RNIB

See differently

In partnership with

Motability Foundation

Getting There

Hidden Barriers to Healthcare Access

Contents

Introduction

This design sprint was delivered as part of Designing for Accessible Transport (DAT), an innovation partnership between RNIB and the Motability Foundation. DAT was created as a space in which we could use innovation tools and techniques to explore complex, cross-cutting challenges affecting disabled people in making journeys.

Designing for Accessible Transport (DAT) is a two-year joint innovation project led by RNIB and the Motability Foundation. The project focuses on tackling the barriers disabled people, including those with sight loss, face when using transport.

This report covers the first DAT sprint, exploring challenges in travelling to secondary care appointments (e.g. at hospitals), and the potential solutions that could be scoped and tested in a short period of time. While it cannot offer a complete answer to a complex systemic problem, it constitutes a step towards understanding what people are experiencing and what practical interventions could be tested quickly.

The findings in this report point to an immediate opportunity to pilot a simple, low-cost tool that could help patients feel more prepared and in control. But they also point to a wider need for healthcare, transport and third sector partners to work together so that patients are not left to navigate fragmented systems alone.

Sprint 1: Summary

Access to secondary care appointments remains a significant challenge for many disabled people, particularly those on low incomes and with physical, sensory or cognitive impairments. Based on previous research by RiDC and Bristol University (Evans et al., 2023), only a small minority of disabled people on low incomes seem to be accessing support schemes.

This poses an important question: why are transport support schemes failing to provide people with sight loss and disabled people on low income with affordable and reliable means to attend their secondary care appointments?

To tackle these challenges, RNIB and the Motability Foundation ran a design sprint – a fast paced and creative innovation project built around user research, prototyping

and testing. The sprint's purpose was to better understand how existing support schemes fail and explore how we could better enable people with sight loss and disabled people on low income to attend hospital appointments affordably, reliably and without stress.

Over a three-month period, we engaged in an intensive innovation process that brought together people with lived experience, service delivery insights and a wider view of the different transport support systems at play. During our three-week design sprint, we:

- Conducted in-depth qualitative interviews with disabled people on low incomes, including those with sight loss.
- combined insights into themes, and imagined a wide range of potential interventions that could help solve the challenge
- aligned these insights with our data research to strengthen our findings and uncover the most urgent issues to address.

This design sprint culminated in the development of a functional prototype: **Your Journey Planner**, a simple tool designed to bridge critical gaps in awareness, planning and coordination of transport for healthcare appointments.

This report outlines the challenge we set out to tackle, our key findings, and our recommendations for further development and implementation.

With the right information, format and framing, we can improve equity in healthcare access and alleviate stress for those who face the greatest barriers to travel.

We firmly believe Your Journey Planner could be piloted easily and without significant cost. We invite anyone working in a secondary care setting to get in touch with the team using the email addresses below and explore how piloting Your Journey Planner could start making a positive impact for patients.

Contact us:
innovation.mailbox@rnib.org.uk

Our project

We invested several weeks in exploring existing research into transport support for low-income disabled people, and in building this into a coherent brief for the next stage of work. The sprint followed a five-phase structure over roughly three weeks, based on design thinking and sprint methodologies adapted for inclusion, lived experience and complex transport support systems.

The five stages of Sprint 1:

1. **Understand**: In-depth research with individuals from the target population to map lived experiences, pain points and barriers.
2. **Define**: Combining insights into structured opportunity areas through clustering, mapping and reframing the problem.
3. **Ideate**: A creative session bringing together a broader group of contributors to rapidly generate, evaluate and prioritise ideas.
4. **Prototype**: Development of two functional, early-stage tools aimed at testing key concepts and user needs.
5. **Test**: User testing with participants (including some from the understand phase) to validate, challenge and iterate on the prototypes.

Collectively all sprint team members brought substantial experience in human-centred design, social innovation, systems thinking and participatory research. This core team was supported by participants with lived experience, stakeholder advisors and subject matter experts from both RNIB and the Motability Foundation. This cross-functional structure ensured the sprint remained rooted in lived experience while staying strategically aligned with both organisations' missions and capabilities.

Who did we design for?

Our sprint centred on the experiences and unmet needs of disabled people on low income who had been referred for (or attended) a secondary care appointment in the previous 12 months. This is a large and diverse user group with a variety of backgrounds, experiences and challenges. The insights from this sprint show there are still experiences and challenges specific (or at least common) to this group, and that it represents a significant and underserved segment of the UK population.

Our interpretation of 'low-income' is based on a House of Commons Library research briefing on UK poverty statistics, in which "relative low income" is defined as below 60% of the median disposable household income before housing costs (Francis-Devine, 2026, p. 11). In 2026 this was reported as £719 per week or £37,388 per annum for the year ending 2025, 60% of which is £22,433 (Department for Work and Pensions, 2026, HBAI table 2.2db).

This median income figure is equivalised, which means household incomes have been adjusted to account for differences in household size and composition. For example: a larger household will require more income than a smaller one for a given standard of living, but not proportionally more as some household costs (like heating or rent) don't depend on the number of people.

For our primary research (including both quantitative survey work and qualitative interviews), we recruited participants who reported a household income of under £22,000 per year to broadly align with the figure above. This figure was used as a pragmatic fixed recruitment threshold. While it is an imperfect proxy (because the official relative low-income threshold varies by household size and composition) it provided a simple, transparent and evidence-based threshold for recruitment screening.

For the purposes of our sprint, we considered three broad categories of disability: physical impairment, sight loss and non-visible conditions. These categories aren't exhaustive but enabled our sprint to explore intersecting needs across a large and diverse group, without sacrificing the deliverability needed to complete a focused and short-term sprint project.

For our qualitative work we also ensured our participant base varied in terms of devolved nation, urban vs rural and age brackets. For our quantitative work we collected responses from 302 respondents in a group broadly replicative of our qualitative participant profile: below £22,000 per annum household income and self-identified as having some combination of mobility impairment, sight loss or non-visible disability.

Transport Support for Secondary Care

For many disabled people on low income, in-person secondary care appointments (e.g. at hospitals or outpatient clinics) are an important and regular part of life. However, even getting to these appointments can present major challenges. Taxi hire and private vehicle ownership are often prohibitively expensive, and other public transport options – while perhaps more affordable – can be inaccessible, impractical or simply non-existent.

For these reasons, there are a variety of schemes and services that exist to help alleviate some of these pressures. In our research we found a complex patchwork of support systems including private hire services, centralised statutory financial support and localised practical support from NHS trusts, local authorities, community groups and charities.

Across all the options however, two consistently available schemes operate at scale. This is where we focused our investigation and subsequent exploration.

The Non-Emergency Patient Transport Service (NEPTS)

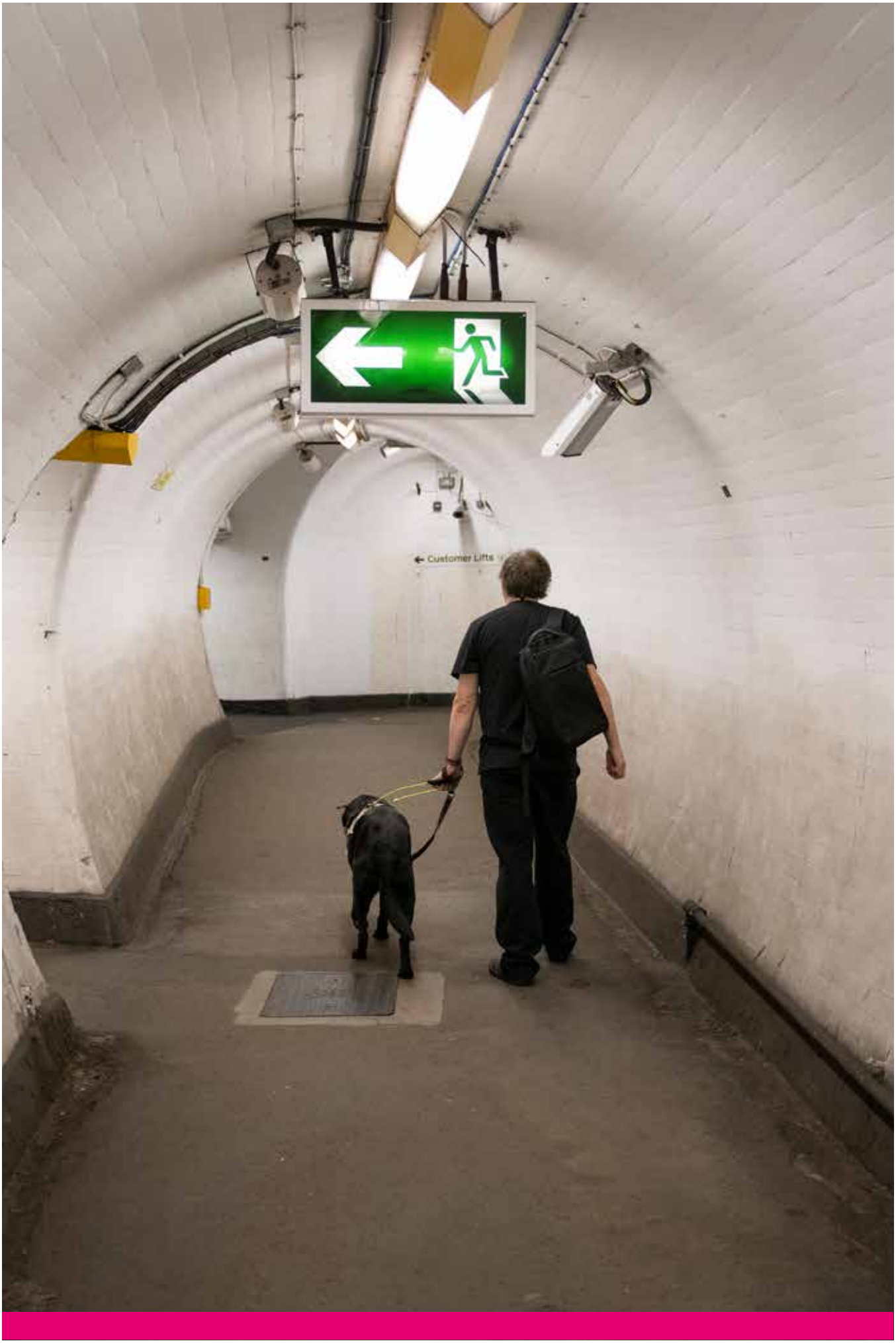
NEPTS is run in hospitals to provide two-way transport for inpatients and outpatients. NEPTS guidelines and criteria have been set by NHS England, but decisions around how to run this service are taken by individual locations. This results in a wide variety of interpretations across different hospitals (e.g. whether sensory impairment entitles someone to NEPTS support).

The Healthcare Travel Costs Scheme (HTCS)

HTCS enables eligible individuals to claim back "reasonable" travel expenses from hospitals and has its eligibility administered by the NHS Business Services Authority. The HTCS has strict and detailed rules that interlink with the broader NHS Low Income Scheme and accessing either scheme is complex.

While NEPTS and HTCS facilitate many journeys (up to 12 million patient journeys each year for NEPTS, NHS 2021 p. 3), application of eligibility criteria is inconsistent and the user journey is often fragmented, bureaucratic and inaccessible.

The result is a support system in which low-income disabled people (arguably those most likely to be in need and under pressure) face a constant uphill struggle to access the vital care to which they are already entitled.


Customer Lifts

The Challenges

We explored these topics using desk research, qualitative insight interviews and quantitative survey questions. We found a complex and nuanced layering of challenges at a systemic, regional and personal level. However, three core problem areas stood out.

Low awareness, low usage

Too many people aren't aware that schemes like NEPTS and HTCS exist. According to RiDC, only 9 per cent of disabled people on low income reported using the NHS Healthcare Travel Costs Scheme, despite the likelihood that many more might be eligible (Evans et al., 2023, p. 53).

Our survey closely corroborated this finding (8 per cent), and suggested the number is similar for NEPTS (9 per cent). Despite its relevance to respondents' circumstances, only 25% knew of HTCS. A significant majority of survey respondents and interview participants reported being unaware of either of these schemes: across both schemes, only 5 per cent of our survey respondents reported regularly using transport support – or 1 in 20.

Even when schemes were known, eligibility criteria and application steps were unclear and off-putting. In some cases, participants opted out pre-emptively, assuming they weren't "disabled enough" to qualify for support. In our qualitative work, we found a consistent theme of anxiety around guilt and exclusion.

There are many touchpoints between patients and professionals in a secondary care journey. Many of these could serve as opportunities to raise awareness of the available support schemes and neglecting these indicates a deeper structural problem.

Anxiety, stress and feeling overwhelmed

For many users, the experience of planning a hospital journey is filled with anxiety, shame and invisible effort. This is especially true for those with cognitive impairments, fatigue-related conditions or mental health problems. Travel planning provided emotional challenges as well as logistical tasks, often undertaken alone and with uncertainty. Completing inaccessible reimbursement forms or negotiating with hospital transport teams requires significant energy which makes the whole process overwhelming.

"I often feel bad about using my blue badge even though I know I shouldn't feel that way"

"I wouldn't ask friends or family for help. I don't want to weigh on people or be a burden. It's my responsibility."

"Sometimes I miss the appointment completely. I get so overwhelmed that I feel like I'm passing out, and I bail halfway through journey and have to sit on the platform. I feel guilty. I'm physically able, therefore I should be able to do it."

These insights are paraphrased from our qualitative interviews.

The most commonly selected single statement (34%) was:

"The journey causes me significant stress and anxiety"

In one survey question around transport barriers to appointments, the most commonly selected single statement (34%) was "the journey causes me significant stress and anxiety". This echoes similar answers across our interviews, in which the figure was more pronounced for blind and partially sighted respondents (46%). In an additional free text survey question regarding the single greatest barrier to transport, the largest group of coded responses was tagged "stress and anxiety", with 34 out of 200 statements.

While many of these barriers are likely interlinked (e.g. perceived barriers relating to public transport reliability may directly trigger feelings of stress and anxiety), it's illuminating that the most pressing barrier is more often the emotional response than the logistical detail.

While these barriers relate to singular appointments, they arise before the appointment and persist afterwards. Many blind or partially sighted patients, for example, report receiving inaccessible appointment information they cannot read (SignHealth et al., 2022), and even successful HTCS claims can take 90 days to be fulfilled, leaving people out of pocket for months (NHS 2021, p. 7). Up to half a million unsuccessful claims are made each year, with a 70 per cent reversal when appealed (NHS 2021, p. 25).

More than simply how people get to appointments, our insight work shows how the journey makes them feel, what trade-offs they make, and how it affects their independence and wellbeing. Crucially, it also lays bare the proximal challenges our audience encounters when interacting with a complex (and often unhelpful) system.

Impacts on the NHS

Missed appointments or "Did not Attends" (DNAs) cost around £1bn per year in the UK, across 8 million patients (DrDoctor, 2025). Around £460 million is spent on NEPTS annually (NHS 2021, p. 18) – for comparison, this is about £1 in every £275 spent by the NHS overall (0.4 per cent) – similar to the cost of radiotherapy.

HTCS specifically (vs NEPTS) accounts for a much smaller portion of transport support spend – around £5m to £10m per year. This is despite the fact that HTCS is estimated to cost £14.28 per patient-journey on average while NEPTS costs £38 per patient-journey (NHS 2021, p. 20-25).

28%

of our survey respondents reported missing at least one secondary care appointment specifically due to travel-related difficulties in the last 12 months

The complexity of these services and schemes (and their governance) makes it hard to see one of the clear financial narratives. Considerably more is lost in DNAs than is spent on transport support, and the vast majority of supported journeys are run through the NEPTS system which appears more than twice as expensive to deliver on a per-journey basis.

Around 1 in 3 (28%) of our survey respondents reported missing at least one secondary care appointment specifically due to travel-related difficulties in the last 12 months. This suggests that a significant proportion of the £1bn DNA cost might be attributable to travel difficulties. While this is speculative, we feel strongly that this figure should be investigated further.

We also feel exploring the possibility that simply **lowering the barrier to entry for HTCS** could deliver improvements to both secondary care access and financial efficiency.

Exploring a solution: Your Journey Planner

During our design sprint, it was crucial to go beyond understanding the problem and to start imagining an intervention that could deliver positive change to individuals. We consolidated our insights and used them to build a clear brief to guide us in envisioning different solutions.

Ideation

We built a multidisciplinary team with professionals from both the Motability Foundation and RNIB, representing Innovation, Services, Creative, Digital and Strategy. This team came together for a dynamic, fast paced, full day workshop. Together, we used collaborative ideation techniques to generate over 70 solution concepts across five themes.

While we previously identified many complex and interlinked systemic challenges, we consciously focused our ideation on tangible and deliverable concepts that could create positive impacts at pace.

After discussing and scoring the strongest solutions, we settled on our core concept: Your Journey Planner.

Your Journey Planner is a simple, format-flexible planning tool designed to reduce the cognitive load and anxiety associated with travelling to secondary care appointments. We prototyped it as a both a six-page booklet and a six-section interactive app.

Your Journey Planner includes:

- A pre-appointment checklist to prompt key actions such as checking transport eligibility, collecting travel receipts and noting NHS contact numbers.
- Dedicated space to record important journey details, such as pick-up times, contact numbers for transport providers and the location of the appointment.
- A section for personal notes and questions helping users to prepare for an important healthcare interaction and arrive to their appointment with clarity and confidence.

Why Your Journey Planner?

For many users, preparing for an appointment involves significant mental and emotional effort, especially when compounded by fatigue, anxiety or inconsistent transport options. The planner aims to reduce this invisible burden by providing a clear, simple tool to help people feel more in control of their day.

This tool was shaped by the need for emotional safety and simplicity. The tone is warm and non-directive, recognising the autonomy and existing knowledge of the user. Its layout is clean and readable, designed to be printed and carried if needed. By giving structure without judgement, the Journey Planner supports not just preparation, but peace of mind.

As well as the unmet patient needs above, we selected Your Journey Planner for two reasons:

- It sits firmly within RNIB and the Motability Foundation's remit and areas of expertise.
- It has an extremely low barrier to entry and could deliver positive impact at pace with limited investment.

What did patients think?

The overall response to Your Journey Planner was strong. Eight out of nine qualitative participants were immediately positive about the prototype, with one participant feeling they were largely self-sufficient already. Participants reflected on how helpful the space for appointment questions was, and how the planner would become a more holistic appointment-planning tool, rather than "just" a transport tool.

In our conversations, we were struck both by how quickly participants responded positively to the concept and how surprised they were that something so simple could feel so intuitive and helpful.

"This makes me feel quite tearful. It's just exactly what I want to see"

Physically impaired user, male, in his 50s

In our quantitative survey:

71%

of respondents said they would be interested in using Your Journey Planner

In our quantitative survey, 71 per cent of respondents said they would be interested in using Your Journey Planner (25 per cent very interested, 45 per cent somewhat interested), with only 9 per cent not interested at all and 7 per cent unsure. Interest levels were broadly consistent across impairment groups, suggesting the concept has wide appeal and isn't niche to a single audience.

In terms of specific features, the top two selected elements were a checklist of things to prepare or bring (48 per cent) and a space to write notes or questions (48 per cent). A sizeable proportion also selected practical enablement features such as a space to lay out the journey plan (37 per cent) and a place to store key contact numbers (34 per cent). In contrast, links/prompts to useful transport resources were selected by 24 per cent.

Based on the strong positive response to Your Journey Planner, and the low risk associated with further testing, a pilot with real patients in a secondary care setting would be a valuable and efficient next step.

Your Journey Planner

Your checklist for a smoother appointment day.

Plan Your Journey

We know hospital appointments can sometimes feel overwhelming - especially when travel, timing, or paperwork are involved. This planner is here to help you stay organised and feel more in control.

Bring it with you to your appointment, and use it to keep track of everything from transport plans to important questions.

Inside, you'll find:

- Checklist for things to do before your appointment
- Space to record your transport plan and key contacts in case you're running late or need help
- Prompts for questions you want to ask during your appointment
- Reminders for what to do before you leave the hospital

Remember...

If you're feeling stressed about your journey and worried you may miss your appointment, you may be able to rearrange your appointment for a later time in the day to give you more time for travel

My Questions

Hospital appointments can go by quickly, and it's easy to forget things in the moment - especially when you're managing travel or feeling unwell. Use this space to jot down any questions you want to ask before or during your visit. This might include things about transport support, rescheduling future appointments, getting help getting to the hospital next time, or anything else on your mind.

- ◯ Can I choose or request a time of day that makes travel easier for me?
- ◯ If I can't make it to my next appointment, who should I contact and how far in advance do I need to let you know?

Questions I want to ask:

- ◯ Is there anyone who can help me fill in travel claim forms?
- ◯ Are there any local travel support schemes I might be eligible for?
- ◯ _____
- ◯ _____

My Checklist

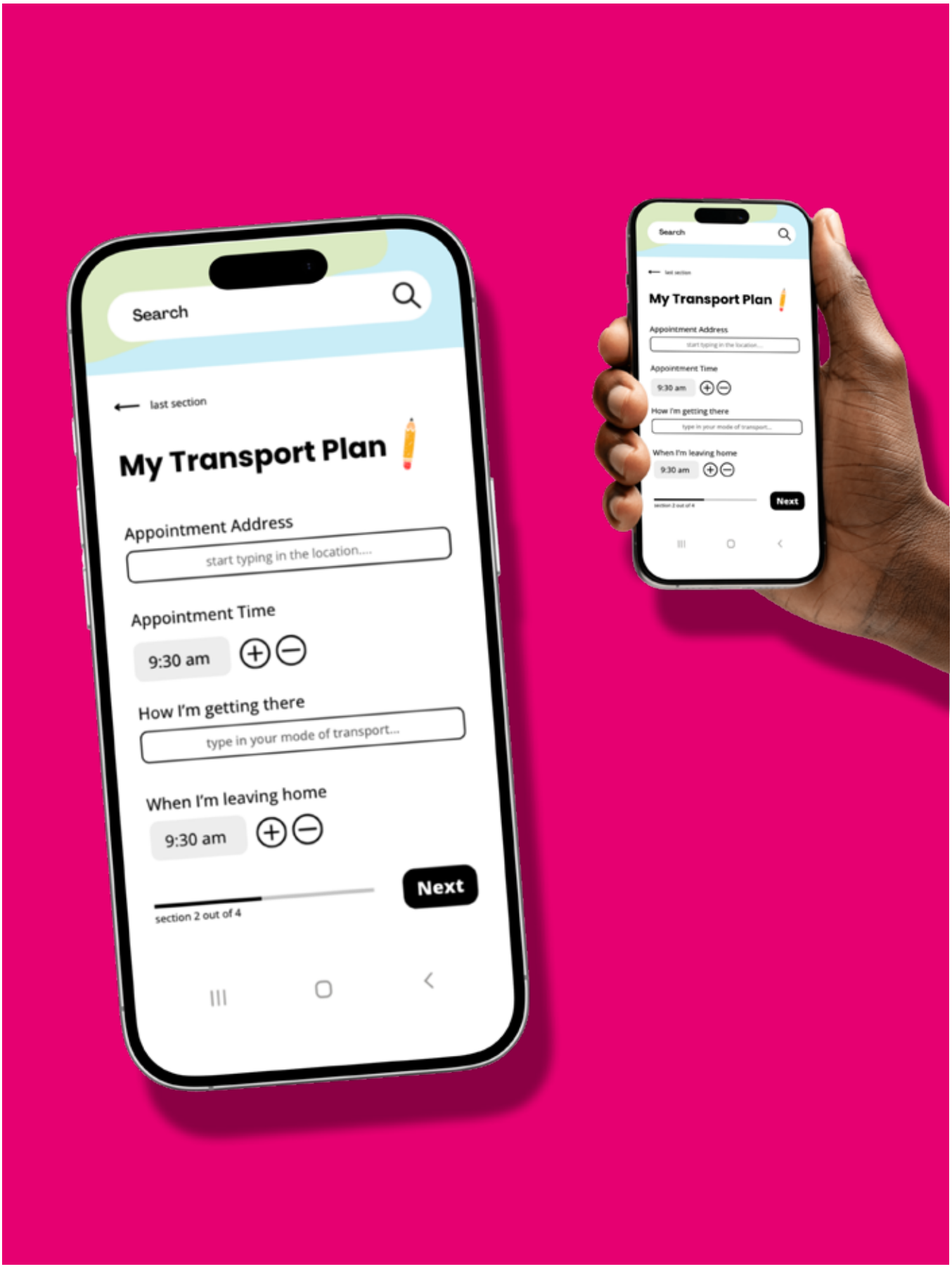
Before the day of your appointment, take a few minutes to go through this checklist. These small steps can make a big difference in helping your journey go more smoothly:

- ☒ Ask your GP or hospital team if you're eligible for any transport support
- ◯ Keep hold of any travel receipts (you may need these to claim costs) remember!!
- ☒ Bring proof of any benefits or disability support you receive
- ☒ Write down your transport plan and key support contacts
- ☒ Make sure you have your NHS number noted down

If there's anything else that's important for you to remember, no worries - use the space below to add it in. This planner is yours to shape around what matters most to you.

- ☒ bring a pen for note taking
- ☒ folder for all the documents
- ◯ _____
- ◯ _____

Your Journey Planner was prototyped both as a PDF and as a scripted description. Here are some of the mocked up pages presented in user testing sessions to gauge utility and appeal. (Images show example pages from a journey planner with handwritten notes)



Your Journey Planner was also mocked up with images and written descriptions presenting the core functionality in different formats to meet different accessibility needs, including smartphone app, booklet, and print-at-home pages. The above image shows a mockup of the app.

The need for systemic change

While pilot testing Your Journey Planner could help alleviate some pressures on patients, it cannot solve the root issues driving those pressures. The entire secondary health care travel experience for disabled people on low income requires holistic, patient-centred reform.

Understanding the barriers

HTCS and NEPTS have an array of accessibility and usability challenges associated with them, from low awareness and inconsistent implementation to process complexity and information-inaccessibility.

As well as internal challenges, these two schemes are administered entirely separately despite having related aims. Both schemes could feature prominently in the experience of the same end-user. Therefore, they would ideally be designed, managed and signposted in a complementary way.

Working with key relevant NHS stakeholder organisations (e.g. volunteer Trust, Hospital or ICB), full accessibility and usability audits of schemes like HTCS and NEPTS could be undertaken. These could include awareness, eligibility criteria, submitting and receiving reimbursement or support so that those with accessibility needs can access the services with ease. Going beyond the specific issue of patient transport support, this opportunity could also be leveraged to build and test a broader co-creation capability.

Stronger local partnerships

While schemes such as HTCS and NEPTS operate at macro-scale, access often depends on strong local ecosystems that connect patients to the right support at the right time, with different mixes of community transport and local authority transport options in different places.

We repeatedly heard from participants that they were unaware of available schemes (both local and national) because no one had spoken to them, or they weren't sure who to ask. Where community transport options were available, they were often poorly signposted, or their implementation varied significantly.

Organisations and stakeholder groups (e.g. hospitals, local GP surgeries, and community transport operators) could be supported to improve and embed transport-access conversations earlier in the patient journey, ideally at the point of referral or appointment scheduling. Testing an idealised model for information and engagement, built on an example of effective local partnership, could demonstrate a cost-effective and efficient way to protect patients from easily avoidable negative experiences.

Patient empowerment and lived experience insight

Throughout this sprint, listening closely to people who have lived experience of disability and financial hardship was crucial. Their insights and constructive input proved invaluable in helping us understand the problems they face, and the kinds of tools that could provide practical support. Working with end-users helped surface diverse real-world barriers, from the emotional weight of asking for help, to the sense of exclusion caused by bureaucratic processes.

We recommend embedding co-design as a standard practice when designing or updating transport support services and related healthcare touchpoints, not only in testing but in shaping the structure, delivery and communication of services from the outset.

Across our conversations, we heard that being given information alone isn't enough. People need confidence, reassurance and support. For those navigating the stress of medical appointments while also facing social isolation, communication barriers or fluctuating health, a human connection can make a truly massive difference.

Our ask to you

We recognise the scale, complexity and breadth of these challenges.

That's why **we're inviting healthcare professionals to work with us to pilot and iterate the Your Journey Planner concept.**

While its implementation wouldn't remove the need for more systemic solutions, it offers a fast, low cost and low risk route to delivering positive impact, potentially reducing DNAs, and demonstrating support toward disabled people on low incomes who might be struggling.

If you're a healthcare professional and trying out Your Journey Planner sounds like something that could benefit patients in your area, please reach out to our team using the email addresses below – we'd love to explore how we could bring these concepts to life.

Contact us:
innovation.mailbox@rnib.org.uk

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Get in touch

We welcome approaches from sight loss sector partners, transport providers and technology developers.

To learn more about our work and get involved in creating a world that is inclusive by design, contact us at:

innovation@rnib.org.uk

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