3 months to get an appointment for doctor I needed to see. The doctor suggests you queue outside early, 7.30am, can you imagine queuing in pouring rain or snow, most elderly can’t stand, I can’t...”

Online questionnaire, Aneurin Bevan University Health Board

“It can take an hour to get to my local surgery by bus and a taxi costs £15... You must order your lift (community transport) 24 hours in advance and you can only get an appointment at your surgery on the day you phone.”

Engagement: Focus Group, Betsi Cadwaladr University Health Board

These difficulties mean that, in some cases, older people appear to be limiting their engagement with primary care services.

“I wait until my GP write to me and just go in for medication. They have a 10 minutes rule. There’s no holistic approach.”

South Wales Focus Group

“I know this survey is about transport, but I am taking this opportunity to complain about the length of time it actually takes to get an appointment with my GP (can be four weeks or more) ... I cannot go and stand in the early morning queue outside a GP surgery because of my hip pain, and because of gastrointestinal issues that make it hard to leave my home before 10am. Getting through on the phone to make an appointment seems totally impossible too. I therefore see less and less of my GP.”

Hard copy questionnaire, Cardiff and Vale University Health Board

Alongside these concerns, issues relating to public transport infrastructure, particularly the placement of bus stops and the availability of bus shelters and adequate seating, were also highlighted, reflecting concerns that have been shared with the Commissioner’s casework team.

One recent enquirer, for example, contacted the Commissioner to seek assistance in getting a new bus shelter for their village as the placement of the current shelter meant it was only possible to see the oncoming bus by stepping out into the road. This was potentially very dangerous and while the bus service was crucial in enabling older people to access GP and hospital appointments, many were put off using the bus due to the risks associated with the placement of the shelter.

This highlights the importance of wider infrastructure – beyond the availability of services themselves – and the impact this can have on older people’s access to transport services.

Difficulties in accessing timetables and travel updates, and the impact these can have on journey planning were also highlighted, with many older people telling us that they struggle to find the information they need to plan their journey by public transport.

A number of focus group participants told us that there is very limited information available at bus stops themselves, and that the information that was sometimes available was often confusing or difficult to read. They acknowledged that this information could be accessed online, but recognised that this will not be an option for the significant number of older people throughout Wales who do not have access to a computer or device, or choose not to use online services. There was also limited awareness of the telephone service offered by Traveline Cymru, which can provide detailed travel information and advice on journey planning that many older people currently appear to be missing out on.

Difficulties in accessing ‘real time’ travel updates were also highlighted, with older people telling us that when they are at the bus stop they have no way of knowing whether the bus was due, whether they had missed it, or whether it had been cancelled altogether, something that could cause concerns and anxiety due to uncertainty about whether to wait at the bus stop or make other travel arrangements to be sure they did not miss their appointment.

For older people in some parts of Wales, particularly those living in rural areas, limited public transport options and reductions in public transport provision mean they must rely upon community transport to access primary health services.

Many of those who took part in the focus groups who had used community transport services spoke positively of their experiences and highlighted a number of schemes that enable older people to travel to health services, such as ‘O Ddrws i Ddrws’ in North Wales; Country Cars, Dolen Teifi and PACTO initiatives in West Wales; and Greenlinks in South Wales.

Evidence from stakeholders also highlighted further examples of community transport schemes throughout Wales that are providing much-needed transport to older people.

In Conwy, for example, an innovative community care scheme was recently launch to help people get to where they want to go by providing a door-to-door service that enables people to access the services they need. The scheme, funded by the Lottery Community Fund, was developed in response to a high number of ‘did not attends’ for GP appointments across a number of local surgeries. Following a wide consultation, the scheme intends to share information about what has worked well, as well as lessons learned, with other rural communities facing similar challenges to assist them as they develop their own community transport services.

Similarly, in south Wales, the Dinas Powys Voluntary Concern initiative, which works in partnership with the local authority to deliver a range of community transport services, has seen transport to health become a bigger part of the services they deliver, particularly since the development of the Dinas Powys Voluntary Centre (See Co-located Surgeries).

These examples demonstrate that community transport is being used to fill gaps in public transport provision and is therefore for older people who would otherwise be unable to access the health services they need.

However, concerns were raised about the fact that, despite its crucial role, community transport provision in Wales varies significantly and is not available in many areas, with funding pressures limiting the scope of what can be delivered.

“Suitable public transport for someone elderly, disabled and living on their own in parts of rural Wales, not on a public bus route or served by Community transport to get to appointments and collect medication, in this day and age is appallingly poor and is a major issue in relation to my wellbeing and being able to continue living independently.”

Online questionnaire, Powys Teaching Health Board

“In [area] a service is available but is limited to a one journey a week with a choice of either ‘shopping’ or ‘GP appointment’.”

Stakeholder meeting, Community Transport Provider

The significant impact that limited public and community transport can have on older people was highlighted at an evidence gathering session with stakeholders, where the experience of a recently widowed older person living in mid Wales was shared. She had not previously needed to drive and said she felt ‘like she was living in a beautiful prison’ as she was essentially confined in her empty family home due to having no access to public transport and very limited access to community transport.

Experiences like these, which will be shared by many older people in many parts of Wales, demonstrate just how important reliable and accessible public and community transport can be, particularly for those unable to access other transport options.

Taxi

Many older people told us that they often resort to travelling to medical appointments by taxi when travel by other means is either difficult or impossible. Some older people told us that public and community transport options in their area were limited or unavailable, or that they had simply lost faith in the public transport options available to them due to reliability issues, while others said they often feel the need to travel by car to be sure of arriving at medical appointments on time.

Unsurprisingly, travelling to health appointments by taxi often comes at significant expense, which can be challenging for older people living on a fixed, often limited, income.

“I have to use a taxi to [get to] my surgery. This costs £10 there and back. I also find that I have to ring for about 30-45 minutes to get through to the surgery in the morning, if I need an appointment that day. There is only one number for the surgery.”

Hard copy questionnaire, Cwm Taf Morgannwg University Health Board

“It’s £16 for a taxi and there are no buses.”

Engagement, Betsi Cadwaladr University Health Board: Older People’s Commissioner for Wales, 2017 – GP Services Report

With 1 in 5 older people in Wales living in relative income poverty (Welsh Government 2019c) and around 88,000 older households living in fuel poverty (Welsh Government 2019d), many older people will be forced to reduce spending on essentials like food and heating in order to find the money to attend a medical appointment.

“I think that some older people are not going to health appointments because it is too difficult, they have to weigh up where money is best spent.”

South Wales Focus Group

Concerns were also shared during the focus group sessions about the negative impact on people’s health if cost becomes a barrier to them attending appointments and they become more unwell, putting them at risk of needing further, more intensive and often costly interventions at a later date.

This led to discussions about how greater support could be provided to older people who need to use taxis, with a suggestion that the concessionary bus pass could be extended to cover taxi travel to medical appointments, something that would benefit the health of individuals, whilst also reducing the cost of missed appointments, which was estimated to be £36m in Wales in 2016/17.

It was also suggested that alternative forms of car-based transport could be provided to reduce the potential cost of accessing medical appointments, such as this example from north Wales.

“[The surgery] is very good, they coordinate their own volunteer driver network to get patients to the surgery. Its because they have a great practice manager. There is a small charge for the service and the practice pay drivers 45p a mile.”

North Wales Focus Group

It is important to remember, however, that any cost to an older person could create a potential barrier to them accessing essential health services.

Co-located surgeries – GP Hubs

As highlighted above, health boards in Wales are increasingly starting to co-locate GP surgeries with other primary health services, such as pharmacies, in local medical centres. This follows the publication of ‘A Healthier Wales: Our Plan for Health and Social Care’ by the Welsh Government in 2018, which called for greater coordination and alignment between primary care services, and a greater focus on delivering more services within community settings.

Many older people welcomed the introduction of these ‘hubs’, perhaps unsurprising given the high percentage who access health services by car, talking positively about being able to access multiple services in one location and features such as improved parking and access.

Other potential benefits of the more coordinated or multi-disciplinary approach provided by these hubs were also highlighted in evidence provided by the Motor Neuron Disease Association. They told us that a single visit could provide a patient with access to their relevant consultant and/or other health professionals, such as physiotherapists or occupational therapists, which could cut down the amount of travel required by a patient. They added that increasing the use of teleconferencing and telemedicine could further reduce patient travel.

The use of such technologies was also discussed by older people during focus group sessions, but concerns were raised about whether a shift towards these kinds of services was realistic, given the poor digital coverage and connectivity issues that are common in many parts of Wales.

However, whilst these hubs and their benefits were welcomed by many older people, many others expressed concerns that they are invariably located on the outskirts of towns and cities, replacing surgeries that were previously more accessible without a car.

This means that some older people sometimes feel cut off from these new services, either due to poor or broken transport links or the hub’s location making it challenging, if not impossible, to walk to.

“Since the surgery moved almost impossible for me to attend for regular blood checks. [...] I have tried to contact [local councillors] about community transport - haven’t received reply. This is causing me stress and anxiety on top of everything else. No one seems to care when you get older...”

Hard copy questionnaire, Health Board Unknown

It appears that, in setting up these new services, little consideration has been given to section 3.46 of the Welsh Government's Planning Policy 10, which states that community facilities (including libraries, schools, doctors' surgeries and hospitals) should be located 'within existing urban areas or areas which are, or can be, easily reached by walking or cycling, and are well served by public transport'.

Furthermore, many older people were very concerned that their views about proposed developments and the potential access and transport issues they highlighted throughout consultation processes had not been given sufficient consideration or had been disregarded altogether.

“A good example of these issues is the proposal for a wellbeing hub and GP services at [local area]. It is very clear that much of the planning [...] on advanced stage without proper consultation or patient access. Consultation with patients has been very limited and at a late stage.”

Hard copy questionnaire, Cardiff and Vale University Health Board

“They've moved the surgery and it's now on a hill which makes it harder for older people. This means that some older people do not bother to go.”

South Wales Focus Group

“... I have received many report/concerns about the lack of transport to the new [surgery], especially several residents from [local area]. Many complain of being overlooked.”

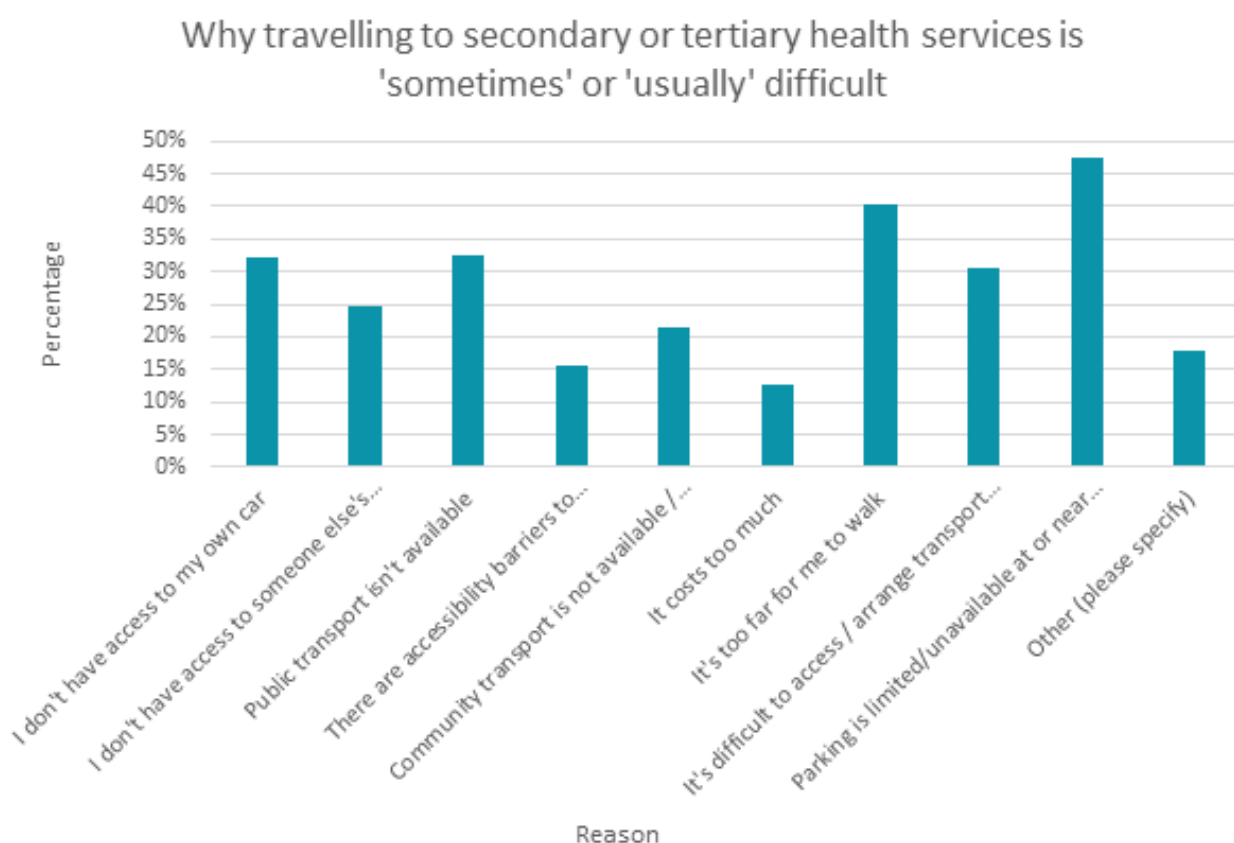
Hard copy questionnaire, Swansea Bay University Health Board

It is concerning that many older people seem to feel they are unable to influence decisions in a meaningful way, despite the proposals potentially having a significant impact upon their ability to access crucial health services. This calls into question whether obligations under the Public Sector Equality Duty and the Equality Act (2010) – to assess the impact of proposed decisions and reduce the disadvantages that affect people due to a protected characteristic – are being fully met.

Secondary / Tertiary Health Services

Travelling to Secondary / Tertiary Health services appears to be more difficult than travel to primary services, with just under half (46%) of survey respondents stating that they 'usually' or 'sometimes' find travel to these services difficult.

The most common reasons for travel difficulties included issues with parking, the service being too far to walk to, and a lack of public transport options, a reason cited by around a third of respondents. Other reasons highlighted are set out in fig 2 below.



Why travelling to a secondary/tertiary health service is 'sometimes' or 'usually' difficult

These difficulties meant that over a third of respondents reported having missed or been late to an appointment (for primary care this figure was around 25%), which is concerning given the potential impact that this can have on people's health, and the potential costs to the health service, as discussed above.

Key reasons for missing or being late to appointments included difficulties with parking (46%), public transport being late or cancelled (28%) and having no access to a car (25%).

Difficulties travelling to secondary/tertiary health services also seem to be having a wider impact, with 42% of survey respondents stating that transport issues had affected them visiting family or friends in these settings.

Hospital appointments

Difficulties coordinating travel around hospital appointments were highlighted by several older people during our focus groups and engagement events, who told us they felt a lack of consideration was given to people's travel needs or the availability of public transport when appointments are allocated.

Many also felt very frustrated by the limited availability and reliability of public transport when needing to get to an appointment and felt there was a distinct lack of alignment between appointment times and bus timetables.

“Bus services in the community need to be more than one an hour as it’s impossible to get appointments around bus times. Miss one and wait another hour, it’s ridiculous.”

Online questionnaire, Swansea Bay University Health Board

“I travel from [Area to Hospital]. There used to be a bus every half hour, now it’s one an hour. All eye clinics appointments are before 11 and I need one every two months. I can’t get a bus in time. In [other hospital] the appointments are lunchtime/afternoon. That’s much easier to get to. I can’t get to early appointments as buses are unreliable and don’t always run.”

South Wales Focus Group

“To get to an appointment it’s sometimes necessary for me to leave extremely early, only to have to wait because I’m too early and then appointments rarely run on time but you can’t afford to be late as they can refuse to see you – it’s very stressful trying to get home as well because of the times of buses.”

Online questionnaire, Cardiff and Vale University Health Board

Difficulties in travelling to hospital are often exacerbated when older people are allocated early morning appointments, with many feeling unable to attend or needing to rearrange, despite the potential impact this could have on their health.

“We were then given a second appointment, unbelievably this was for 8:30am! My mother is 86, this along with where she lives, should show on her records. After the previous experience, it was evident that we needed to leave at least two hours for what is only a one-hour journey. We had to call the hospital and explain that leaving home at 6:30am just wasn’t practical with a lady of this age. The hospital agreed that getting from [Area to Hospital] at this time of day was pretty much impossible so appointment two was cancelled.

We are still waiting for an appointment that we can actually attend. I’m prepared to take her by car or escort her on the bus but I need an appointment at a time when I have a realistic chance of getting there.

Whilst we are waiting, her condition continues to deteriorate therefore the costs to the National Health Service will increase.”

Online questionnaire, Cardiff and Vale University Health Board

“Although I have my own car, it would be very difficult to access any services on public transport, and also if you need to attend hospital appointments very early in the morning. For example I had a 7.30am appointment to have a minor operation on my face, this was in [Hospital]. I did ask the question how I would get there at this time in the morning and was told to get a taxi.”

Online questionnaire, Cwm Taf Morgannwg University Health Board

These kinds of issues can have a significant impact in rural areas, as highlighted by evidence from the Community Hospital Association. They estimate that every month 50 older people fail to attend appointments at rural community hospitals (out of a total of 2,000 appointments) due to transport difficulties.

This means that, over the course of a year, hundreds of older people living in rural areas in Wales are at risk of missing crucial health appointments due to a lack of transport options.

The impact of the centralisation of secondary/tertiary health services was also highlighted, with many older people expressing concerns about the need to travel greater distances and the transport difficulties that could arise as a result.

“Difficulties arise when treatments are being centralised at specific hospitals rather than local ones. I recently had to attend [Hospital]. [...] This wasn’t too bad but then there is only one bus an hour going to and from the hospital in [Area].”

Online questionnaire, Cwm Taf Morgannwg University Health Board

“The NHS have centralised many services that has increased the length and time of journeys, making it more difficult to access via public transport that was probably not considered and service providers including local authorities cannot provide additional service provision required. [...] Provision of more accessible local ‘NHS services’ is required like having a full time A&E department at [Hospital], not part-time Monday to Friday.”

Online questionnaire, Cardiff and Vale University Health Board

“Centralisation is a problem as many people have to travel greater distances – mainly to specialist services.”

Stakeholder Meeting, Community Transport Provider

It is concerning that we have a situation where action designed to improve the experiences of patients does not appear to have taken account of the needs of older people, or the travel difficulties they may face, meaning they are, once again, at risk of being unable to access the health services they need.

Carers

The issues with accessing hospital appointments set out above can have a particular impact upon carers, whether they are attending their own appointment or accompanying a loved one, creating added pressure, stress and anxiety.

“The other problem is that one has to be ready two hours before an appointment and this can be very distressful when the appointment is early day say 8.30am or 9am, when you are 85 years of age.”

Hard Copy questionnaire, Betsi Cadwaladr University Health Board

“Early appointments are challenging, needing time to prepare their loved one as well as themselves.”

Stakeholder meeting, Carers Wales

While some examples of good practice were shared, such as hospital staff identifying that an early appointment would not be suitable, many older people felt that little or no consideration seems to be given to people’s individual circumstances and the challenges that particular appointment times, transport options or travel distances may present. They said that these challenges mean that many carers do not attend medical appointments, putting their health at risk.

These concerns were echoed in evidence from Carers Wales which also highlighted that difficulties in arranging temporary care can result in missed appointments, in turn leading to a deterioration in the health of the carer and creating a potential need for an emergency intervention or admission to hospital at a later date. Alongside the impact upon a carers health, the health and well-being of the person being cared for would also be likely to suffer, due to the loss of crucial care and support.

Getting to the hospital

As was the case with primary health, travel by car was the most popular method of travelling to secondary/tertiary services, with 70% of survey respondents travelling to appointments in this way. Bus and community transport was the next most common option, at 14%, while private hire vehicles and non-emergency patient transport (NEPT) were used by 7% and 6% of respondents respectively.

Whilst no two journeys are the same, given that the distances to the nearest hospital vary widely across Wales, the average time spent travelling by car by those who responded to the survey was around 42 minutes and the average time spent travelling by community transport was 50 minutes compared to on average 63 minutes by NEPT and 76 minutes by bus.

Across all forms of travel, older people highlighted a range of difficulties and barriers they often face when trying to access secondary/tertiary health services and shared their concerns about the potential impact this was having upon their health and well-being.

Car

Whilst the most popular travel option by some margin, travelling to hospital by car did present a number of challenges according to survey respondents, often related to difficulties with parking that in some cases created particular risks for older people with health conditions that can make them vulnerable.

“Car parking at [Hospital] is often difficult and in short supply. I need to allow at least an extra 20 minutes on my journey to find a parking space and be prepared to drive around the car park a few times.”

Hard copy questionnaire, Cardiff and Vale University Health Board

“In my experience, I find parking at [Hospital] very difficult for myself or accompanying friend. I have COPD (Emphysema) and cannot walk far.”

Hard copy questionnaire, Betsi Cadwaladr University Health Board

“Could not park, so had to drop husband off, he never made the appointment as he collapsed trying to get to the entrance and was taken to A&E, There must be a better system.”

Online questionnaire, Aneurin Bevan University Health Board

For older people with limited mobility or a disability, insufficient blue badge parking was a particular issue.

“Have blue badge but parking is always full. Regular parking too far away to walk. I use a crutch; taxis can drop off nearer the hospital but at £5 each journey it gets expensive.”

Hard copy questionnaire, Aneurin Bevan University Health Board

“I accompany my husband to appointments as he is hard of hearing and does not always understand the questions posed to him. We own our car so transport is not an issue but parking at [Hospital] is sometimes difficult despite having a blue badge. It is a very busy hospital.”

Online questionnaire, Cwm Taf Morgannwg University Health Board

While there is no statutory requirement to provide a certain number of disabled parking bays under the Equality Act 2010, local planning guidelines often stipulate that provision should be around 4-6% of a car park’s capacity. NHS guidance also states that NHS Wales organisations should aim to increase this figure, given that it is likely that a higher percentage of disabled users will attend NHS sites compared with other local parking sites.

Based on the experiences of the older people we spoke to, it seems that the level of disabled parking provision in many hospitals throughout Wales is not yet sufficient to meet the needs of patients.

Alongside discussions about the challenges created by limited parking on hospital sites, several focus group participants highlighted the ways that initiatives such as park and ride / shuttle bus services can alleviate such pressures, although it was noted that the provision of these kinds of services is currently highly varied throughout Wales. Some older people also raised concerns about the impact that the closure of these services would have when they needed to access hospital appointments.

“The fantastic park and ride scheme available at [Hospital] is going to close, the land is being sold. It will be very difficult without it.”

North Wales Focus Group

“I visit the [Cancer Treatment Centre] for myself and my partner. For the last 5+ years we have had access to park and ride which has been a godsend however this is due to end imminently. My partner has Alzheimer’s (as well as cancer issues) and although she has a Blue Badge, unlike some other disabilities, if I can’t find a disabled parking space close to any of the entrances, I cannot drop her off and go looking elsewhere to park as she could wander off and get lost in the hospital or walk into traffic. Although park and ride has been free, I am sure people would not mind paying a small amount to keep this service going. It is very stressful driving round endlessly looking for a space to park. Public transport is out of the question because of the dementia. Also, when I am having daily radiotherapy treatment or chemo the last thing you want or need is to be reliant on public transport. I hope that helps...”

Online questionnaire, Betsi Cadwaladr University Health Board

Taxi

For older people who are unable to travel to secondary/tertiary health appointments by personal car, paying for a taxi was often felt to be a necessity in a number of circumstances, despite the costs that would be incurred and the potential impact this extra expenditure might have, as explored above.

“...If you are required to visit the local hospital and for the appoint you are unable to use your own car, this can cause problems and you sometimes have to resort to using costly taxi services which can be as much as £50.”

Online questionnaire, Hywel Dda University Health Board

“It is very expensive to have to get taxis to and from the hospital for treatment or an operation or visiting. I can’t afford it.”

Online questionnaire, Health Board Unknown

In some cases, such as when an older person was being discharged from A&E late at night taking a taxi was the only option as no other transport options were available.

“...I had an incident over a year ago where I fell and fractured my wrist [...] at 10:30pm, after my wrist had been put in a cast, I had to get a taxi home from [Hospital] at the cost of £35, because there was no public transport back to [Area from Hospital]. The taxi driver had to wait while I transferred funds from a savings account to my card cash account and go to the cashpoint to withdraw the money to pay him...”

Online questionnaire, Cardiff and Vale University Health Board

“...On one occasion I was discharged from hospital without warning in the early hours of the morning and had to get a taxi home at double the normal rates. I am fortunate that I am able to pay for that, but I have neighbours who could not and would be forced to sit all night waiting to call a neighbour. Old people in particular should not be discharged when no transport is available. My wife (77) cannot drive safely at night and could not collect me, but if discharged in the morning she could have collected me.”

Hard copy questionnaire, Hywel Dda University Health Board

For others, using a taxi offered greater convenience, particularly when using other forms of transport was not practical due to a health condition or would require an unreasonable amount of travel time.

“My local hospital is [Hospital]. The parking is horrendous, so I always pay for a taxi to get me there on time [...] I use taxis more and more for medical appointments even dentist. I have no family nearby to help.”

Online questionnaire, Betsi Cadwaladr University Health Board

“I rely on public transport, but it is a 10-minute walk to the bus stop and 20-minute walk to the station. I have rheumatoid and osteo arthritis but still have reasonable mobility. My main issue is that available transport is not always available at the times that are suitable particularly since the recent cutbacks on the hospital routes [...]. For me a 10-20 minute appointment can take up a whole morning and appointments at [Hospital] a whole day! I live on a low income in rented accommodation so using taxis, when other transport is not available, is costly.”

Hard copy questionnaire, Cardiff and Vale University Health Board

“My husband passed away so I had to start using taxis. I can’t get a bus. I had spent £67 on taxis before I tried hospital transport. It is means-tested but I qualified to use it. [...] that short appointment took me over five hours. I’ve gone back to taxis.”

South Wales Focus Group

However, for those who rely upon taxis to access health appointments, a lack of availability during peak times – with many taxi firms committed to taking children to school – can create difficulties making a booking. Furthermore, at times when taxis are available, the limited availability of vehicles that are wheelchair accessible can create similar issues.

“I am a wheelchair user and travel easiest in my chair. In [Area], community transport and volunteers do not have vehicles capable of carrying wheelchair users. Wheelchair accessible taxis are minimal in the north of the county and are unavailable between 8am and 10am and 2.15pm-4.30pm as usually contracted to schools. Wheelchair accessible taxis in the [south of Area] don’t exist. Recently the ambulance service could not get me a taxi off the approved provided list, or community transport and I drove myself for an emergency blood transfusion. I was late as I could not find an accessible parking space.”

Online questionnaire, Betsi Cadwaladr University Health Board

It appears that, for a number of reasons shared by older people, taxis are plugging significant gaps within the transport system, often at significant expense to individuals. In addition to creating financial pressures, the use of taxis may also be masking the true extent of the difficulties older people face when they need to travel to health services, meaning that the transport improvements required throughout Wales are unlikely to be fully identified or delivered.

Non-Emergency Patient Transport

The Non-Emergency Patient Transport (NEPT) service, normally commissioned by the Welsh Ambulance Services NHS Trust (WAST), provides free non-emergency transport to those who are unable, for medical reasons, to make their own way to hospitals and treatment centres.

Transport is normally arranged by telephoning a local/regional booking centre, although a single central contact number is planned to be launched as part of the Welsh Government's recent modernisation plan (Welsh Government, 2017)

While many older people shared positive experiences of using NEPT services, saying that without them they would be unable to attend hospital appointments, others shared concerns about the ways their eligibility was determined and the criteria being used to make these decisions.

“You have to contact the ambulance service [...]. They then assess you over the phone whether you actually are entitled to hospital transport, otherwise they say there are other means and they guide you to other means [...]. How can somebody on the end of a telephone who is not a medical professional, because hospital transport are not paramedics, and they have never seen you before, so it's left to them to make that decision, which I don't think is acceptable.”

South Wales Focus Group

“Unfortunately, for scheduled care appointments in community hospitals the specific criteria required for the NHS to provide patient transport is viewed by many patients as unreasonably demanding.”

Stakeholder correspondence, Community Hospital Association

“A friend decided that she no longer wanted cancer treatment for a terminal condition. She still needed to attend check-ups but because it was not classed as “treatment” she wasn't eligible for hospital transport.”

North Wales Focus Group

Several of those who had used NEPT services highlighted the difficulties they had experienced, such as being picked up late and missing an appointment, or having to be picked up very early and subsequently spending the entire day travelling or waiting at the hospital for transport home.

“Hospital transport is not always reliable, and the journey is long, too long if you are unwell.”

Hard copy questionnaire, Aneurin Bevan University Health Board

“It [Hospital Transport] is means-tested but I qualified to use it. The first time was fine, but the second I was picked up at 11.40am for a 10.10am appointment in the [Hospital]. By the time I got there the clinic had closed. ... Two and a quarter hours later I was collected...”

South Wales Focus Group

“I know of a 95-year-old who had to be picked up at 6am and wait for 10 people to be picked up before she arrived at the hospital. They then had to take them all home before she got home. It was an eight- or nine-hour day for her.”

North Wales Focus Group

Alongside these issues, concerns were also raised by older people about the fact that carers are unable to travel by NEPT to accompany their loved ones to appointments and the impact this can have, an issue also highlighted in evidence from the Board of Community Health Councils. They told us they regularly hear from people who are frustrated that they are unable to accompany the person they care for as there is no space for them on patient transport, especially when the cared for person might be particularly vulnerable situation, such as an individual living with dementia.

“Another lady needed to go to [Hospital] on hospital transport. She was very elderly and relied on her husband. They went everywhere together. They wouldn’t take him, so she refused to go. She was very confused and upset.”

South Wales Focus Group

As highlighted above, it is clear that NEPT services are greatly valued by many of the older people who use them, although this could be due to the fact that they have no other transport options available to them and would otherwise be unable to attend vital appointments. It is also clear, however, that there are a number of issues, particularly around eligibility and flexibility, that are having a negative impact on many older people’s experiences of using these services to access secondary/tertiary health services.

Public Transport

Of the 12% of older people who told us they used public transport to attend their secondary/tertiary health service appointments, most indicated that they travelled by bus (11% bus, 1% train).

Whilst a number of focus group participants spoke positively about exemplary bus drivers, who went out of their way to provide assistance to older people, a number of issues were highlighted that can make travel to health appointments by public transport difficult if not impossible.

Many older people shared concerns about the lack of timetable information available, which can create difficulties when trying to plan journeys, and poor facilities at bus stops, interchanges and stations, which often lack shelter and adequate seating, something that often makes older people reluctant to use public transport.

“I would like to emphasise the shocking problems people of [Area] have in accessing bus services to GPs and hospitals since the bus station closed in 2015. No one knows where the buses go from or where they stop. This applies to young and old. There is nowhere to access information regarding other bus. The websites are not always updated and there is no information on the bus stops walking from one bus stop to another...”

Hard copy questionnaire, Cardiff and Vale University Health Board

“...There is no shelter or seating, toilets are just fond memories of “how wonderful” the convenience of a fully equipped bus station once was. For those accessing [Hospital], problems are similar walking from one department to access another also impossible for some. When there are extremes of temperature there are no shelters or seats offering respite whilst waiting for transport which is normally late or sometimes cancelled...”

Hard copy questionnaire, Cardiff and Vale University Health Board

Alongside these issues, concerns were also raised about buses themselves, with older people telling us that many are not accessible due to a lack of a low floor, and that there is often very limited space for wheelchairs.

These kinds of issues were not limited to those accessing health services themselves, but also had an impact on those trying to visit loved ones.

Common issues highlighted were the lack of public transport availability at the weekend, which meant in some cases people were unable to make a visit to a loved one as planned, and the impact of having to make difficult, multi-leg journeys in order to get to their destination, often at difficult or emotionally testing times.

“Visiting on Sunday from Tenby impossible as no buses in or out of Tenby and cab costs £50 each way. I don’t drive.”

Hard copy questionnaire, Hywel Dda University Health Board

“From a personal point of view, my mother died just before Christmas, but she’d had dementia for 10 years and five years ago she was admitted to [Hospital] onto the stroke rehab unit – a brilliant unit. I don’t drive, I live two long bus rides away from [Hospital]. I felt that I wanted to visit her as much as I could. [...]

I had to catch a bus into the town centre, walk right through the town centre to catch the bus to go to [Hospital] and then get off on the main road because at the time there was too much building work for the buses to go in. Go to the unit and sit with my mum who had no understanding at all because she was end stage dementia by then, although she did live another five years. [...]

So, I had to visit because of laundry and things anyway. It just became so physical and emotionally draining and then to sit there for a little while, [...] the effect on her and her wellbeing was enormous if I didn’t go.

The effect on myself and my wellbeing and my mental health, because I would come home and think, gosh!!, I wonder if she is going to be okay and never knowing if you are going to get that phone call coming or somethings happened.

And until people have actually been there and walked in that person's shoes – you really don't know. And that's just one person and I'm pretty strong and pretty fit and healthy [...] it's just soul destroying and its cruel. But there's nothing there to support you and the transport is impossible if you have to use public transport."

South Wales Focus Group

Based on what older people told us, trying to access secondary/tertiary health services by public transport can be a difficult and frustrating experience, something that may discourage or prevent them from travelling in this way.

However, alongside this, a growing number of older people throughout Wales, particularly those living in rural areas have been left without the option of using public transport at all, due to ongoing cuts to bus services across the country and the reduction of routes that are judged to not be 'commercially viable'.

Given that the erosion of these services has clearly impacted on older people's ability to get to medical treatment via public transport, the current situation calls into question whether local authorities and the Welsh Government are fulfilling their obligations under section 63 of the Transport Act 1985 (Transport Act, 1985; see appendix 1).

Community Transport

In many areas, community transport, in its varied forms, fulfils an essential service in getting many older people throughout Wales to their health appointments. Community transport often offers greater flexibility than public transport, although it must usually be booked in advance and is not able to respond to emergency or late appointments.

Across our focus group sessions, older people talked positively about community transport in their area, and the ways it supports older people to access health services. We heard about a number of innovative community transport schemes underway, such as the innovative Abergynolwyn and Bethesda scheme in Gwynedd, which uses an electric vehicle to provide a community car share service with limited environmental impact, and successful initiatives being delivered by PACTO members in Pembrokeshire.

However, community transport schemes are not available everywhere and those that are in operation face constant challenges due to limited funding, short-term contracts and a lack of awareness about the availability of services, as highlighted in evidence from stakeholders.

"Community transport is fulfilling a critical need on a shoestring."

Stakeholder meeting, Royal Voluntary Service

“As a community transport project officer, I’ve found that I’ve had to go from ward to ward to talk to staff about the services we offer. Many didn’t know so how they were hoping to tell older people about it?”

North Wales Focus Group

“We have local community transport, but it’s not advertised. Even if you are on the internet. I can never find this info.”

Online questionnaire, Cwm Taf Morgannwg University Health Board

One community transport organisation told us that their funding conditions meant they were restricted to offering one trip per person, per week to health appointments and that the demand for their service was higher than the level they could provide.

Similarly, a voluntary sector palliative care centre also raised concerns about the restrictions placed on journeys, highlighting the impact that the limiting of access to community transport is having on patients attending their centre.

Stakeholders also called for a mapping exercise to be undertaken to identify and map the range of community transport providers currently active in Wales, to support better integration and coordination of community transport provision. Whilst some of this kind of information is already available via an interactive map developed by the Community Transport Association, accessible via the Traveline Cymru website, much of the information is incomplete or is non-existent in some cases.

One of the reasons that financial difficulties are so common and frequent within the community transport sector is likely to be related to the low level of funding provided by the Bus Services Grant. Only 5% of the grant is specifically identified for use to support community transport, despite its crucial role in enabling older people to access health appointments and other key services and supporting them to live healthy and independent lives.

Appendix 1: Policy Context / Statutory Responsibilities

This appendix provides a brief overview of key legislation and statutory responsibilities that shape and influence transport and health policy in Wales.

Planning Policy 10

Planning Policy Wales (PPW) sets out the land use planning policies of the Welsh Government.

The primary objective of PPW is to ensure that the planning system contributes towards the delivery of sustainable development and improves the social, economic, environmental and cultural well-being of Wales, as required by the Planning (Wales) Act 2015, the Well-being of Future Generations (Wales) Act 2015 and other key legislation.

Where ‘**must**’ is used in the document it reflects a legislative requirement or indicates where action is needed now to make changes in practice over the long term to achieve strategic outcomes. Where ‘**should**’ is used it reflects Welsh Government expectations of an efficient and effective planning system.

Planning Policy 10 states:

- “The planning system **must** consider the impacts of new development on existing communities and maximise health protection and well-being and safeguard amenity. This will include considering the provision of, and access to, community and health assets, such as community halls, libraries, doctor’s surgeries and hospitals.” – **Section 3.21**
- “Planning authorities **should** adopt policies to locate major generators of travel demand, such as housing, employment, retailing, leisure and recreation, and community facilities (including libraries, schools, **doctor’s surgeries and hospitals**), within existing urban areas or areas which are, or can be, easily reached by walking or cycling, and are **well served by public transport**.” – **Section 3.46**

- Welsh Government, 2018b

Active Travel (Wales) Act (2013)

The Act came into force in September 2014. It requires local authorities to map and continuously improve routes and facilities for “active travel” – defined as walking and cycling for a purpose, like accessing work or services, rather than for leisure.

Both the Welsh Ministers and local authorities are under a duty to promote active travel. Both – in their capacity as highway authorities – are also required to consider enhancing provision for active travellers when carrying out certain functions like building or maintaining highways.

Non-Emergency Patient Transport

Non-Emergency Patient Transport Service (NEPTS) transport people to and from hospital when it is not an emergency. The people who use the Non-Emergency Patient Transport Service are patients who meet the Welsh Government eligibility criteria and qualify for transport to hospital for appointments in clinics or for treatment in hospital (Welsh Ambulances Services NHS Trust, 2020).

A patient will normally be entitled to hospital transport if they:

- Need to travel in a wheelchair
- Need continual support to walk
- Suffer from a mental health problem, learning disability, speech, sight or hearing difficulty, which prevents you from using public transport
- Experience side effects as a result of your medical treatment or condition, which prevents you from using public transport
- Need a stretcher, or oxygen or other medical gases for the journey
- Receive regular dialysis or cancer treatment

- PACTO, 2020

Transport

Transport (Wales) Act 2006

Under section 6 of the Transport (Wales) Act 2006:

- The Assembly may give financial assistance to joint transport authorities, and local authorities in Wales, for the purpose of enabling or facilitating them to discharge their functions relating to transport.
- The Assembly may attach conditions to financial assistance under this section.

Under section 7 of the Act:

- The Assembly may secure the provision of any public passenger transport services which it considers appropriate for the purpose of meeting any public transport requirements within Wales which would not in its view otherwise be met.
- In exercising its power under the previous subsection, the Assembly must have regard to—
 - a combination of economy, efficiency and effectiveness,
 - the Wales Transport Strategy, and
 - the transport needs of members of the public who are elderly or disabled.

- For the purpose of securing the provision of a service under the first subsection, the Assembly may enter into agreements providing for service subsidies.

Section 63 of the Transport Act 1985

Section 63 of the Transport Act 1985 stipulates that it is the duty of the county council:

“to secure the provision of such public passenger transport services as the council consider it appropriate to secure to meet any public transport requirements within the county which would not in their view be met apart from any action taken by them for that purpose”

Under this legislation, Local Authorities are able to access the Bus Services Support Grant from the Welsh Government and apply it to routes that may be unprofitable for private bus companies without additional funding. It is the Local Authority’s decision on which routes are supplemented.

Equality Act 2010

The Equality Act 2010 came into force October 2010, and replaced three separate discrimination legislative frameworks:

- Sex Discrimination Act 1975
- Race Relations Act 1976
- Disability Discrimination Act 1995
- The nine characteristics protected under the Equality Act 2010 are:
 - Race (including ethnic or national origin, colour or nationality)
 - Disability
 - Gender
 - Age
 - Gender reassignment
 - Marriage and Civil Partnership
 - Pregnancy and maternity
 - Religion or belief
 - Sexual orientation

- Equality Impact Assessment Hub, 2020

Public Sector Equality Duty

The Equality Act 2010 places a general duty on public bodies. In carrying out their public functions public bodies are required to give due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act.
2. Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
3. Foster good relations between people who share a protected characteristic and those who do not.

In effect the Act requires that public bodies should try to:

- Remove or minimise disadvantages experienced by people due to their protected characteristics
- Take steps to meet the needs of people from protected groups where these are different from the needs of other people
- Encourage people with protected characteristics to participate in public life or in other activities where their participation is disproportionately low.

- Public Sector General Duty - Equality Impact Assessment Hub, 2020

Welsh Specific Duties

To support the general duty, the Equality Act 2010 allows for the enactment of specific duties.

In Wales, the duties were enacted as part of The Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 and contain express provisions about **engagement** (Regulation 5) and **equality impact assessments** (Regulation 8).

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