healthwatch Wakefield

Snapshot report on the Non-Emergency Patient Transport Service

August 2026

Background

Patient transport services play a vital role in enabling people who face the greatest barriers to access healthcare, helping them reach the care they need when they may otherwise not be able to do so. When it works well, patient transport helps people get the care they need at the right time, and so prevent deterioration.

New national eligibility criteria for access to the Non-Emergency Patient Transport Service came into effect in 2025.

Yorkshire Ambulance Service (YAS) describe the service on their website as: "Our Non-Emergency Patient Transport Service provides NHS funded transport for eligible people who are unable to travel to their healthcare appointments by any other means due to their need for a specially adapted vehicle, specialist equipment or the skills of YAS trained staff during the journey."

In 2019 NHS England's Chief Executive called for a national review into Non-Emergency Patient Transport Services following an extensive nationwide conversation Healthwatch undertook into improving these services. Age UK, Kidney Care UK and other patient groups had also reached the conclusion that transport to hospital appointments can be a major challenge for many patients today.

NHS England explain the criteria have an overarching principle, which is that: "Most people should travel to and from hospital independently by private or public transport, with the help of relatives or friends if necessary. NHS-funded patient transportation is reserved for when it is considered essential to ensuring an individual's safety, safe mobilisation, condition management or recovery."

Non-Emergency Patient Transport Services eligibility criteria, NHS England, 31 May 2022.
https://www.england.nhs.uk/wp-content/uploads/2022/05/B1244-nepts-eligibility-criteria.pdf

NHS England outline the qualifying criteria as follows, in summary.

"The patient is likely to qualify for non-emergency patient transport if they meet one or more of the following criteria:

A. They have a medical need for transport;

B. They have a cognitive or sensory impairment requiring the oversight of a member of specialist or non-specialist patient transport staff or a suitably trained driver;

C. They have a significant mobility need that means they are unable to make their own way with relatives/friends and/or escorts/carers whether by private transport (including a specially adapted vehicle if appropriate for the journey), public transport or a taxi;

D. They are travelling to or returning from in-centre haemodialysis, in which case specialist transport, non-specialist transport or upfront/reimbursement costs for private travel will be made available;

E. A safeguarding concern has been raised by any relevant professional involved in a patient's life, in relation to the patient travelling independently;

F. They have wider mobility or medical needs that have resulted in treatment or discharge being missed or severely delayed."

Locally, the Non-Emergency Patient Transport Service in West Yorkshire is commissioned by the West Yorkshire Integrated Care Board. The Yorkshire Ambulance Service is the provider of the service. This report is about this service and not any other transport service by any alternative providers.

In a letter to Healthwatch Wakefield, Yorkshire Ambulance Service said:

"Patients will only be considered for eligibility for PTS if they have been referred by a doctor, dentist or ophthalmic practitioner for NHS non-primary care services or when being discharged from NHS-funded treatment. Transport to NHS primary care or community services, such as GP or dental appointments do not form part of our contracted service."

Purpose

We were hearing an increased amount of feedback relating to the Non-Emergency Patient Transport Service due to the changes to the eligibility criteria. As a result, we wanted to look more closely at people's experiences of accessing the Non-Emergency Patient Transport Service following these changes to identify whether common themes were emerging.

In conversation with Healthwatch Kirklees and Calderdale colleagues we realised that this was a broader issue and agreed to share data across the three areas.

We have reviewed all insights gathered about patient transport over the last year, and we carried out additional engagement with particular communities across Wakefield district. This snapshot summarises what local people told us about their experiences of the Non-Emergency Patient Transport Service in the last year, the key themes, and our recommendations.

How to read this snapshot report

Our snapshot reports are produced following short, time limited, research into a particular issue or topic when we have heard a larger than usual amount of feedback on something.

This snapshot report reflects experiences shared directly with Healthwatch Wakefield, Kirklees and Calderdale. It does not show how common these issues are across the Service, but it highlights where people have experienced problems or recognised good practice.

Who we heard from

Seventy three experiences were shared with us in the last year. Of these:

- 35 were through our survey;
- 20 experiences from engagement events in Wakefield District;
- 12 experiences from engagement events in Kirklees and Calderdale; and
- Six pieces of feedback from service providers.

These services included those supporting people with dialysis, cancer treatments, social prescribing, and other support services for elderly people.

We spoke with both the West Yorkshire Integrated Care Board, who commission the Non-Emergency Patient Transport Service, and Yorkshire Ambulance Service, who provide it, so we could try to understand more about the impact of the changes from their perspective.

Feedback from local people was received through our usual communication and engagement channels, a survey, events, and visits to local groups in various parts of Wakefield District, Kirklees and Calderdale.

We were keen to target the people who need and use the Non-Emergency Patient Transport Service as opposed to the general public. As the eligibility criteria has changed over the last year, we wanted to understand if there has been an impact on people who require transport services for their healthcare appointments.

We are aware that people who use the Patient Transport Survey are more likely to have physical or mobility impairments, or a long term health condition, so we made direct contact with organisations like the Disability Advice and Liaison Service (DIAL), Wakefield Riding for the Disabled Association (WRDA), and Camphill Wakefield; cancer support organisations, those who are on dialysis, and Age UK.

We targeted residents in some of our rural areas to understand more about their experience.

Making direct contact with some people presented challenges as there were more barriers to engagement. These barriers included issues relating to their personal health conditions, including mental health issues, communication needs due to disability, physical barriers, and issues of isolation.

We were able to connect to people through organisations where they were being supported with their health needs.

Professionals were also able to speak on behalf of service users from what they were seeing within their services raising issues that were specific to their service.

There will be people across Wakefield district who we have not heard from due to these barriers.

Key themes

What's working well

We heard very positive feedback about the service itself with people reporting drivers as being helpful, patient, and supportive, with journeys arriving on time, and good communication that helped reduce stress.

> "They always rang to let us know what time they expected to arrive so that I could have my husband ready. They were always patient and helpful."

> "Good experience. Very patient ambulance driver who helped me get in."

> "We used the service several times and it was always brilliant."

What's not working as well

Eligibility criteria and call centre experience

People reported that eligibility criteria for transport services were unclear and inconsistently applied.

Several people said they were not given a clear explanation for decisions, including why they were no longer eligible after previously accessing the service.

Concerns were raised that assessments did not fully consider individual circumstances, particularly for patients with limited mobility who could manage short distances but were unable to use public transport safely or independently.

Some people found the interactions with call centre staff really stressful with long waiting times and high call costs especially when using pay as you go phones.

Where professionals were arranging transport for patients, they reported being unable to answer all the detailed questions which put the service user at a disadvantage.

Professionals trying to support patients to access transport found that they were asking patients to be very specific about what they could **not** do as many were finding the criteria focused on what they could manage often led to them not being eligible.

> "I was told I'm not allowed to see the eligibility criteria."

Overall, feedback highlighted a need for clearer guidance, improved communication and a more patient centred and compassionate assessment process.

> "How can I not qualify? I have multiple fractures to my back, a broken hip, I'm a paraplegic, and I have a heart murmur."

A range of additional barriers affecting access to patient transport were raised, including anxiety and neurodiversity not being adequately recognised as transport related needs.

> "I'm not entitled as it's more anxiety that I can't do the journey alone but don't have anyone to come with me, so never get to appointments, unless things ever change."

As part of our research, we spoke to health professionals who support patients with transport requirements. Across all services, staff described regularly making adjustments when patients were unable to access patient transport, including rearranging appointments, moving them to alternative sites, and taking steps to reduce both the financial and practical burden of travel.

We spoke to some professionals and service users who told us that they would be keen to address transport issues affecting their services to create improvements and support people to be able to attend their appointments. Specifically, people affected by cancer, kidney failure, and dementia, as well as residents in rural areas.

There were different issues highlighted across different services and local areas which called for more flexibility and understanding of the needs of those specific groups of people. For example,

cancer patients often have to attend appointments at very short notice due to the 28 day diagnosis pathway.

Staff also found it challenging to book transport on behalf of patients due to the detailed medical questions. Dialysis patients were being offered transport for their dialysis treatment, but not for additional key appointments linked with their condition, which in turn was impacting the dialysis treatment or prolonging it.

People in rural areas, especially patients relying on public transport were finding the infrastructure unreliable.

All these groups expressed a keen interest in helping service providers look at ways the issues can be addressed, not just within the Non-Emergency Patient Transport Service itself, but in conjunction with other transport providers.

A professional told us this:

> "Dialysis patients are not automatically eligible when it comes to other appointments even if they are related to their condition. Other required appointments often involve Ambulatory Blood Pressure (so blood pressure can be tested away from the ward for an accurate reading), cardiovascular apps as the dialysis has a big impact on heart health, vascular department as it also impacts on legs and feet due to fistula formulation. Some of these appointments are in various locations and transport is a problem for many if they cannot afford it."

Logistics of the transport service

Patients reported concerns regarding transport routes, journey times, and vehicle accessibility. Many described journeys as excessively long, tiring, and physically demanding, particularly when routes involved multiple stops or indirect travel.

> "Quite often have to wait over two hours for return transport home. As a tetraplegic this is especially uncomfortable. On my last visit to hospital, it took over three hours for transport to arrive to take me home."

Difficulties with unreliable public transport, limited availability for early morning or weekend appointments, and challenges accessing services across different areas were raised.

Concerns about the accessibility of some vehicles and the level of assistance provided during transport, especially when using taxis where drivers were not equipped to offer any support.

Long waiting times before and after appointments were also reported, contributing to discomfort and distress, particularly for patients with complex health conditions.

Overall, feedback suggested a need for more efficient scheduling, improved coordination, and greater consideration of patient mobility and comfort.

> "One lady whose husband normally drives her had to use transport as he was in hospital. She was not eligible so ordered a taxi. The driver dropped her off on the wrong

> side of the road in pouring rain and her blood pressure was very low so she fell, broke her hip and has been in hospital for the last six weeks."

Difficulties were also reported where healthcare services are delivered across multiple sites, as well as where early morning appointments create logistical challenges. Some patients described significant accessibility issues, including inability to use public transport despite being able to attend local services, and physical difficulties on return journeys, such as accessing their homes safely. Overall, experiences were described as difficult, indicating broader challenges in guaranteeing access to care.

> "Refused to take me for a 7.00 am appointment for an operation where I have been offered an Accessible Taxi before. They say they are not commissioned to get patients into Leeds until 8.00 to 8.30 am."

High cost to patients, many on low incomes

The impact of limited access to the Non-Emergency Patient Transport Service highlighted a significant financial issue for many people. This was across the board and particularly for elderly patients, those on lower incomes, and those with long-term conditions such as cancer, dementia, and kidney failure. Many described being required to fund expensive taxi journeys or take lengthy public transport journeys in order to attend appointments, sometimes with short notice.

This was creating hardship for some people and affecting their ability to access their healthcare appointments, leading to missing appointments. Some people were finding the ongoing sustainability of transport costs too high. For dialysis patients there is protection for attending their dialysis treatment and they are automatically eligible, however, this doesn't apply for other appointments which people were being refused transport for.

Dialysis itself exacerbates other conditions like vascular health and heart health, but these appointments were not automatically being accepted as part of the whole healthcare package.

The financial impact on a dialysis patient who may be undergoing treatment for much of the week and therefore have any work they do drastically impacted. For people who were able to access the Healthcare Travel Costs Scheme, the upfront cost was not possible to pay even if it were to be reimbursed.

> "Costs far too much on Pay as You Go phones to contact the service, and have to go through so many virtual agents for far too long before your connected to a live person!!"

Overall, feedback demonstrated that transport related costs can act as a significant barrier in accessing healthcare and place an additional strain on vulnerable patients. For example, a terminal cancer patient told us that although they aren't eligible for the Non-Emergency Patient Transport Service, their financial situation meant that they are now using a food bank. Others told us about the high cost of alternative transport:

> "Cost £43 in taxi each way, or three buses each way, elderly. Struggling to attend as a result."

> "Appointment refused because couldn't give an end time, cost £98 in taxi home, patient in poverty and over 80."

The question of whether transport for healthcare appointments was a healthcare cost or a local authority cost emerged. There was support for a subsidised scheme that could help people on low incomes rather than just being refused.

Significant impact on non-attendance of appointments

One of the key findings of this research was the impact on non-attendance of appointments through all the issues raised. People reported that difficulties accessing patient transport were contributing to missed, postponed, or cancelled appointments, including increased rates of non-attendance at appointments.

Several patients described being eligible for transport for certain treatments, such as dialysis, but not for related appointments, leading to gaps in care and potential impacts on long-term health outcomes.

Concerns were also raised about inconsistent eligibility decisions, limited flexibility around appointment times, and the financial burden of arranging alternative transport, particularly for older patients and those experiencing poverty.

Patients with mobility issues, anxiety, visual impairments, or complex health conditions reported being unable to attend appointments independently, with some choosing not to attend at all when transport was unavailable or if they were unable to have someone with them like a carer, friend, or relative. Overall, feedback highlighted the significant impact that transport barriers can have on access to healthcare and continuity of treatment.

A professional in one department said:

> "Many patients are then not attending key appointments and nine times out of 10 it is because of transport. If they do not attend, they can lose their treatment (be struck off) and it then takes 6-8 weeks for them to get another appointment. In the meantime, their health is much worse."

Recommendations

The following are our recommendations to both West Yorkshire Integrated Care Board and Yorkshire Ambulance Service based on what local people and health and care professionals shared with us.

We recognise that national criteria are beyond the scope of local changes, however, local offers are within the gift of the Integrated Care Board to tailor to population need. As such we invite both the commissioner and provider to work together, building on this report, other local insights and population health data to continually improve the quality of the service, and to ensure that provision is equitable, fair, and proportionate to need.

Recommendation 1

Review the patient transport assessment process to make sure it focuses on the barriers patients face in accessing healthcare, rather than solely on what they are physically able to do.

This should include:

- Making the helpline free. People with Pay as You Go phones are currently paying for long calls.
- Improving staff training. This could be coproduced with service users and professionals, especially those from services where patients have particular access and transport needs. Make sure that the focus is not solely on what people can physically do.
- Making eligibility information publicly available alongside clear explanations of decisions.

Recommendation 2

Improve coordination between healthcare providers and transport services to make sure appointment times and locations are compatible with available transport provision.

Particular consideration should be given to:

- Early morning and weekend appointments.
- Cross boundary services.

Recommendation 3

Review the impact of transport barriers on appointment attendance and treatment pathways.

This should include:

- Monitoring missed appointments linked to transport.
- A cost analysis around the cost of missed appointments relating to transport issues.

Recommendation 4

Improve information and signposting for patients who are not eligible for NHS funded transport.

This could include:

- Information about Healthcare Travel Costs Scheme, support available through voluntary organisations, public transport.

- Involve a wider range of transport providers to join up more effectively with the Non-Emergency Patient Transport Service.

Recommendation 5

Undertake targeted engagement with patient groups most affected by transport barriers.

Including people receiving dialysis, cancer treatment, dementia care, those with significant mobility difficulties, and patients in isolated rural areas. Also consider engaging with people who are not eligible for patient transport or the Healthcare Travel Cost Scheme, but struggle to attend appointments.

From feedback to action

We will share this report with the West Yorkshire Integrated Care Board and Yorkshire Ambulance Service.

We have been in contact with both during the research period of this report and raised some of the emerging issues already. This is a piece of work that appears to have been taken up by a number of health organisations over the last year but not fully addressed following the changes to criteria.

We will share this report widely across the area through our networks. It is an issue which appears to be relevant across the region as a whole and we are aware of other organisations and services who also wish to see the issues of accessing the Non-Emergency Patient Transport Service being addressed.

Other Healthwatch have and are looking into this issue and Healthwatch at the West Yorkshire level are planning to collate all regional information to present to the Integrated care Board.

Many services and individuals who we spoke to as part of our research have expressed interest in a collaborative, co-produced piece of work with stakeholders and commissioners to make sure all those people who need transport are able to access it.

Thank you

Our thanks to all the people that contributed to the survey, and those that spoke with us directly and gave insights into their own personal experiences or those of a patient group they work with.

If you have any questions, need advice, or would like to share an experience of health or care services with us, please get in touch.

Non-Emergency Patient Transport Service Eligibility Criteria

The way people qualify for the Non-Emergency Patient Transport Service is decided by looking at their request against a set of criteria, or measures. Locally, the rules are applied by Yorkshire Ambulance Service, who provides the services, which are based on the National Eligibility Framework introduced by NHS England, and commissioned by the West Yorkshire Integrated Care Board.

What the rules say

Under the criteria, patients are only able to use non-emergency patient transport if:

- Their medical condition means they cannot safely travel by other means (for example, travelling by bus, taxi, or car would be harmful or unsafe), or
- They have significant mobility problems that prevent them from using ordinary transport, or
- They have a cognitive or sensory impairment that means they need assistance or supervision during the journey.

In addition:

- Some patients are automatically eligible, such as people receiving in-centre haemodialysis (regular kidney treatment), because their travel needs are frequent, essential, and missing treatment can be dangerous.
- Eligibility is assessed at every booking. When you request patient transport, you will be asked a series of questions to check whether you meet the criteria.
- If you do not qualify, you will be signposted to alternatives such as:
    - Local community transport services
    - Lifts from friends, relatives, or carers
    - The Healthcare Travel Costs Scheme, which reimburses certain travel expenses if you are eligible for help with NHS costs

Where to find out more

Here are some links to information where you can check the eligibility, look at support schemes, and learn more about transport options.

- Check if you qualify for the Non-Emergency Patient Transport Service:

  Yorkshire Ambulance Service: Am I eligible?

- Learn more about the Healthcare Travel Costs Scheme:

  NHS: Help with health costs

- Read the national review:

  NHS England: Non-Emergency Patient Transport Review (final report)

- Read the eligibility criteria document:

  Non-Emergency Patient Transport Services Eligibility Criteria

Appealing a Decision

If you feel the decision regarding your request for patient transport was made incorrectly or additional factors were not considered, and you would like your request to be reviewed, there are two courses of action.

Ask for a review with the Yorkshire Ambulance Service Eligibility Team

The first is to ask for a review of your case by the Yorkshire Ambulance Service Eligibility Team.

Telephone the Yorkshire Ambulance Service's Call Centre and ask for your case to be reviewed by the Eligibility Team. The purpose of this is to check that the national eligibility criteria has been followed and applied correctly by the call handler.

Telephone: 0330 678 4140

Write to: Yorkshire Ambulance Service NHS Trust, Springhill 2, Brindley Way, Wakefield 41 Business Park, Wakefield WF2 0XQ

If you are unhappy about how your request was handled, for example if your concern relates to customer service or communication, you should contact Patient Relations at the Yorkshire Ambulance Service by emailing

Ask for your case to be reviewed by the NHS West Yorkshire Integrated Care Board

If the original decision of the call handler is supported by the Eligibility Team, your second course of action is to ask for your case to be reviewed by the NHS West Yorkshire Integrated Care Board.

This can be done by contacting the NHS West Yorkshire Integrated Care Board Patient Liaison and Advice Team. The Board will then consider if it is reasonable for patient transport to be provided under the local discretion that it can permit.

When considering this, the NHS West Yorkshire Integrated Care Board will want to review the distance to your hospital appointment, the available routes of public transport, and the required frequency of travel.

Contact the PALS team

Telephone: 01924 552150 between 9.00 am and 4.30 pm, Monday to Friday, excluding Bank Holidays.

The telephone line may go to answerphone when the team are busy. Please leave a message with your contact details, and they will call you back as soon as possible.

Email: wyicb.pals@nhs.net

Write to: Patient Advice and Liaison Service, NHS West Yorkshire ICB, Scorex House (West), 1 Bolton Road, Bradford BD1 4AS.

Healthwatch

At any time, you can contact your local Healthwatch for advice or support or to ask about our Independent NHS Complaints Advocacy Service.

Open comments from the Healthwatch survey

This is where people who took part were able to give more information when answering some questions if they wanted.

Other comments were received through conversations. Our full survey information is available on request.

Q2. What was the outcome of your most recent request?

Other comments:

- I tried to help a patient who had been rejected access to use PTS. It felt very much that one size questions and treatment do definitely not fit all. It was very black and white and if you didn't give the answer to the question the Service provider expected - you didn't qualify and that was the end of the ask for help.
- I was approved for the journey home but not for the journey to the hospital.
- I have never used it.
- Because I can walk a few yards holding a rail or with two sticks.

Q3. Compared to previous years, if applicable, has your experience of accessing the Patient Transport Service changed?

Other comments:

- I work as an Engagement Officer for DESP and so many of our patients end up not attending their appt as they cannot get the assistance they require - which they had in the past.
- This was in respect of my mum. I don't drive; she doesn't drive. She would face 2 buses there and 2 back, taking around 1 and a half hrs each way. She was ill after her tests and we had to take a taxi which cost £28. We would pay a fee to use patient transport but to be refused created hardship for her.
- Refuse to take me for an 7am appointment for an operation where I have been offered an Accessible Taxi before. They say they are not commissioned to get patients into Leeds until 8.30, said I should ask ICB for special funding which they have organized before. ICB say it's not my job to organize funding!!
- Someone a driver is going a bit faster than I expected, but I always have arrived back home safely, it could be that the driver has a lot of patients to take home
- I never had any problems when I booked transport for my disabled husband.
- As I am considered capable of getting a taxi (not asked if I can afford) or a bus although I have mobility issues.
- Because orthopaedic n trauma were doing my bone fusion surgery on a Saturday morning to catch up the waiting lists and I have no relatives that could collect me, I wasn't supposed to

travel in a taxi as the foot was supposed to be elevated for the first 2 weeks, very fragile and had a steel plate n screws in, I live on my own, I'm over 60 the service said I did qualify but the contract does not cover Saturdays they refused to transport me home.

- Well organised at Pinderfields Hospital
- Patients are given appointments further afield and transport is not available, often cross area. It's getting harder to get transport for patients
- It is harder to access PTS because of the criteria if you struggle to walk but can still weight bear, they ask you to make your own way there, regarding taxis this is very expensive and it could result in missing appointments if you cannot get there.
- How can I not qualify I have multiple fractures to my back a broken hip I'm a paraplegic and I have a heart murmur
- I now have to refuse services away from my immediate area because of distance to walk.

Q4. How would you describe your overall experience of using the Patient Transport Service?

Other comments:

- If you pass the 101 questions asked. Many patients are DNA'ing appointments or just don't bother phoning PTS now and just ignore the invite to appts as have no means in getting to the appt
- We couldn't use it we were refused
- Costs far too much on PAYG phones to contact the service and have to go through so many virtual agents for far too long before your connected to a live person!!
- I am very pleased and proud of the service and I thank everyone who has participated in this
- They always rang to let us know what time they expected to arrive so that I could have my husband ready. They were always patient and helpful.
- I explained my husband was unable to stand or move himself. He would need a stretcher. The ambulance which came to take us suggested they (very big strong men) could lift him into a wheelchair and they would use a banana board to get him back to bed. However, a different crew on the return journey and they really struggled to get him in bed.
- It has been good in previous years but I don't know how good it would be now if I relied on it all the time.
- PTS control just doesn't listen to driver's or patients regarding the routes… a lot of then just don't work and are not being used efficiently.

Q5. If you were NOT able to access the Patient Transport Service, how did you get to your appointment?

Other comments:

- Many patients only phone PTS when they have exhausted other options i.e. asking family / friends / taxi if can afford it etc. But many as I have already said - just don't go to the appt - at a

risk of undiagnosed problems and no follow-up as when invited again, they just ignore the invite as can't get there

Q6. Has your eligibility for the Patient Transport Service affected whether you can attend your healthcare appointments?

Other comments:

- If unable to get there after trying all options as in previous question, most pts just DNA as have nowhere else to go to ask
- Mum will not go to Huddersfield
- I'm not entitled as it's more anxiety that I can't do the journey alone but don't have anyone to come with me so never get to appointments unless things ever change
- I have to carefully plan my journey often going early as I can never guarantee that the bus will turn up on time. Sometimes I arrive a good hour early before my appointment time. Especially if asked to attend either Dewsbury or Pontefract hospital.
- More reliant on family and friends and it is not always easy to find someone available at the time of the appointment and even harder when you don't know when the appointment will finish.
- I was fully aware and paid for my own transport to get there and have no problem with that but I should have been transported home in the first few hours of it being done, I was on double crutches too. A taxi driver did his best but wasn't going to help me get into my house which is up several steps.
- Couldn't get home so had to have patient transport as couldn't walk totally.
- Still immobile so having to contact various depts he has appointments with and postpone.
- Apparently, I should use public transport which half the time don't turn up or taxis which as a pensioner I can't afford
- Terrible call centre staff
- No clear guidance on eligibility
- Without transport I would be unable to attend appointments
- Had to seek support from Age UK Wakefield who were really good.
- I now have no access to the spinal injuries unit in Wakefield

Q7. Please tell us anything else about your experience, good or bad.

Other comments:

- Some patients are offered transport home after the appt - due to the drops being put in eyes prior to screening. PTS will allow the trip home, saying their eyesight might be affected i.e. blurry vision for a length of time and this is considered that due to other conditions pts have, could exacerbate their possible risk in getting home safely.

- Just stressful, difficult, upsetting and costly
- The cost return was nearly £100 and this is not what we are supposed to use our Pension Credit for.
- We used the service several times and it was always brilliant. No complaints whatsoever.
- I thought the attitude was really bad to tell me if it had been on a Monday to Friday, they would have done it but because “the contract” doesn’t cover Saturdays was disgusting. The NHS are not working together at all.
- "Good experience. Very patient ambulance driver who helped me get in.
- Communication and times waiting is shocking
- Often long waits on the phone
- I feel it as affected my health and my treatment which has caused me more problems, there is no help that is free.
- I shouldn’t have to miss all my major appointment's due to not qualifying for transport
- It no longer exists

healthwatch Wakefield

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