Welsh Affairs Committee

Monday, 27 April 2026

Gemma Lelliott
Director for Wales
Community Transport Association

Dear Gemma,

Thank you for appearing before the Welsh Affairs Committee on Wednesday 22 April and giving oral evidence on our inquiry into *Cross-border healthcare arrangements between England and Wales.*

I would like to take this opportunity to say how useful the evidence you gave us was for our inquiry, and how interesting the Committee found the session. I also wanted to thank you for your understanding regarding the interruptions in the session due to votes.

Due to time constraints during the session, we were not able to cover all the topics that we wanted to. I am following up in writing to ask if you could provide answers to the following questions;

- You mentioned in the evidence session that demands for community transport had increased. What needs to change to meet this demand?
    - What support at a Government level could be provided to support volunteers in the community transport sector?
- Are there particular areas or populations that have the highest demands for your services?
- How do you anticipate recent policy announcements and changes to NHS England will impact cross-border healthcare?
- It would also be helpful if you could outline in writing why individuals may choose community transport over NHS or public transport, particularly in a cross-border capacity.

I would appreciate a response by 15 May. Thank you once again for your participation in this inquiry.

Yours sincerely,

Ruth Jones MP
Chair of the Welsh Affairs Committee

House of Commons
Palace of Westminster
London
SW1A 0AA

welshcom@parliament.uk
Social: @houseofcommons
parliament.uk

community transport association
CYMDEITHAS CLUDIANT CYMUNEDOL

Leading a thriving community transport movement

91 Princess Street, Manchester, M1 4HT
☎ 0161 351 1475 www.ctauk.org @CTAUK1

07/05/2026

Dear Committee Members,

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

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

Kind regards,

Gemma Lelliott, Wales Director/Head of Advice & Support, Community Transport Association
[redacted] | [redacted]

Community Transport Association UK is charitable incorporated organisation. Registered office: 91 Princess Street, Manchester, M1 4HT
Registered charity no. 1002222. VAT registration no. 425 7711 50. Charity Registered in Scotland No. SC038518.

Executive Summary

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

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

The Community Transport Association

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

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

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

Demand is Growing

Our data shows that demand for community transport (CT) to health appointments is growing[1]. Transport to GP appointments has long been an established element of Community Transport, and we see travel from Wales into England and vice versa happening regularly in border communities.

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

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

[1] CTA 2026

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

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

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

Non-Emergency Patient Transport Services (NEPTs)

Wales Ambulance Service Trust (WAST) are the commissioned provider of NEPTs across Wales, and similar provision is individually commissioned in English Health Boards. WAST reported[2] in 2025 that some 600+ trips per month are cancelled by WAST with 24 hours' notice or less across Wales. This may seem a small number compared with the 500K+ journeys they do complete, but that means some 7000+ additional appointments that would have been missed without alternative transport, on top of the 700,000 missed or cancelled hospital appointments each year[3]. This presents a significant additional and urgent demand most CTOs cannot meet, especially for longer distance trips that require significant resource.

WAST transport for Welsh patients to English hospitals is not guaranteed and depends on ambulance capacity, and may only be offered for the first journey if care is ongoing. Eligibility in Wales for NEPTs[4] has changed to become further restricted in recent years, meaning demand for CT and taxi provision is increasing.

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

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

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

---

[2] https://record.senedd.wales/WrittenQuestion/91367
[3] https://www.bbc.co.uk/news/articles/cd7v5ynqj3eo
[4] https://ambulance.nhs.wales/services/non-emergency-patient-transport-service-nepts/
[5] CTA 2026

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

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

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

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

The Welsh Government and NHS Wales do not report data on the percentage of hospital appointments that are missed or cancelled due to a lack of accessible transport. Our analysis shows that if just 5% of last year's missed appointments were caused by a lack of accessible transport, that has a direct cost to the NHS in Wales of £4,568,200[7]. A small investment in boosting the provision of accessible transport would mean a significant saving to the NHS[8].

Why do some people choose Community Transport over NEPTs?

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

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

[6] https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/
[7] Unit costs of Health and Social Care, 2022
[8] https://www.audit.wales/publication/hywel-dda-university-health-board-tackling-planned-care-challenges

friends to support them to make their journey (this is not considered in NEPTs eligibility criteria). 19% of Wales' population do not have access to a car or van[9], and the Bevan Foundation's 2025 research showed that this proportion increases to more than a third of people in low income households[10].

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

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

Patients may choose to use CT because of

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

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

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

[9] https://www.gov.wales/llwybr-newydd-wales-transport-strategy-2021
[10] https://www.bevanfoundation.org/resources/the-route-to-net-zero-transport-in-wales-how-tomake-it-work-for-people-in-poverty/

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

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

Policy Changes

The impact of the abolition of NHS England is so far unclear. Similarly, groups like Healthwatch which have an invaluable role in centring patient voice and acting as an impartial watchdog and advocate for patients (similar to Llais in Wales) are also due to be abolished, and it is unclear whether that function will be replicated under the new structure. Healthwatch have historically been a strong voice of challenge including around transport issues[11], it will take some time before we can properly assess the impact of this gap and this is an area of concern we will be monitoring closely.

New legislation on bus services in England and Wales was passed in 2025 and 2026, which is leading towards significant change, focusing on franchising, regional devolution and control, and enhanced quality partnerships[12]. While this will be a process that evolves over the next decade, there is huge potential for the shift to create a stronger foundation for community-led transport and better networks that serve many more people[13]. The Welsh Government are currently drafting the secondary legislation and guidance that will shape the provision of cross-border local bus services, so we anticipate this may have additional impacts for patients accessing healthcare from 2030 onwards once the Welsh franchising system is fully operational.

Coordination and Integration

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

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

[11] https://www.healthwatch.co.uk/blog/2025-11-19/how-well-are-patient-transport-services-performing
[12] https://ctauk.org/news/bus-franchising-england-what-it-could-mean-community-transport
[13] https://ctauk.org/news/senedd-report-recognises-vital-role-community-transport

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

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

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

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

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

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

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

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

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

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

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

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

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

Approved mileage allowance payment (AMAP)

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

they are already experiencing increased costs due to the fuel crisis, and 86% (England) and 71% (Wales) are worried/very worried about fuel shortages[14].

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

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

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

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

CTA has been leading a voluntary sector campaign[15] for an 'urgent, transparent and fair review' of the outdated 2011 AMAP rate since 2022. Motoring costs have increased significantly since 2011. Major fuel price shocks due to recent conflicts and crises in Eastern Europe and the Middle East have underlined the pressing need for action. Analysis by the RAC Foundation[16] reveals that, taking inflation into account, the AMAP rate should now be at least 66p.

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

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

Parking

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

[14] CTA 2026
[15] https://ctauk.org/amap-fair-deal-volunteers
[16] https://www.racfoundation.org/research/economy/reviewing-the-approved-mileage-allowance-payment

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

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

Capacity Development – Investment

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

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

No capital funding is specifically targeted at Community Transport in England and Wales – this is in stark contrast with Scotland where the CT sector has seen just under £9m in capital investment since 2022. Transport Scotland, in partnership with the Energy Savings Trust has this year distributed over £3.6m to 43 organisations via the Plugged in Communities programme[17], focusing on growing decarbonised accessible transport.

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

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

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

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

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

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

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

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

Impact of Fuel Price Rises on Community Transport Services

Analysis of Survey Responses, Prepared for the Welsh Government

Community Transport Association | April 2026

1. Executive Summary

The Community Transport Association (CTA) received survey responses from 38 community transport operators across Wales following the recent and rapid increase in fuel prices. Key findings from the survey were:

38 Survey Respondents	**78%** Already Experiencing Increased Costs	**71%** Very or Somewhat Concerned about Fuel Shortages	**37%** Can Sustain ≤1–3 Months

Community transport organisations across Wales report significant operational pressure as a direct result of rising fuel prices. Survey responses demonstrate that organisations are currently absorbing increased costs wherever possible in order to protect passengers from immediate fare increases.

However, respondents consistently describe this approach as temporary and financially unsustainable. Many organisations report that fuel expenditure is now consuming a substantial proportion of earned income, placing increasing pressure on reserves and widening existing financial deficits. Volunteer drivers, who form a key operational element of many Welsh community transport schemes, are beginning to reconsider participation where mileage reimbursement no longer reflects real vehicle operating costs.

Although passengers have largely been shielded from immediate impacts, organisations anticipate that continued high fuel prices will lead to fare increases, reduced service availability, and growing barriers to essential travel across Wales.

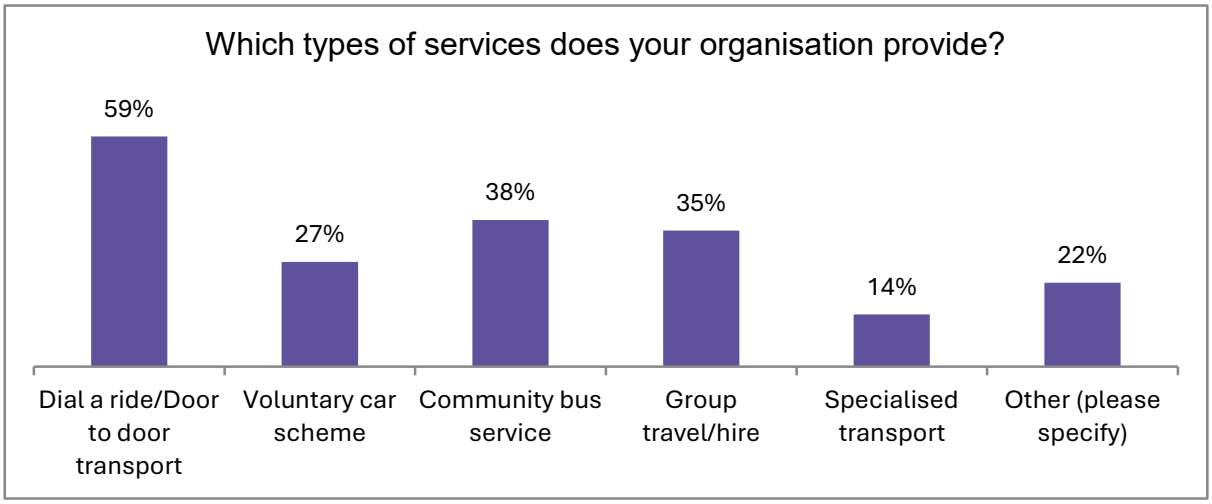
2. Respondent Profile

The survey was conducted between 16 and 24 April 2026 and generated 38 valid responses from CTA Wales member organisations. Respondents represent a broad cross-section of the community transport sector, including providers delivering multiple service types. This reflects the integrated and locally responsive nature of community transport provision in Wales.

Organisation and Service Types

Community transport organisations across Wales deliver a wide range of services, with most operating multiple models to meet local need.

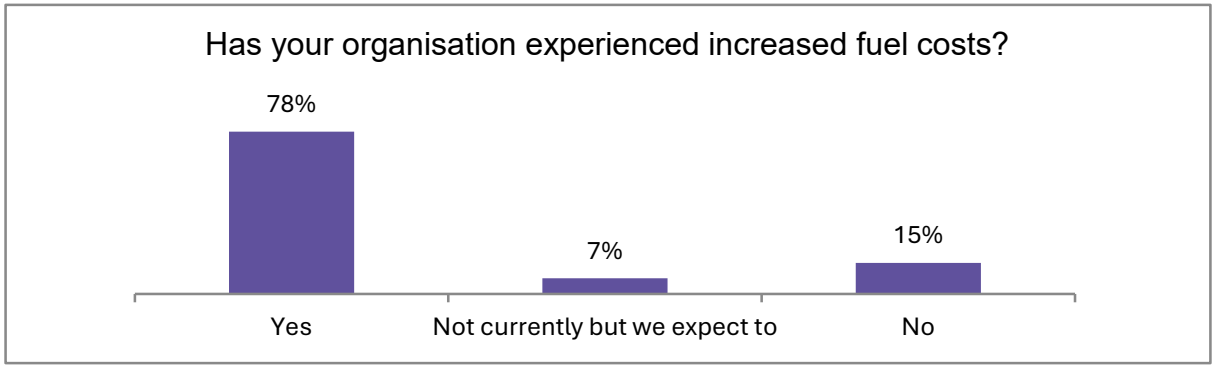
Dial-a-ride or door-to-door transport is the most common provision, delivered by 59% of organisations, reflecting the sector's central role in supporting people unable to access conventional public transport. Community bus services are provided by 38% of organisations, while 35% offer group travel or vehicle hire supporting community participation and access to services. Voluntary car schemes operate within 27% of organisations and remain essential for flexible, personalised journeys, particularly for medical appointments. Specialised transport services are delivered by 14% of organisations, supporting passengers with additional mobility needs.

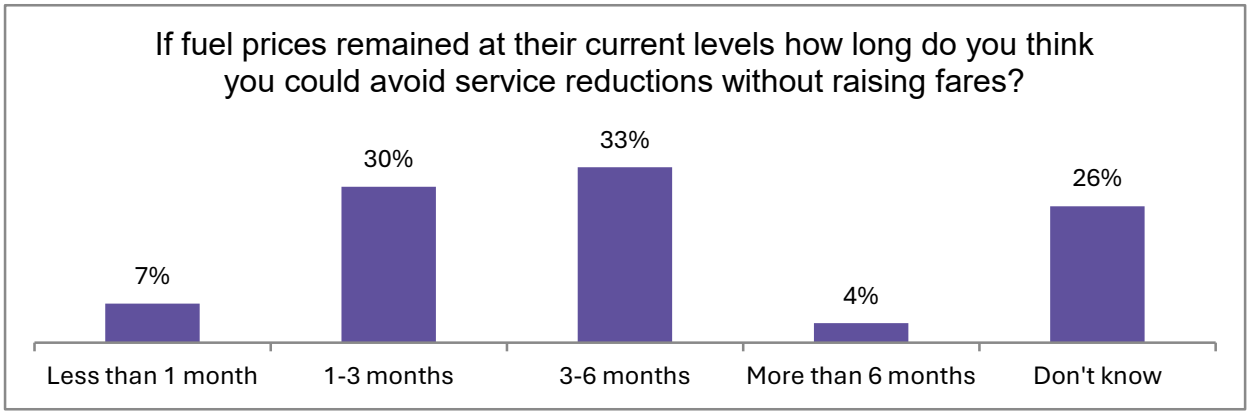


A further 22% provide other locally tailored transport services, highlighting the adaptability of the Welsh community transport sector in responding to diverse community requirements.

Current Impact Status

Survey findings demonstrate that rising fuel prices are already affecting operational sustainability across Wales. A total of 78% of organisations reported experiencing increased fuel costs at the time of the survey, confirming that cost pressures are widespread rather than isolated.

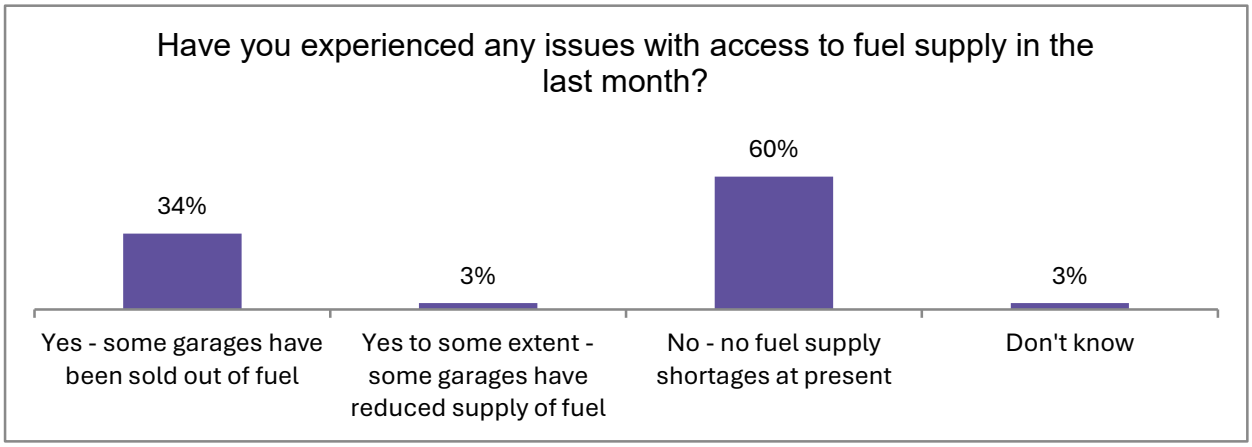




Financial resilience analysis further illustrates sector vulnerability. Among respondents to this question, 7% indicated they could sustain services for less than one month, while 30% believed they could avoid service reductions for one to three months. A further 33% reported capacity to maintain services for three to six months, with only 4% able to sustain operations beyond six months. Critically, 26% stated they did not know, highlighting the significant level of financial uncertainty facing the sector.

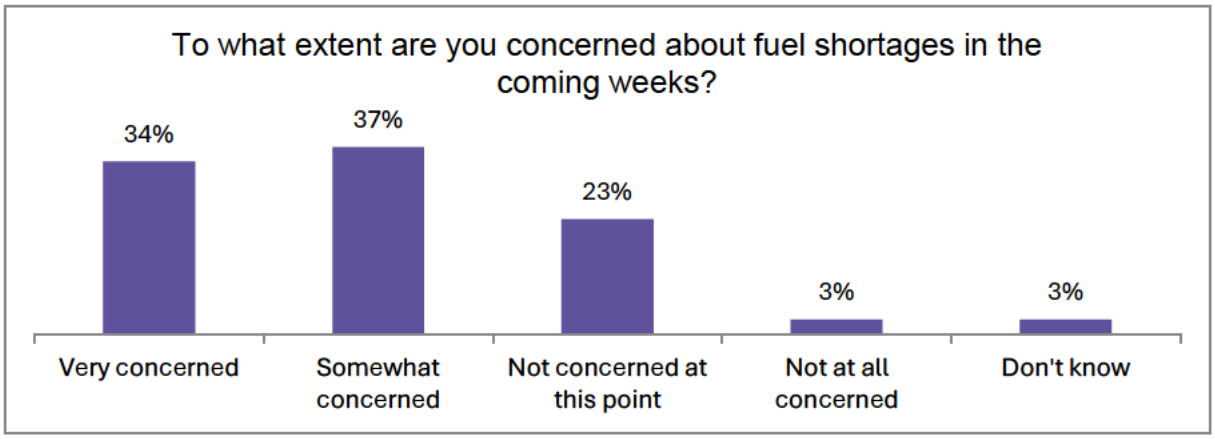
Fuel Access Methods

Among respondents to questions about fuel access, purchasing methods are broadly split, with 49% using individual drivers filling up at the pump and an equal 49% using fleet fuel cards. A smaller proportion operate private filling stations (11%) or use other purchasing arrangements (23%), reflecting the mixed operating models across the sector.



Only 35% of organisations reported having fixed fuel price contracts in place, while 62% indicated they had no fixed-price protection and 3% were unsure. Among those with fixed arrangements, very few contracts are due to expire in the immediate term, with none ending within one month and only 3% within one to six months. A further 13% reported contracts extending beyond six months, while 13% were unsure of expiry timelines. For

the majority (71%), fixed pricing was not applicable, reinforcing the sector's widespread exposure to fluctuating pump prices.



Fuel supply concerns add further uncertainty. Although 60% of organisations had not experienced severe shortages, 34% reported local garages selling out of fuel, contributing to perceptions of instability within supply chains. Concern about future fuel availability is significant, with 71% of respondents expressing anxiety regarding potential shortages. Together, rising costs and supply uncertainty create a challenging operating environment for organisations reliant on consistent fuel access to deliver essential services.

3. Thematic Analysis

Three open-text questions in the survey captured qualitative data: these covered the immediate impacts of rising fuel prices on the organisation; the immediate impacts for passengers; and the likely impact if current high prices were sustained for an extended period. The following section summarises the key themes identified across these responses

Impacts on the Organisation

Rising costs and financial pressure

Responses consistently highlight the rapid escalation in operating costs associated with rising fuel prices as the most immediate challenge facing community transport organisations. For providers already operating on tight margins, particularly small charities and not-for-profit services, even relatively modest increases in fuel prices are creating significant financial pressure and placing strain on day-to-day operations.

Organisations report reduced financial flexibility and increasing difficulty managing core running costs. While some describe the current situation as manageable in the short term, there is clear concern that sustained fuel price increases are steadily weakening organisational resilience. Many respondents noted that existing budgets were already stretched prior to recent price rises, leaving little capacity to absorb additional expenditure.

A strong theme across responses is the conscious decision by organisations to absorb rising costs internally rather than immediately increasing fares. This reflects an awareness that many passengers are already experiencing wider cost-of-living pressures. However, respondents emphasise that this approach relies heavily on the use of organisational reserves or accepting short-term financial losses and is therefore unlikely to be sustainable if high fuel prices continue.

"Our costs have risen by £140 per month; this places a heavy burden on our already stretched resources and increases our deficit."

"Making a loss against budget as we were hoping not to pass on the increased cost to parents, as this has already hit them on a personal basis too."

"Currently all generated income is being consumed by fuel costs."

"As a non-profit organisation, it is already hard to keep on top of running costs and we heavily rely on grants; we may have to offset some of the increases onto the customer to allow us to operate."

Pressure on volunteer drivers and workforce capacity

A significant operational risk emerging from responses relates to the impact of rising fuel costs on volunteer drivers, who form a critical part of community transport delivery across Wales. Many services depend heavily on volunteers using their own vehicles, meaning that increases in fuel prices directly affect both the affordability and willingness of individuals to continue volunteering.

A key driver of this pressure is the HMRC approved mileage reimbursement rate (AMAP) of 45 pence per mile, which has remained unchanged since 2011. Respondents consistently highlight that this rate no longer reflects current fuel and vehicle operating costs. As a result, volunteers report feeling increasingly out of pocket when undertaking journeys, particularly longer or more frequent trips, which is beginning to affect retention and willingness to travel.

Organisations report growing concern that the gap between reimbursement rates and actual costs is now influencing volunteer behaviour, with early indications of reduced availability and withdrawal in some cases. This represents an emerging structural risk to service capacity, particularly for services reliant on voluntary car schemes and flexible, demand-led transport provision.

"Our drivers use their own vehicles and claim the normal 45p per mile to transport clients to hospital appointments, unfortunately a few drivers have not been willing to volunteer their time this month due

to increased fuel prices and the 45p a mile not covering their expenses."

"Our volunteer drivers use their own vehicles some drivers have raised concerns about the fuel prices and a couple have withdrawn from volunteering until prices settle back down."

"If volunteers decide to stand back it would impact on our services and that would make a huge difference to our clients that use the service."

Impacts on Passengers

Emerging pressure on affordability and access

Most respondents report that passengers have experienced little or no immediate change to date. This is because organisations are actively absorbing increased fuel costs to avoid passing price rises onto service users during a period of wider cost-of-living pressure. This has helped maintain short-term affordability and access for vulnerable passengers. However, respondents emphasise that this position is increasingly fragile. While widespread fare increases and service reductions have not yet fully materialised, organisations are already making early operational adjustments, including reviewing fares, reducing discretionary journeys, and limiting flexibility to manage rising costs.

The clearest immediate impact is therefore not price increases, but emerging pressure on service capacity. Driver shortages, financial constraints, and cost pressures are beginning to limit the ability of organisations to meet demand, resulting in reduced availability in some areas. Rural and specialist services are identified as most exposed. Longer journey distances, higher operating costs, and limited or no alternative transport options mean these services have less capacity to absorb further pressure. In many cases, provision is effectively essential, meaning any reduction directly affects access to healthcare, education, and basic services.

Looking ahead, respondents widely expect that passengers will experience more direct impacts if fuel prices remain elevated. In some cases, fare increases are already being introduced or considered where costs can no longer be absorbed. However, the primary risk identified is not only higher fares, but reduced service availability and reliability.

These pressures sit alongside wider cost-of-living challenges, increasing the likelihood that even modest changes in fares or service levels will affect travel behaviour and affordability. Respondents indicate that reduced provision is likely to become the main way in which passengers experience the impact of sustained fuel price increases.

"None at the moment, the business has absorbed all the additional cost and taken a loss.

"We would have to put up our transport costs to parents who use this service at a time when they have already been subjected to an increase of 20% vat on school fees. Naturally the fuel increase has been added to a long line of other increased costs this year that we have had to endure which has negatively effected our available cashflow. We cannot cease to provide transport for day pupils to get to and from School so we have no alternative than to accept these costs. If we pass on the costs we will lose pupils taking the buses leaving empty seats which will further increase the cost to the parents that use the service. No win situation "

"We would have to limit the amount of journey requests we cover, meaning more clients would be unable to attend important medical appointments."

"We are now having to look at increasing the prices more than was already planned."

Likely Impact if High Prices Persist

Service reduction and potential withdrawal

Evidence indicates that community transport organisations across Wales are approaching a critical threshold where current service levels are unlikely to be sustained if high fuel prices continue into the next financial quarter. The combined impact of rising operating costs, limited reserves, and dependence on volunteer capacity is creating a clear risk to service continuity. Respondents anticipate that continued pressure will lead to formal service reductions, including fewer journeys, reduced route coverage, and withdrawal of non-essential or discretionary transport. The impact is expected to fall most heavily on older people, disabled individuals, and rural communities with limited alternative transport provision.

"With fuel levels at the current rate we would likely loose all our volunteer drivers, our reserves will be used up meaning we would have to close our services"

"We are awaiting confirmation of our annual BSSG grant. This will have more of an impact on us operating. If we do not receive this grant this year we will cease trading in 6 months or less. If the grant funding is reduced again this year we will look to increase our prices annually."

Financial unsustainability and depletion of reserves

Sustained fuel price increases are widely viewed as incompatible with current funding arrangements. Many describe a position where reserves are being actively used to bridge the gap between income and rising costs, a response that is increasingly recognised as unsustainable. Within this context, the loss of volunteer drivers is repeatedly identified as a critical structural risk, with implications for the viability of core service delivery. Respondents highlight that rising costs are undermining the volunteer model that underpins a significant proportion of provision across Wales.

At present, organisations are managing pressures through short-term measures including cost absorption, journey consolidation, prioritisation of essential travel, and use of reserves. However, these actions are widely described as temporary and insufficient to address the underlying mismatch between funding and operating costs. When asked about future impacts, respondents most commonly anticipate reduced service provision, including fewer journeys, reduced frequency, and withdrawal of lower-priority services.

4. Recommendations

Survey evidence identifies a small number of targeted interventions where Welsh Government action would have immediate and measurable impact in stabilising community transport provision across Wales.

Action 1: Urgent review of the HMRC approved mileage rate

Welsh Government should urgently advocate to HM Treasury for review of the HMRC Approved Mileage Allowance (AMAP) rate to include volunteers. The current AMAP rate is no longer reflective of real operating costs and is contributing to reduced volunteer availability, placing core service capacity at risk.

Action 2: Emergency Grant Funding or enhanced Fuel Subsidy

Introduce a time-limited Community Transport Stabilisation Fund, additional to the Bus Services Support Grant (BSSG), to support operators facing immediate fuel-related financial pressure. This should focus on organisations at risk of short-term service reduction, reserve depletion, or withdrawal of essential services, and provide flexible support for operational cost pressures. In parallel, Officials should explore interim Welsh measures within existing transport funding streams and the proposed Challenge Fund (NTDP 2022) to support service continuity.

Action 3: Prioritisation of Community Transport in Fuel Resilience Planning

Ensure community transport is formally included within UK fuel resilience and civil contingency planning frameworks. This should include consideration of priority fuel access arrangements during supply disruption, recognising the sector's role in delivering essential access to healthcare, social care, and community services.

5. Conclusion

This survey presents an unambiguous picture of a sector under sustained financial pressure, with limited capacity to absorb further fuel price increases. This new challenge is in addition to the pre-existing conditions caused by systemic under-investment and escalating operating costs. The impact will be most acute for rural communities and vulnerable groups who rely on community transport as a primary means of access to health and social care, education, employment, and social participation.

Community transport organisations across Wales are facing a fuel cost crisis that is eroding financial reserves, threatening volunteer retention, and driving service reductions that disproportionately affect some of the most vulnerable members of society. Most organisations have already experienced significant cost increases and believe they can sustain current service levels for no more than three to six months at current prices. The consequences of inaction, including the loss of volunteers, service withdrawal, and even organisational insolvency, are described by respondents not as remote possibilities but as near-term certainties.

The Welsh Government should pay particular attention to the additional vulnerability of rural and remote communities, where the consequences of transport failure are greatest, alternatives are fewest, and the financial exposure per journey is highest, due to the large distances travelled. Any support mechanism should be designed with the rural context explicitly in mind, rather than treating all operators as equivalent.

The community transport sector provides services that the statutory transport system does not: flexible, person-centred journeys for people who cannot use conventional public transport, often to access healthcare, food, and social connection. The sector operates on the margins of financial viability in ordinary times. The current fuel price crisis, if not addressed, risks eliminating a significant portion of this provision with consequences that will extend far beyond the transport sector itself, into health, social care, and the wellbeing of some of the most isolated communities in the country.