South of Ashbourne Rural Accessibility Study
Base Conditions, Barriers and Options for Improving Access

Final
April 2009
Revision Schedule

Rural Accessibility Study
April 2009

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</table>
Table of Contents

Executive Summary
1 Introduction .......................................................................................................................... 1
  1.1 Background and Reason for Study .................................................................................. 1
  1.2 Objectives ..................................................................................................................... 3
  1.3 Methodology ................................................................................................................ 3
  1.4 Rural Transport and Development ............................................................................. 5
  1.5 Climate Change .......................................................................................................... 8
  1.6 The Study Area ........................................................................................................... 9
2 Existing Provision: Services and Facilities ................................................................. 12
  2.1 Parish Services and Facilities ..................................................................................... 12
  2.2 Core Accessibility Indicators ..................................................................................... 13
  2.3 Derbyshire Bus Toolkit ............................................................................................. 14
  2.4 Community Facilities ............................................................................................... 16
3 Existing Provision: Transport ..................................................................................... 22
  3.1 Overview ..................................................................................................................... 22
  3.2 Public Transport ........................................................................................................ 22
  3.3 Voluntary or Car Social Schemes .............................................................................. 31
  3.4 Taxis ........................................................................................................................... 32
  3.5 Wheels to Work .......................................................................................................... 32
  3.6 Pharmacy Deliveries ............................................................................................... 33
  3.7 Information Provision ............................................................................................... 34
  3.8 Walking and Cycling ................................................................................................. 34
4 Accessing Services 1 – Community Workshops ...................................................... 37
  4.1 Overview ................................................................................................................... 37
  4.2 General Transport ..................................................................................................... 38
  4.3 Accessing Health Facilities ....................................................................................... 40
  4.4 Accessing Education Facilities .................................................................................. 43
  4.5 Access to Shops ........................................................................................................ 46
  4.6 Access to Leisure & Social Facilities ......................................................................... 49
  4.7 Women’s Institute .................................................................................................... 52
5 Accessing Services 2 – Residents Questionnaire .......................... 55
5.1 Overview ................................................................................................................55
5.2 Respondent Characteristics ..................................................................................55
5.3 General use of Public Transport .........................................................................58
5.4 Accessing and Using Information .......................................................................61
5.5 Accessing Employment .......................................................................................63
5.6 Access to Cash .......................................................................................................64
5.7 Access to Shops ......................................................................................................65
5.8 Access to Health Facilities ....................................................................................66
5.9 Education ...............................................................................................................67
5.10 Accessing Leisure and Social Facilities .............................................................68
6 Functional Relationships, Barriers and the Future ..............................................72
6.1 Overview ...............................................................................................................72
6.2 Functional Relationships between Settlements ....................................................72
6.3 Barriers to Accessing Services and Facilities .......................................................73
6.4 The Future .............................................................................................................74
7 Options for Improved Accessibility ................................................................. 75
7.1 Scheme Framework ............................................................................................. 75
7.2 Potential Schemes ............................................................................................... 75
7.3 Summary ...............................................................................................................98
8 Study Area Recommendations ......................................................................... 102
8.1 Locations for Future Development .................................................................. 102
8.2 Improving Access to Existing Services and Facilities ..................................... 103
9 “Seven Steps” Summary ................................................................................. 107

Appendices

Appendix A – Project Brief
Appendix B – Ranking of Services and Facilities at Parish Level
Appendix C – Residents Questionnaire (and Summary Tables)
Appendix D – List of Stakeholders Consulted
Executive Summary

Access to shops, health and education services, financial services and other community facilities (such as leisure and social centres) is recognised as being an important component of everyday life.

One of the five key priorities of Derbyshire County Council’s second Local Transport Plan (LTP) for the period 2006 – 2011 was to improve local accessibility. In order to achieve this, the LTP included an Accessibility Strategy which identified that, in an area to the south of Ashbourne, there are a large number of villages and hamlets that have limited access to services and facilities. This was confirmed, independently, through work conducted by Derbyshire Dales District Council (DDDC) during the preparation of their Local Development Framework (LDF) Core Strategy.

Scott Wilson Ltd were commissioned by Derbyshire County Council, Derbyshire Dales District Council and South Derbyshire District Council (the three authorities in which the study area largely falls) to:

- identify how settlements “cluster” in the provision of services and facilities (i.e. from where do households living in individual settlements access services and facilities),
- assess current ways in which people within the study area access facilities and services,
- identify barriers preventing people within the study area accessing particular facilities and services,
- consider how access to services and facilities from within the study area could be improved.

The methodology developed for the study considers a seven step system to address accessibility problems in rural areas. This is described in Figure 1, below.

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**Figure 1: The Seven Step system used to inform the study (adapted from the Yorkshire and Humberside Assembly)**
To inform Steps 1 – 5, this study collated information from four broad areas:-

- **A Desktop Study of the Study Area**: For which information was obtained from the 2001 Census, National Statistics and the Ordnance Survey,

- **Community Workshops**: At which members of the community could share their experiences direct with the project team,

- **Community Questionnaire**: From which information was collected regarding access to specific services and facilities,

- **Stakeholder Interviews**: Through which contact was made with those responsible for the provision of access to services and facilities.

To complement the above, a review of strategies to improve access to rural communities was undertaken from schemes across the UK (Step 5). This allowed a “long list” of options to be developed; from which a recommended set of interventions for the study area were determined (Steps 6 and 7).

Figure 2 demonstrates how the information gained from the above components of the methodology fit together to address the Objectives set for this particular study.

![Diagram](image)

**Figure 2: Rural Accessibility Study, Methodology**

The initial **desktop study** and **Stakeholder interviews** identified that:

- there are relatively few services and facilities available within the study area itself,
- in recent years, a number of traditional bus services have been withdrawn, and the remaining services are infrequent and only serve approximately 1/3 of the study area,
- there are a variety of transport services available to connect people to the services and facilities available at the periphery of the study area. These include Community Transport, Wheels to Work, Social Services Transport, School Transport and Voluntary Car Schemes. Each have different eligibility criteria, and operate largely independently of each other,
given the above, information regarding the availability of transport services is available from a number of sources.

**Community Workshops** were arranged in order to engage with the residents of the study area and to gain an understanding of the key issues affecting their travel decisions.

The meetings were arranged around specific topics, with attendees split into small groups. Topics covered included general transport, access to health, access to education, shopping destinations and the use of leisure and social facilities (See Figure 3).

From the Community Workshops, it was found that:

- a lack of information on services available limits some peoples’ access to services and facilities. This was found in the form of information being absent, or people not knowing where to get information,
- a lack of footpaths to key facilities (e.g. bus stops, schools, pubs etc) restricted access, particularly as walking on the carriageway is perceived as dangerous in many places,
- for access to many facilities / services, the car is perceived as the only option for travel. Car sharing does take place but is limited to informal arrangements,
- “buses don’t fit” (both destinations and travel-demand times) is a feeling echoed by many persons as services often run only on specific days during the week, limiting when people can travel. This increases the potential for people to rely on cars,
- inter village travel, “just doesn’t happen”,

![Figure 3: Working of the Community Workshops](image-url)
Community Transport is well used but there is still some confusion regarding the service available,
- transport can be expensive (e.g. home – hospital rides),
- education can usually be accessed by school bus but some parents prefer to transport children by car. After school clubs, adult education and post 16 travel may require car use,
- delivery services are available but vary between settlements. Some services are “thought” to exist, but not definitively known about.

Following the Community Workshops, a comprehensive questionnaire was distributed to all households within the study area to determine existing travel patterns, modes, reasons and frequency of travel within the key areas of general transport, health, education, shopping and leisure / social. Of the 3,074 household questionnaires delivered, 961 households returned a questionnaire giving a response rate of 31% (which constituted a statistically significant sample).

From the Questionnaire, it was found that;
- there was a relatively older population living in the study area than the UK average, with more people noted to be retired. There were less full-time employed people within the study area than UK average, but relatively little unemployment,
- few people identified transport problems as being a barrier to obtaining employment, or in accessing services and facilities,
- car ownership within the study area exceeds national averages, and car usage (for all trip purpose types) is high,
- though there were few facilities within the study area itself, there appeared to be evidence of usage of independent food deliveries (though not by internet) across the study area,
- the comments received back from the questionnaire focused on a lack of traditional bus services,
- there is some evidence of connection activity between CT and rail users,
- key destinations for all trip purposes were found to be Derby, Ashbourne, Micklover and Uttoxeter. However, there is greater variation for health-related facilities.

From the above, it is clear that there remain few draws that would generate travel within the study area itself. Indeed, from the evidence collected within this study, a three-tier structure is evident in terms of the peripheral settlement draws.

**Tier 1:** Derby is a clear draw for both employment, health, education and main shopping (food and non-food) trips. This is consistent with its size and relative proximity to the study area. Ashbourne can also be viewed as an important draw across the whole of the study area (which contrasts with its relative size compared with Derby).

**Tier 2:** Uttoxeter forms a secondary draw; with Burton important for non-food shopping trips.

**Tier 3:** At the lower level, there is evidence of trips made to and from Mickleover, Brailsford, Hatton and Hilton.

The challenge is therefore to ensure that all people within the study area can access these services, and know of the options available to them in order to do this.
A review of schemes being used to address accessibility issues across the UK was undertaken. Figure 4 summarises the key interventions in terms of settlement size and numbers in need of assistance. The Study Area considered within this document falls in the area of Figure 4 where there are low numbers of people in need of transport to services and facilities, and where settlement sizes are small. As such, the solutions are likely to be based around Community Transport, Demand Responsive Transport, Wheels to Work and Social Car Schemes.

* * *

Figure 4: Options for improving access against numbers in need and settlement structure
From this (and the initiatives already being used within the study area), it is recommended that the following schemes are undertaken;

- sustained funding of Wheels to Work,
- amendments to existing Community Transport / Demand Responsive Transport,
- community services leaflet and internet site.

As noted below, the above recommendations may require DCC to reconsider how it spends its public transport revenue budget in order to more flexibly accommodate non-traditional public transport services.

**Sustained funding of Wheels to Work**: The questionnaire identified a low number of households currently experiencing difficulty accessing employment and education due to transport problems. As such, it is recommended that the Wheels to Work scheme is supported within the study area via sustained funding and a fresh round of advertising. This would allow the targeting of specific households experiencing difficulty by providing a transport option that is in full control of the individual experiencing the transport-related difficulty. It is unlikely that these households could be targeted via traditional public transport, or even Community Transport, given that access to employment and education is likely to be a daily need, at specific times.

**Amendments to existing Community Transport / Demand Responsive Transport**: CT already provides access from the study area to those services and facilities that need to be visited on a non-daily basis and for which departure time is not critical (i.e. shopping, some health, leisure / social). As a minimum, the existing Community Transport scheme should be the subject of a new advertising push to ensure residents are aware of its services; but some benefit is likely to accrue from the consolidation of Dial-a-Bus and Dial-a-Ride into a single branded, “Demand Responsive Transport” service.

From the schemes noted to be running elsewhere in the Country, a suggested Demand Responsive Transport framework is one based around:

- A service running between Ashbourne town centre and Derby (end points to be agreed), via Mickleover (serving the east of the study area),
- A service running between Ashbourne and Uttoxeter, (serving the west of the study area),
- An evening service to provide access to leisure and social facilities.

- Routes would be run to a timetable (start times only) with passengers dialling a number to request the bus diverts from their route to pick them up (i.e. it becomes more demand responsive),
- To keep travel times fast, if anyone requests a lift that would lead to a large diversion for other customers, a Taxi/Voluntary Car should be sent for that individual journey,
- The service should be, as far as possible, door-to-door to avoid passengers having to walk long distances within their villages where there are no footpaths,
- The scheme would require appropriate subsidy, with nominal charges for the passengers applied.

***Note; it would not be possible to allow complete trips (i.e. Ashbourne to Derby etc.) to avoid competition with remaining commercial / subsidised routes.

It is noted that the above scheme framework would be introduced into an area in which traditional, fixed-line bus services have been removed. In part, this is due to the separate funding arrangements currently in place dividing subsidy for traditional public transport services and their Community Transport counterparts. The Demand Responsive Transport proposal, above, would sit between these options and there would consequently be some incentive for Derbyshire County Council to review their subsidy appraisal process to
account for this more flexible approach to public transport provision. This may mean the re-working of the remaining fixed route services in the area (e.g. the 417) in order to fund the above proposed scheme.

**Information and Co-ordination**: A lack of information presents a barrier to a number of people as they are unaware of services or how to access them. It is recommended that a leaflet of all the services available in the study area be circulated to help alleviate this problem. This should be in conjunction with a website providing the same details. Such resources should be updated and maintained regularly.

From the preceding sections, a variety of services exist to help people with a medical need to get to their appointments. However, these are currently administered by a variety of different organisations. As such, a single point of contact should be established to deal with, and co-ordinate queries with regards to transport options. This would need to be in the form of an email address, phone number and address.

The single point of contact would allow a **Personalised Travel Planning** service to be delivered, with access to information from across the services delivering transport options as identified in this report.

* * *

The desktop study, community workshops and residents questionnaire identified that the key service and facility destinations lay outside the study area, but that car ownership and usage was high. This, combined with the sparsely populated nature of the area, means that those experiencing difficulty in accessing services and facilities are individual households spread across the study area.

This means that a large scale intervention is unlikely to be either successful or **cost effective**. The Options presented build on existing schemes that are known to be successful and seek to target **individual households**.

In order to be sustainable, the options require funding on a continuous basis and require some form of co-ordination (i.e. they are not based around one-off payment schemes). As such, the schemes would require some form of annual reporting mechanism to demonstrate impact in order to secure long-term funding. Funding of initiatives from comparative schemes across the UK has been secured from Government pilot schemes, (fluctuating) regional government pots, Primary Care Trusts, local authorities and private sponsorship.

Given that the options build on existing interventions, they are likely to be both deliverable and politically acceptable, though liaison with existing public transport operators would be required in terms of amending the Community Transport service.

With respect to the location of the services and facilities that are being sought to access; the above options are likely to have a negligible impact (either positively or negatively) on climate change.

In terms of future trends that may affect accessibility in the study area, it is not considered that the level of private motoring is likely to drop significantly in the near to medium future. This means that the study area is likely to retain high car ownership. Notwithstanding this, however, the resident’s questionnaire did identify that car usage and ownership falls away with age (as one might expect). In future therefore, the number of households without access to a car is likely to increase given that a high proportion of the study area falls in the “retired” or “nearly retired” category. This is likely to have modal shift impacts on those trips focused on accessing health, finance, shopping and leisure / social.
Alongside the above, it is noted that two key facilities are being developed on the periphery of the study area; Rocester School in Uttoxeter and an improved hospital in Ashbourne. Demand for transport to these locations is therefore likely to be increased in the near-term.

In addition, Government policy is increasingly leaning towards giving choice to those accessing publicly provided services; particularly in education and in health, but also now in social care.

The combination of the above factors presents the greatest challenges to fixed-route, traditional bus services that run to a set timetable. For those without access to a private car therefore, the accessibility solution is likely to lie within the realm of similarly targeted interventions that are flexible both in terms of the destinations served and the times at which services run; Demand Responsive Transport (DRT). The proposed strategy is therefore consistent with these likely future trends.

Overleaf is a summary of the Study based around the Seven Step assessment system.
## “Seven Step Summary”

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<th>Step One</th>
<th>What is the problem?</th>
<th>The Derbyshire Accessibility Strategy identified that an area to the south of Ashbourne has poor levels of accessibility to services and facilities. This has been confirmed by independent analysis in the preparation of DDDCs LDF Core Strategy.</th>
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<td>Step Two</td>
<td>Why does the public sector need to be involved?</td>
<td>A key Objective of the Derbyshire LTP is to improve accessibility and this is confirmed within the Regional Spatial Strategy. Local Authorities have the powers and are one of the key sources of funding for transport initiatives.</td>
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<td>Step Three</td>
<td>What is the sort of place we are dealing with?</td>
<td>The study area is “sparse”, but not “isolated”. The area is made up of several small villages with few services and facilities located within them. At the periphery of the study area are several larger settlements to which people are currently being drawn. The area is one of high car ownership and usage, low unemployment and has a high % population over 60. Settlements are not compact, and lack consistent footpaths; discouraging walking and making access to traditional transport difficult.</td>
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<td>Step Four</td>
<td>Getting to grips with the problem</td>
<td>Those that need better access to services and facilities are those without access to a private car; mainly those seeking employment or education opportunities or older people seeking access to the full range of facilities. These people are spread across the study area, with no clear concentration of need. Key draws are Derby, Ashbourne, Uttoxeter, Mickleover, Hatton and Brailsford. Existing public transport services are infrequent. There is confusion with regards to existing Community Transport Provision. A range of other transport services exist to provide transport to services based on social or medical need.</td>
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Step Five  The three key questions

**What do we need?** Given the range of existing options, a co-ordinated system to deliver information to residents on the options available to them,
Flexible transport options (preferably door-to-door) that seek to target specific households.

**What do we do now?** A range of options currently exist to address transport problems within the study area. These include; Wheels to Work, Community Transport, Social Services Transport, and Volunteer Car Schemes.

**What else is being done elsewhere?** A review of schemes elsewhere within the UK has been undertaken. These include schemes to take people to services, services to people and the provision of information.

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Step Six  Work up and Challenge your Options

The schemes recommended would be **customer focused** and **cost effective**. However, their requirement for continual funding means that their sustainability would need to be secured via the collection of evidence to show its impact on accessibility within the study area.

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Step Seven  The Best Solution

Is recommended to be a mix of supporting Wheels to Work, an amendment to the existing Community Transport scheme and the provision of co-ordinated and consistent, personalised information.

The above would allow the targeting of specific individuals and households experiencing transport difficulty, and overcome barriers to using fixed route services that are not flexible enough to meet desired travel times (i.e. schemes must be Demand Responsive).
1 Introduction

1.1 Background and Reason for Study

1.1.1 One of the five key priorities of Derbyshire County Council’s second Local Transport Plan (LTP) 2006 – 2011 was to improve local accessibility. In order to achieve this, the LTP included an Accessibility Strategy. From this document, Derbyshire County Council’s accessibility vision is:

“To ensure that everyone in Derbyshire has the opportunity to access healthcare, education, employment and food shopping facilities in a reasonable time, and at reasonable cost”.

Accessibility itself was defined as being; “the ease with which an individual can access services and facilities that he or she needs or desires”.

1.1.2 As part of its work, the Accessibility Strategy identified that, in an area to the south of Ashbourne (see study area, Section 1.6), there are a large number of villages and hamlets that have limited access to services and facilities. This was confirmed, independently, through work conducted by Derbyshire Dales District Council (DDDC) during the preparation of their Local Development Framework (LDF) Core Strategy.

1.1.3 Figure 1.1 shows the recommended accessibility planning process given in the Derbyshire Accessibility Strategy. This shows that, following a strategic accessibility assessment in which priority areas are identified (through high-level stakeholder engagement, national and local data sets and mapping exercises) the overall strategy seeks to identify local needs and options to address these needs (through more local stakeholder engagement and examination of available resources).

1.1.4 As such, this study therefore seeks to build on the work already undertaken in the Accessibility Strategy by:

- identifying how settlements “cluster” in the provision of services and facilities (i.e. from where do households living in individual settlements access services and facilities),
- assessing current ways in which people within the study area access facilities and services,
- identifying barriers preventing people within the study area accessing particular facilities and services,
- considering how access to services and facilities from within the study area could be improved.

1.1.5 Given that the study area falls within Derbyshire County Council, Derbyshire Dales District Council and South Derbyshire District Council areas, the study has been steered by officers from all three councils in order to provide a cross-border approach. Indeed, the results of this study will be used to inform the development of Derbyshire Dales and South Derbyshire District Councils’ LDF process, and also to assist in the delivery of the Derbyshire Accessibility Strategy.
Figure 1.1: The Accessibility Planning Process (taken from the Derbyshire Accessibility Strategy)
1.2 Objectives

1.2.1 The brief provided to Scott Wilson Ltd. by Derbyshire County Council is given as Appendix A.

1.2.2 From this brief, the Objectives of this study are to:

- identify how settlements “cluster” in the provision of services and facilities (i.e. from where do households living in individual settlements access services and facilities),
- assess current ways in which people within the study area access facilities and services,
- identify barriers preventing people within the study area accessing particular facilities and services,
- consider how access to services and facilities from within the study area could be improved.

1.3 Methodology

1.3.1 The methodology adopted for the study was agreed with Derbyshire County Council, Derbyshire Dales District Council and South Derbyshire District Council, following receipt of their joint brief.

1.3.2 The methodology developed in response to this brief sought to consult both users and providers of accessibility services. It provides a good fit with the publication “Getting the Solution Right: A Guide for Improving Access to Services for Rural Communities” published by the Yorkshire and Humberside Assembly. This document outlined a seven step system to addressing accessibility problems in rural areas, which is summarised in Figure 1.2.

![Figure 1.2: The Seven Steps to Improving Access to Rural Communities (Adapted)](image_url)
1.3.3 To inform Steps 1 – 5 of the Yorkshire and Humberside framework, this study collated information from four broad areas:-

A Desktop Study of the Study Area  
For which information was obtained from the 2001 Census, National Statistics and the Ordnance Survey.

Community Workshops  
At which members of the community could share their experiences direct with the project team,

Community Questionnaire  
From which information was collected regarding access to specific services and facilities,

Stakeholder Interviews  
Through which contact was made with, and information obtained from, those responsible for the provision of access to services and facilities.

1.3.4 To complement the above, a review of strategies to improve access to rural communities was undertaken from schemes across the UK (Step 5). This allowed a “long list” of options to be developed; from which a recommended set of interventions for the study area were determined based upon the individual character and needs of the study area (Steps 6 and 7).

1.3.5 Figure 1.3 demonstrates how the information gained from the above components of the methodology fit together to address the Objectives set for this particular study.

![Figure 1.3: Rural Accessibility Study, Methodology](image)

1.3.6 From Figure 1.3, it can be seen that the approach taken within the report is also consistent with the accessibility planning process shown in Figure 1.1 in that it seeks to engage with both community and organisational stakeholders in order to determine problems affecting the specific study area such that solutions to problems could be determined.

1.3.7 Further details regarding each element of the above methodology are contained within the relevant section of this report.
1.4 Rural Transport and Development

The linkage between Transport, Sustainability and Rural Communities

1.4.1 Access to shops, health and education services, financial services and other community facilities (i.e. leisure and social) is recognised as being an important component of everyday life.

1.4.2 In the strictest of terms, the most sustainable communities are those in which the need to travel is removed. However, this is unlikely to be achieved given that most facilities and services (wherever they are located) require a certain population catchment before they become commercially or organisationally viable. This “catchment” issue is particularly important in the rural setting, where populations are not as dense as in urban areas, and therefore catchments are spread over a wider area.

1.4.3 Indeed, the Commission for Rural Communities states that;

“It would be easy to assume that rural communities are less sustainable than their urban counterparts, and that a fundamental reason for this is the role that car travel plays in rural life. After all, travel data supports this assumption, confirming that people travel by car more often, and further, in rural areas. A recent history of decline in public transport services and patronage is compounded by walking and cycling often being seen as not viable due to longer average travel distances, and the perception that car sharing is unlikely due to the dispersal of origins and destinations”.

1.4.4 The focus of improving rural sustainability should therefore be an examination of how trips are made, how often they are undertaken and whether they are needed at all.

1.4.5 Indeed, the Commission for Rural Communities goes on to note that “the emphasis of rural public transport policy over the past few decades has been one of social need…and addressing disadvantage” and that “the weakness of rural transport in recent years is that...(in trying) to serve as many people as possible...journeys are circuitous and take too long to get from A to B compared to the private car”.

1.4.6 Poorly targeted provision of transport in rural settings may therefore be creating a circle in which the private car is seen as the only viable mode in which to travel, therefore reducing the market for public transport services. The net effect of this would be to disadvantage those living in our rural communities who do not have access to a private car.

The View of Rural Communities from the Government Point of View

1.4.7 Notwithstanding the above, recent Government policy has moved away from a broad rural / urban classifications; recognising that there is significant diversity within “rural” areas; including settlement structure (i.e. individual hamlets, groups of villages, market towns etc), proximity to nearby service centres, level of self containment and degree of isolation.
1.4.8 The Rural Strategy 2004 built on the work of the Rural White Paper, published in 2000. This included the vision of ensuring:

*Sustainable rural communities in which economic, social and environmental issues are all taken into account*.

1.4.9 The Government’s three priorities for rural policy are:

- Economic and Social Regeneration – supporting enterprise across rural England, but targeting greater resources at areas of greatest need;
- Social Justice for All – tackling rural social exclusion whenever it occurs and providing fair access to services and opportunities for all rural people;
- Enhancing the Value of our Countryside – protecting the natural environment for this and future generations.

1.4.10 With regards to transport accessibility, Rural Strategy 2004 specifically notes that:

*Good access to services is a key driver of economic productivity and social inclusion. In rural areas, where residents often work in rural towns, and those living in towns often work in the countryside, access to transport is a high priority*.

1.4.11 In terms of managing development within rural areas, the local planning system is currently within a period of transition from the old Local Plan system to the new Local Development Framework (LDFs) regime. LDFs for the study area are currently being developed. However, these will be informed by the relevant Regional Spatial Strategy (RSS), published by the East Midlands Regional Assembly, which will guide development in the region until 2026.

1.4.12 Within the East Midlands RSS, Policy 6 states that local authorities should be:

- Encouraging the provision of public transport and opportunities for the use of non-car modes of travel;
- Providing for housing and a range of services in market towns to serve a wider hinterland;
- Providing for employment development to strengthen the vitality and viability of market towns;
- Identifying other settlements, or groups of settlements, which are accessible to the rural population, as the preferred location outside of market towns for local needs housing including affordable housing and the provision and retention of most other services;
- Encouraging development opportunities related to the rural economy, including farm-based enterprises and the appropriately scaled growth of new and existing rural businesses; and
- Securing improvements in transport and communications infrastructure where it can be demonstrated that poor linkages have led to disadvantage compared to the rest of the region.

1.4.13 With respect to this Study, bullet point 4 and 6 (shown in red) are particularly relevant in terms of identifying potential improvements to transport infrastructure; whilst identifying how existing settlements can work together in the provision of sustainable service and facility provision.
Roles and Responsibilities

1.4.14 Within the study area, Derbyshire County Council (DCC) is the local transport authority. DCC has the responsibility for providing socially necessary services and public transport infrastructure though, since the 1986 Transport Act, most bus-based public transport services have been operated on a commercial basis by private companies.

1.4.15 Funding for other specific rural transport schemes are provided by a variety of bodies, such as regional development agencies. Those that currently operate within the study area are described in Section 3.

1.4.16 Until recently, most rural regions also had Rural Transport Partnerships, which are a Countryside Agency initiative aimed to improve the quality of transport in rural areas. However, none of the Derbyshire Rural Transport Partnerships operated within the study area.

1.4.17 In terms of development, the planning authorities for the area are Derbyshire Dales District Council (DDDC), South Derbyshire District Council (SDDC) and Amber Valley District Council (AVDC).
1.5 Climate Change

1.5.1 Related to the issue of Sustainability, policy related to Climate Change is becoming increasingly important at all levels of governance. The wide service and facility catchments of rural areas mean that individual trips by the rural population are often longer than their urban counterparts, and often made by private car modes.

1.5.2 *Climate Change: The UK Programme 2006* sets out specific action plans for the UK as a whole, with specific areas for the transport sector (roads) being to:

- Reducing the carbon content of road transport fuels,
- Improving the fuel efficiency of vehicles,
- Expand sustainable distribution programmes,
- Encouraging a move towards more environmentally friendly means of transport.

1.5.3 In terms of promoting policies to encourage a move towards more environmentally friendly forms of transport, specific attention is given to distance travelled and means of transport chosen.

1.5.4 The document also seeks improved management of transport networks to managing demand:

“For instance, in some local authority areas, sophisticated real-time information and traffic management systems are being used to provide bus priority at traffic signals and information for passenger real-time passenger information displays. Transport information services, such as Transport Direct, can also help to encourage a move to more environmentally friendly means of transport by offering information on different forms of transport and helping travellers to make better-informed travel decisions”.

1.5.5 At the end of 2008, the Government published its policy document, *Delivering a Sustainable Transport System* (DaSTS). This document was prepared in response to both the Eddington report (which examined transport linkages to economic growth, and recommended the concentration of new development in existing centres and the improvement of transport corridors to those centres) and the Stern Review (which examined the likely impact of global climate change).

1.5.6 With respect to this study, DaSTS commitments to economic growth (by delivering reliable and efficient transport networks), reducing emissions of carbon dioxide and other greenhouse gases and promoting greater equality of opportunity, are important.

1.5.7 DaSTS recognises that achieving economic growth whilst reducing carbon emissions is the key challenge of future transport policy. The King Report (2008) identified that this could be achieved through new technology, regulation, providing greater information to the public and promoting Smarter Choices. The last two of these actions would be within the scope of action available to the local authorities responsible for the study area.
1.6 The Study Area

1.6.1 The study area is located in the south of Derbyshire, south of the town of Ashbourne and west of Derby. It is broadly bounded by the A52, A50 and the River Dove which forms the Derbyshire / Staffordshire border.

1.6.2 Figure 1.4 shows the study area’s relationship to the wider area, with Figure 1.5 showing the individual settlements within the study area, the minor road network, and how the study area is split across the districts of DDDC, SDDC and AVDC.
Figure 1.5 – Study Area
1.6.3 As can be seen from Figures 1.4 – 1.6, the study area itself contains no large settlements, and indeed is formed of small villages and hamlets distributed reasonably evenly across the area of concern. Larger settlements are to the east (Derby), south (Burton upon Trent) and west (Uttoxeter). However, it is recognised that the study area is traditionally associated as being within the catchment of the small market town of Ashbourne which is to the immediate north of the study area.

1.6.4 Figure 1.5 (overleaf) displays the study area in a larger format.

1.6.5 Only one major route dissects the study area north / south (the A515) though major routes (the A52 & A50) run along its boundaries. A rail service is available beyond the southern borders of the site between Uttoxeter and Derby with stations at Hatton and Willington.

1.6.6 In terms of the rural definition therefore (as per the Rural Strategy 2004), the study area can be classed as “sparse” (i.e. in terms of population and related development) though not “isolated” (such as would be case in the Highlands of Scotland).

\[\text{i.e. the study area is not densely populated or developed, though there exists large centres of population in its immediate vicinity.}\]
Summary

Derbyshire County Council’s Accessibility Strategy and work by Derbyshire Dales District Council has identified the study area as being one with limited access to services and facilities,

The Study Area is rural, with large settlements located on its boundaries. Only one major route passes through the study area,

Current Government policy is to seek the enhanced sustainability of rural communities, and their economic development,

It is recognised that catchment size and dispersion of population presents a major challenge with respect to providing transport services, and services and facilities, aimed at rural communities,

The recent policies with respect to Climate Change present new challenges for rural communities that have traditionally required longer journeys and greater proportions of journeys by private car than that of the urban population.
2 Existing Provision: Services and Facilities

2.1 Parish Services and Facilities

2.1.1 Individual parishes within and at the boundaries of the study area have a varying range of facilities and characteristics. As part of the LTP Accessibility Strategy, Derbyshire County Council collected information on the number, type and location of services and facilities at a Parish level and this data has been used to rank the key villages within the study area.

2.1.2 The background to this ranking exercise is given in Appendix B with the results summarised in Table 2.1. However, it has been undertaken on the basis of the number of services in the key categories of shopping, health, finance, education and leisure which were then weighted based on the importance attached to those services revealed in the residents questionnaire (described later in this report).

<table>
<thead>
<tr>
<th>Location</th>
<th>Rank</th>
<th>Location</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashbourne Town</td>
<td>1</td>
<td>Edlaston and Wyaston</td>
<td>18</td>
</tr>
<tr>
<td>Etwall &amp; Ash</td>
<td>2</td>
<td>Foston &amp; Scropton</td>
<td>19</td>
</tr>
<tr>
<td>Hilton</td>
<td>3</td>
<td>Osleston &amp; Thurvaston</td>
<td>20</td>
</tr>
<tr>
<td>Hatton</td>
<td>4</td>
<td>Offcote and Underwood</td>
<td>21</td>
</tr>
<tr>
<td>Sudbury</td>
<td>5</td>
<td>Shirley</td>
<td>22</td>
</tr>
<tr>
<td>Brailsford</td>
<td>6</td>
<td>Snelston</td>
<td>23</td>
</tr>
<tr>
<td>Doveridge (outside area)</td>
<td>7</td>
<td>Trusley</td>
<td>24</td>
</tr>
<tr>
<td>Boylestone</td>
<td>8</td>
<td>Hollington</td>
<td>25</td>
</tr>
<tr>
<td>Cubley</td>
<td>9</td>
<td>Rodsley &amp; Yeaveley</td>
<td>26</td>
</tr>
<tr>
<td>Osmaston and Yeldersley</td>
<td>10</td>
<td>Somersall Herbert</td>
<td>27</td>
</tr>
<tr>
<td>Marston Montgomery</td>
<td>11</td>
<td>Barton Blount</td>
<td>28</td>
</tr>
<tr>
<td>Longford</td>
<td>12</td>
<td>Bearwardcote</td>
<td>29</td>
</tr>
<tr>
<td>Norbury and Roston</td>
<td>13</td>
<td>Dalbury Lees</td>
<td>30</td>
</tr>
<tr>
<td>Sutton-on-the-Hill</td>
<td>14</td>
<td>Hoon</td>
<td>31</td>
</tr>
<tr>
<td>Clifton and Compton</td>
<td>15</td>
<td>Marston-on-Dove</td>
<td>32</td>
</tr>
<tr>
<td>Alkmonton and Hungry Bentley</td>
<td>16</td>
<td>Radbourne</td>
<td>33</td>
</tr>
<tr>
<td>Church Broughton</td>
<td>17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Table 2.1: Ranked Settlements (Most to Least Services Available)*
2.2 Core Accessibility Indicators

2.2.1 The Core Accessibility Indicators published by Department for Transport (DfT) (2005) provide a number of measures of accessibility by public transport, walking and (where appropriate) cycling to seven service types: primary schools, secondary schools, further education, GPs, hospitals, food shops and employment.

2.2.2 Table 2.2 details the composite scores for the UK, Derbyshire and the Output Areas that overlap the Study Area. In this, it should be noted that the Lower Super Output Areas (LSOA) used by the Census and the study area boundaries do not match exactly. Higher composite scores reflect poorer levels of accessibility.

<table>
<thead>
<tr>
<th>LSOA</th>
<th>LSOACODE</th>
<th>COMPOSITE Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amber Valley 016D</td>
<td>E01019472</td>
<td>81</td>
</tr>
<tr>
<td>Derbyshire Dales 010A</td>
<td>E01019603</td>
<td>144</td>
</tr>
<tr>
<td>Derbyshire Dales 010B</td>
<td>E01019607</td>
<td>140</td>
</tr>
<tr>
<td>Derbyshire Dales 010C</td>
<td>E01019612</td>
<td>120</td>
</tr>
<tr>
<td>Derbyshire Dales 010D</td>
<td>E01019629</td>
<td>153</td>
</tr>
<tr>
<td>South Derbyshire 001A</td>
<td>E01019839</td>
<td>138</td>
</tr>
<tr>
<td>South Derbyshire 001C</td>
<td>E01019846</td>
<td>121</td>
</tr>
<tr>
<td>South Derbyshire 002C</td>
<td>E01019847</td>
<td>124</td>
</tr>
<tr>
<td>South Derbyshire 001D</td>
<td>E01019866</td>
<td>130</td>
</tr>
<tr>
<td>South Derbyshire 002E</td>
<td>E01019849</td>
<td>136</td>
</tr>
<tr>
<td>Derbyshire Dales Average</td>
<td></td>
<td>139</td>
</tr>
<tr>
<td>South Derbyshire Average</td>
<td></td>
<td>130</td>
</tr>
<tr>
<td>Study Area Average</td>
<td></td>
<td>134</td>
</tr>
<tr>
<td>Derbyshire Average</td>
<td></td>
<td>117</td>
</tr>
<tr>
<td>UK Average</td>
<td></td>
<td>110</td>
</tr>
<tr>
<td>UK Minimum</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>UK Maximum</td>
<td></td>
<td>198</td>
</tr>
</tbody>
</table>

Table 2.2: Core Accessibility Indicators (Source: DfT, 2005)

2.2.3 With the exception of Amber Valley, each of the areas has a higher composite score relative to the UK and Derbyshire. This confirms that the study area is an area of relative poor accessibility to local facilities and services.
2.3 Derbyshire Bus Toolkit

2.3.1 It is recognised that Derbyshire County Council has only a limited budget for subsidising bus services that cannot be maintained on a commercial basis. As such, in 2005, DCC commissioned Scott Wilson Ltd. to develop a “Bus Toolkit” to assist in their prioritisation of bus routes that should be provided with assistance.

2.3.2 Within the Bus Toolkit, information is collated regarding the current provision of local bus services and an assessment as to whether this provision is being targeted towards optimising accessibility for the county’s communities. The analytical tool developed combined various community-based factors to produce a scoring system in four assessment categories. These were:

- Index of Multiple Deprivation score,
- Count of local facilities,
- Population,
- Car ownership.

2.3.3 The scores for each assessment category were summed to produce an overall Community Index (CI) value, which reflected the need or otherwise of a subsidised bus service. A low score indicates an area of good accessibility whilst a higher score indicates reduced access options. The scores for the study area are shown in Figure 2.1.

![Figure 2.1: Derbyshire Bus Toolkit Community Index Scores](image-url)
2.3.4 Given the above, people in at least 2 wards in the study area have limited access to services.

2.3.5 Importantly, the Bus Toolkit only considered the ranking and prioritisation of traditional, fixed-route bus services (either existing, or in testing proposed route subsidies). The Toolkit therefore does not currently have the flexibility to assess the potential impact of Demand Responsive Transport, or other forms of innovative public transport provision.
2.4 Community Facilities

2.4.1 The locations of community facilities have been located using Ordnance Survey “Point X” data for Derbyshire. The availability of services with respect to the Study Area is described below; with consideration of available transport options given in the next section. The purpose of the following is therefore not to describe how people travel to services, rather to identify such services availability relative to the study area.

Village Halls

2.4.2 Figure 2.2, overleaf, shows the locations of village halls within and adjacent to the study area, and the nearest village hall to each settlement.

Hospitals

2.4.3 Ashbourne Hospital (St Oswalds) is located on Bell Vue Road in Ashbourne close to the town centre.

2.4.4 St Oswald’s Hospital currently provides general rehabilitation, palliative and end of life care and post-operative rehabilitation, for the elderly. Outpatients services include: Orthopaedics, Gynaecology, Audiology, ENT, Ultrasound, Dermatology, Rheumatology, Nail Surgery, Chemotherapy, Biomechanics, Retinal Screening, Psychiatry, Occupational Health

2.4.5 The Hospital is undergoing major changes and will become part of the new health facility in Ashbourne. This new facility is set to open in 2011.

2.4.6 Derby currently has 2 major Hospitals, the Derby Royal Infirmary (DRI) and Derby City Hospital. Both of these facilities lie to the east of the study area.

2.4.7 The DRI is located close to the city centre between the A6 and A514. Derby City Hospital is located on the eastern side of the city on the A516, close to the A38.

2.4.8 Derby Hospitals NHS Foundation Trust runs the Derbyshire Royal Infirmary, the Derby City General Hospital (incorporating the Derbyshire Children’s Hospital), and the Nightingale Macmillan Continuing Care Unit.

2.4.9 The hospitals provide a wide range of services including general medical, surgical, maternity, rehabilitation care and accident and emergency services.

2.4.10 A new hospital is set to open in Derby during 2009, the Derby City General Hospital. A proportion of services (including emergency services) will transfer from the DRI to the new hospital. It is not yet known which services will be retained in the DRI.

2.4.11 Burton-on-Trent’s Queen’s Hospital is located on Belvedere Road in the town centre.
Figure 2.2 – Village Halls

Closest Village to Village hall

Village Halls

Ashbourne Study Area
- Motorway
- A Road (Primary)
- A Road (Non Primary)
- B Road
- Minor Road
- Urban Areas

Figure 2.2 – Village Halls
2.4.12 The hospital provides services including: Accident & Emergency, Anaesthetics, Cancer services, Cardiology, Care of the elderly, Dermatology, Diabetes, Endoscopy, Ear, nose and throat, General medicine, Genito Urinary Medicine (GUM), General surgery, Haematology, Gynaecology, Neurosciences, Obstetrics, Ophthalmology, Oral surgery and orthodontics, Paediatrics, Chronic pain services, Pathology, Plastic surgery, Radiology, Rheumatology, Trauma and orthopaedics, Urology.

2.4.13 A study is currently being produced by the PCT with regard to patient access to health facilities across Derbyshire and is due to be published at the end of March 2009. This will provide further information on accessibility constraints.

GP Surgeries

2.4.14 Figure 2.3, overleaf, details the location of GP surgeries in relation to the study area. Facilities are available in Ashbourne, Brailsford, Mickleover, Etwall and Sudbury.

2.4.15 These facilities lie on the periphery of the study area, there being no doctor's surgeries within its boundaries.

2.4.16 GP surgery catchments are currently poorly defined and consequently not well understood. It is understood from the PCT that a forthcoming study will include GP surgery catchment boundaries to help identify any areas where persons may fall outside current GP catchment areas.

NHS Dentist

2.4.17 Figure 2.4, overleaf, shows the location of NHS dentist's closest to the study area. Three dentist surgeries have been identified in Ashbourne, Etwall and Mickleover.

Further Education and Training Establishments

2.4.18 The closest FE College to the study area is located in Derby.

2.4.19 The college is split over several sites, with each providing different courses. They include: Broomfield Hall, Enterprise Park, Joseph Wright Centre, Masons Place, Norman House and Prince Charles Avenue.

2.4.20 Four training providers were identified on the periphery of the study area. They are located in Ashbourne, Hatton, and Derby as shown in Figure 2.5, overleaf.

2.4.21 The University of Derby is located just off the A38 ring road and has a campus in Buxton. A 'Unibus' service is available to the Buxton Campus from a number of locations and within Derby City to the Derby campus.
2.4.22 It is proposed to build a new Academy (Rocester School) near Uttoxeter, Staffordshire. It will cater for 540 students, aged 14 to 19, with its catchment from Staffordshire, Stoke-on-Trent, Derby, and Derbyshire.

2.4.23 The School will specialise in preparing students for careers in engineering, manufacturing and business with academic and vocational skills being taught by teachers and industry experts.

2.4.24 Building work on the academy is expected to begin in the winter and the school is due to take its first students in September 2009.

2.4.25 This, along with the 14-19 Agenda (which seeks to give students a much more flexible route to learning, including attending multiple training establishments) is likely to draw students from the study area and provide challenges outside of the remit of the existing School Transport provision.
Figure 2.3 – Doctors Surgeries

Closest Doctors Surgery to Village

Doctors Surgeries
Figure 2.4 – NHS Dentists

To Tutbury

Closest NHS Dentist to Village

NHS Dentist

Figure 2.4 – NHS Dentists
Figure 2.5 – Training Providers
Mobile Libraries

2.4.26 Mobile libraries operate in areas where there is no library building. Currently Derbyshire has 12 mobile library units which operate on a weekly or bi-weekly basis. These mobile libraries are operated by Derbyshire County Council.

2.4.27 Mobile libraries are accessible to mobility impaired users.

2.4.28 Table 2.3 details the current service provision in relation to the study area.

<table>
<thead>
<tr>
<th>Village/stop</th>
<th>Route Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alkmonton</td>
<td>98</td>
</tr>
<tr>
<td>Boylestone</td>
<td>91</td>
</tr>
<tr>
<td>Brailsford</td>
<td>97 108</td>
</tr>
<tr>
<td>Church Broughton</td>
<td>98 91</td>
</tr>
<tr>
<td>Clifton</td>
<td>97</td>
</tr>
<tr>
<td>Dalbury (lees)</td>
<td>102</td>
</tr>
<tr>
<td>Ednaston</td>
<td>108</td>
</tr>
<tr>
<td>Foston</td>
<td>98 91</td>
</tr>
<tr>
<td>Great Cubley</td>
<td></td>
</tr>
<tr>
<td>Hollington</td>
<td>103</td>
</tr>
<tr>
<td>Kirk Langley</td>
<td>63</td>
</tr>
<tr>
<td>Lees</td>
<td></td>
</tr>
<tr>
<td>Little Cubley</td>
<td></td>
</tr>
<tr>
<td>Longford</td>
<td>98 103</td>
</tr>
<tr>
<td>Longlane</td>
<td>102</td>
</tr>
<tr>
<td>Mackworth</td>
<td>63</td>
</tr>
<tr>
<td>Marston Montgomery</td>
<td>105</td>
</tr>
<tr>
<td>Norbury</td>
<td>105</td>
</tr>
<tr>
<td>Osmaston</td>
<td>97</td>
</tr>
<tr>
<td>Radbourne</td>
<td>102</td>
</tr>
<tr>
<td>Rodsley</td>
<td></td>
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<tr>
<td>Roston</td>
<td>97 105</td>
</tr>
<tr>
<td>Shirley</td>
<td>108</td>
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<tr>
<td>Snelston</td>
<td>97</td>
</tr>
<tr>
<td>Somersal Herbert</td>
<td>105</td>
</tr>
<tr>
<td>Sutton on the Hill</td>
<td>98 103</td>
</tr>
<tr>
<td>Thurcaston</td>
<td>108 103</td>
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<tr>
<td>Trusley</td>
<td>98</td>
</tr>
<tr>
<td>Waldley</td>
<td></td>
</tr>
<tr>
<td>Wyaston</td>
<td>98</td>
</tr>
<tr>
<td>Yeaveley</td>
<td>98</td>
</tr>
</tbody>
</table>

2.4.29 Table 2.3 shows that the settlements of Great Cubley, Little Cubley, Waldley and Lees are not currently served by the mobile library service.

2.4.30 At certain locations, it is noted that the “dwell” time of the mobile libraries may be relatively short, possibly reducing the potential for their use – especially for computer services.
Healthy / Affordable food

2.4.31 Figure 2.6, overleaf, shows the location of known food retailers. None are listed as being within the study area.

Post Office

2.4.32 Two post offices are located within the study area boundary at Brailsford and Osmaston; with a number just outside the periphery. The post office at Marston Montgomery has now been closed.

2.4.33 The locations of post offices are shown in Figure 2.7, overleaf.

Cash Point (Free to Use)

2.4.34 Cash points are located on the periphery of the study area, but none are known to exist within it, as is shown in Figure 2.8, overleaf.

Leisure Centres

2.4.35 Leisure centres are located in Ashbourne, Etwell and Derby as shown in Figure 2.9, overleaf.
Figure 2.6 – Locations of Food Retailers
Figure 2.7 – Post Offices
Figure 2.8 – Cash Points
Summary

There are relatively few facilities and services available within the study area itself. This confirms work at both a national and local level that the area is one of poor accessibility to services and facilities.

If service availability is viewed in terms of health, education, shopping and leisure combined, then a three level settlement hierarchy of the study area surrounding settlements can be constructed;

   Level One (Highest Service and Facility Density): Derby
   Level Two (Mid-Range): Ashbourne, Etwall, Uttoxeter
   Level Three (Lowest Service and Facility Density): Brailsford, Sudbury, Hatton

The above would suggest little, if any, intra-study area movement, with most draws attracting people out of the study area itself.
3 Existing Provision: Transport

3.1 Overview

3.1.1 This section details the transport services currently available within the study area which allow people to travel from, to and within the study area.

3.1.2 Whilst much of the information contained within this Section is available from public documents (as per Section 2), this Section has also been informed through the Stakeholder Interview process described within the methodology.

3.1.3 A full list of contacts made during this study is given as Appendix D.

3.2 Public Transport

Traditional Bus Services

3.2.1 Table 3.1 shows the local bus services operating within the study area, on a settlement basis.

3.2.2 From this table, it can be seen that only the ‘One’ and ‘1’ bus services run daily. Table 3.1 also shows that around 2/3 of the settlements in the study area are served by a bus service. Of the settlements that are served by bus, some are served by more then one service. Despite this, Table 3.1 shows that, in general, settlements do not have regular bus services.

3.2.3 Figure 3.1 gives a graphical representation of the key bus services which enter the study area; these are the 417, 423 and 422 services.
<table>
<thead>
<tr>
<th>Village</th>
<th>Service</th>
<th>From March/April 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>417</td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alkmonton</td>
<td></td>
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<td>Boylestone</td>
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<td>Brailsford</td>
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<td>Church Broughton</td>
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<td>Clifton</td>
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<td>Dalbury</td>
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<td>Mackworth</td>
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<td>Somersal Herbert</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sutton on the Hill</td>
<td></td>
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<tr>
<td>Thuvaston</td>
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<tr>
<td>Trusley</td>
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<tr>
<td>Waldley</td>
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<tr>
<td>Wyaston</td>
<td></td>
<td></td>
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<tr>
<td>Yeaveley</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>8</td>
</tr>
</tbody>
</table>

Table 3.1: Bus services within the study area

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Every 30 mins or better</th>
<th>Hourly or better</th>
<th>Less than one an hour</th>
<th>Infrequent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

D118710 (RAS01)

April 2009
3.2.4 Excluding “main road” services and closed school contracts, services 417, 422 and 423 receive subsidies as listed in Table 3.2.

<table>
<thead>
<tr>
<th>Service</th>
<th>Subsidy</th>
</tr>
</thead>
<tbody>
<tr>
<td>417</td>
<td>£10,936</td>
</tr>
<tr>
<td>422</td>
<td>£4,626</td>
</tr>
<tr>
<td>423</td>
<td>£4,626</td>
</tr>
</tbody>
</table>

Service 418 (discontinued) was allocated a £22,044 subsidy

Table 3.2: Subsidised bus services within the study area

3.2.5 Other services in the area have been discontinued since March 2008 and are shown in Table 3.3. These services provided additional services to those in Table 3.2, and served the settlement of Shirley also which now has no bus service.
3.2.6 A number of bus services run along the A50 and A52 corridors to the immediate north and south of the area with some services running to the west of the area. These services are shown in Table 3.4 and Figure 3.1.

<table>
<thead>
<tr>
<th>Service</th>
<th>Route</th>
<th>Frequency</th>
<th>Key</th>
</tr>
</thead>
<tbody>
<tr>
<td>409</td>
<td>Uttoxeter - Mayfield - Ashbourne</td>
<td>Every 30 mins or better</td>
<td></td>
</tr>
<tr>
<td>108</td>
<td>Ashbourne - Leek - Macclesfield</td>
<td>Hourly or better</td>
<td></td>
</tr>
<tr>
<td>108</td>
<td>Derby - Ashbourne - Leek</td>
<td>More than an hour</td>
<td></td>
</tr>
<tr>
<td>1 &amp; 1a</td>
<td>Burton - Tutbury - Hatton - Uttoxeter</td>
<td>Infrequent</td>
<td></td>
</tr>
<tr>
<td>ONE</td>
<td>Derby - Brailsford - Ashbourne - Mayfield</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V1</td>
<td>Derby - Etwall - Hilton - Tutbury - Burton</td>
<td></td>
<td></td>
</tr>
<tr>
<td>V2</td>
<td>Derby - Etwall - Hilton - Egginton - Burton</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3.4: Bus Services running along the A50 and A52 corridors

3.2.7 It is understood from the DCCs public transport unit that there is a limited budget to subsidise bus services that are not commercially viable (approximately £5m per annum), and there is more demand for this budget than can be supplied. As such, services requiring support are prioritised in terms of need. It was also noted that although the removal of bus services can be unpopular, those that have been removed have suffered from low patronage levels.

Rail Services

3.2.8 There are two stations on the immediate boundary of the study area. Tutbury and Hatton, and Willington. The Tutbury and Hatton station is served by the Crewe to Derby railway line, with an hourly service provided. The Willington Station is on the Derby to Birmingham New Street line, with an infrequent service provided during the day. Both stations provide only basic facilities.

3.2.9 The main station serving the study area is that at Derby, which provides services to the wider region and the UK as a whole.
Community Transport

3.2.10 Community Transport schemes are registered charities that provide transport services within a given geographic area. The schemes aim to provide affordable transport to persons who have difficulty in accessing services, whether through health difficulties or isolation. DCC provides approximately £1.2m funding for CT schemes within the County, which is administered separately from the fixed-route bus service subsidy.

3.2.11 According to Ashbourne Community Transport, Community Transport services in Derbyshire currently hold a Section 19 minibus permit (Section 19 -Transport Act 1985) which applies to vehicles that can carry between nine and sixteen passengers. The Permit allows Community Transport to make a not for profit charge without having to comply with the full passenger carrying vehicle entitlement (PCV) operator licensing requirements and without the need for their drivers to have PCV entitlement.

3.2.12 Although seen as a service primarily for the elderly, Community Transport can provide a service to a wide range of users, as long as they have no access to a car and live in a rurally isolated area (which the study area is classed as being).

3.2.13 The Community Transport schemes running within the study area are delivered under several different “badges”.

3.2.14 **Dial-a-Bus** is a door to door service that can be booked in advance for up to 16 people with set destinations. It is viewed as a 'door to town' transport service, for individuals who experience difficulties with conventional public transport.

3.2.15 **Dial-a-Ride** is a flexible door to door service catering for individual needs, similar to a taxi service. Destinations may include hospitals or similar facilities, with the service being targeted at people with mobility problems or when there is no other transport available.

3.2.16 **Ashbourne Community Transport** operates within the study area and offers a Dial-a-Bus and Dial-a-Ride service area. The capacity of the buses used is 15 seats with the main destinations being Ashbourne, Derby and Uttoxeter. It is understood from Ashbourne CT, that the Ashbourne bus usually has a few seats spare whilst the Uttoxeter bus is generally at capacity – with some demand for more services.

3.2.17 Current Dial-a-Bus destinations are Derby, Ashbourne Town, Uttoxeter and Burton. The services operate in the villages identified in Table 3.5.
### Table 3.5: Ashbourne Community Transport Services

<table>
<thead>
<tr>
<th>Village</th>
<th>To Ashbourne (Thursday Mornings)</th>
<th>To Ashbourne (Thursday Mornings)</th>
<th>To Ashbourne (Friday Mornings)</th>
<th>To Ashbourne (Friday Mornings)</th>
<th>To Uttoxeter (Thursday Mornings)</th>
<th>To Uttoxeter (Friday Mornings)</th>
<th>To Burton (Monthly)</th>
<th>To Derby (Various Mondays and Tuesdays) (all settlements served)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alkmonton</td>
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<tr>
<td>Boylestone</td>
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<tr>
<td>Brailsford</td>
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<td></td>
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<tr>
<td>Clifton</td>
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<td></td>
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<tr>
<td>Ednaston</td>
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<td></td>
<td></td>
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<tr>
<td>Great Cubley</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hollington</td>
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<td></td>
<td></td>
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<tr>
<td>Little Cubley</td>
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<td>Longford</td>
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<tr>
<td>Marston</td>
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<tr>
<td>Montgomery</td>
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<tr>
<td>Norbury</td>
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<td>Osmaston</td>
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<td>Rodsley</td>
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<tr>
<td>Roston</td>
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<td>Snelston</td>
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<td>Somersal</td>
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<td>Herbert</td>
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<tr>
<td>Thurvestaston</td>
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<tr>
<td>Waldley</td>
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<tr>
<td>Wyaston</td>
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<td>Yeaveley</td>
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</tr>
</tbody>
</table>

#### Key
- **Arrives 1030**: Departed 1200
- **Arrives 1145**: Departed 1345
- **Arrives 1200**: Departed 1400
- **Arrives 1130**: Departed 1315
- **Arrives 1100**: Departed 1300
- **Arrives 1210**: Departed 1400

The table shows the schedule of Ashbourne Community Transport Services, indicating the days and times for each service.
3.2.18 *Swadlincote Community Transport* operate within the study area and offer a Dial-a-Bus and Dial-a-Ride service area.

3.2.19 It is understood from the operator that Swadlincote CT operates where there is demand and so would cover all the villages identified in Figure 3.2. From the CT website, timetabled services are shown in Table 3.6.

<table>
<thead>
<tr>
<th>Village</th>
<th>Service</th>
<th>To Burton / Morrisons</th>
<th>Pick up</th>
<th>Drop off</th>
<th>Return</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dalbury Lees</td>
<td>41</td>
<td>Friday Weekly</td>
<td>10.00</td>
<td>11.00</td>
<td>1.00</td>
</tr>
<tr>
<td>Church Broughton</td>
<td>42</td>
<td>Monday Weekly</td>
<td>10.00</td>
<td>11.00</td>
<td>1.00</td>
</tr>
</tbody>
</table>

*Table 3.6: Ashbourne Community Transport Services*

3.2.20 Fares on the Dial-a-Bus services are in line with Concessionary Rates and Gold Cards can be used. The vehicles used are disabled access friendly.

3.2.21 The service operates along set timetabled routes but is flexible outside of these hours and will try to incorporate people’s needs at varying times.

3.2.22 Figure 3.2 details the areas covered by the Community Transport Services within the study area.
3.2.23 It should be noted that Kirk Langley receives Community Transport from Amber Valley, but this service does not extend into the Study Area.

3.2.24 From Figure 3.2, it is clear that the Study Area is covered by Community Transport services and that there is overlap between service areas.

3.2.25 In addition to the above, it is understood from Ashbourne CT that the Rural Bus Challenge Scheme ran in Ashbourne from 1999 to 2005 and paid for 2 buses and 6 years of full funding. This project was named as an ‘Extension of Ashbourne Community Transport Rural Bus Challenge Project’. Its main aim was to ‘purchase a 10 seater vehicle to develop the Dial-a-Ride operation for the South Derbyshire Rural Access Initiative and small group movements, in order to release more capacity for larger vehicles.’

3.2.26 Swadlincote CT also noted that where there is a low volume of passenger demand, a taxi service may be recommended as an alternative.

3.2.27 It is understood from DCC that funding provided by them for Community Transport schemes is obtained from a different “pot” to that of traditional fixed-line bus subsidies as described earlier in this report.

**Social Services Transport**

3.2.28 Social Services transports people from their homes to various County Council run institutions, using both their own vehicles and brought-in transport. The majority of vehicles used are fully accessible with tail-lifts and wheelchair securing facilities. At present people can be transported from home to:

- Resource Centres for Physically Disabled People,
- Cressy Fields (Alfreton), Granville Avenue (Long Eaton), West Street (Chesterfield),
- Day Centres for People with Learning Difficulties Alderbrook (Chinley), Ashbrook (Chesterfield), Bankcroft (Ashbourne), Outlook (Long Eaton), Newhall (Swadlincote), Parkwood (Alfreton), Ringwood (Brimington) and Whitemoor (Belper),
- Day Centres for Elderly People: Valley View (Bolsover), Ecclesfold (Chapel-en-le-Frith), Underhall (Darley Dale), Jubilee Centre (New Mills), Hasland Resource Centre (Chesterfield), Ambervale Resource Centre (Ripley), Shirevale (Shirebrook) and Lyncote (Swadlincote).

3.2.29 Transport is also provided for a number of voluntary organisations and homes in the County whose work ties in with that of the Department.

3.2.30 The future demand for social services transport will be influenced by the Personalisation of Social Care which allows those receiving services greater choice in the type and location of services being accessed via personal budgets.
Health Services Transport

3.2.31 According to the local Primary Care Trust (PCT), Derbyshire Ambulance Service operates a Passenger Transport Service under national guidelines and financial constraints which limits it to providing free transport “for any patient (emergency or non-emergency), who is considered by a doctor, to be medically unfit to travel by other means”.

3.2.32 The service can only be booked by GP receptionists and practice nurses, hospital ward staff, physiotherapists and occupational therapists and must be authorised by a doctor, midwife or dentist.

3.2.33 Transport is not necessarily always provided for disabled people who might not qualify on medical grounds, but still have difficulty in using public transport. The Ambulance Service is also limited to providing transport for hospitals and certain clinics. They do not take people to doctors’ surgeries/health centres or to visit anyone in hospital.

3.2.34 To meet the various transport needs not accommodated by the ambulance service, voluntary car schemes have been developed (see below).

3.2.35 In terms of Non-Emergency Patient Transport, PCT transport is provided by the East Midlands Ambulance Service specifically for patients with a medical need, not a social need (this would fall under Community Transport or Volunteer Services). Individual hospitals provide patient transport via their own funding mechanisms.

3.2.36 For patients who cannot leave their home, house calls are provided.

3.2.37 St John Ambulance provides first aid and ambulance services for events, and patient transfer services, with a fully qualified first-aider provided on all trips.

3.2.38 Anyone with mobility difficulties is eligible for this service for medical and other purpose trips.

3.2.39 The service covers the whole of Derbyshire and external destinations but is subject to the availability of drivers. A donation is agreed to cover costs.

3.2.40 St John’s also provide a ‘First Responder Service’ in Derbyshire where small teams of people are trained to respond to emergencies. They are contacted by beeper and can provide first aid in a crisis.

School Transport

3.2.41 Children have an entitlement to free travel to school if they live more than three miles away from their designated school (two miles for children under eight). Pupils attending schools by parental choice do not normally receive free travel.

3.2.42 Home-to-school transport is provided under the criteria outlined in the Education and Inspections Act 1996.
3.3 Voluntary or Car Social Schemes

3.3.1 The Volunteer Centre in Ashbourne provides a *door-to-door* transport service for elderly, disabled, and vulnerable people who live in the villages of the Southern Derbyshire Dales and the towns of Wirksworth and Ashbourne.

3.3.2 The focus of the schemes is to provide access to health services whilst maintaining the independence of its users.

3.3.3 Clients are provided with a door-to-door service to local and regional health centres whether for regular or individual journeys. Journeys undertaken include:

- Medical and Hospital appointments,
- Attendance at Day Care Centres,
- Support Groups and Therapeutic Activities,
- Visits to see a close relative in hospital or residential,

3.3.4 Transport is provided 7 days a week, given 48 hours notice. Journeys are booked via telephone.

3.3.5 The Study Area falls within Volunteers Centre’s Southern area. This consists of the part of the DDDC area with postcodes beginning: DE44, DE6 and ST14.

3.3.6 As the scheme is set up at a charitable foundation they ask for a voluntary contribution for the service. Further funding is provided by fundraising and the following organizations:

- Ashby Foundation,
- The Big Lottery,
- Britannia Foundation,
- Change Up,
- Derbyshire Community Foundation,
- Derbyshire County Council,
- Derbyshire County PCT,
- Derbyshire Dales District Council,
- Garfield Weston Foundation,
- John Weston Foundation,
- Lloyds TSB Foundation,
- Staffordshire County Council,
- Trusthouse Charitable Foundation.

3.3.7 The Volunteer Centre also operates a *Readycall* service which aims to provide volunteers to help with everyday tasks (such as filling in a form, fitting a smoke alarm, or replacing a light bulb).

3.3.8 The scheme is offered to the elderly, isolated, or disabled persons who need assistance.

3.3.9 To finance the Readycall service, users are asked for a small donation.
3.4  Taxis

3.4.1 36 private hire taxis are registered in the Ashbourne area with a further 38 Hackneys mainly registered in the Derby area.

3.5  Wheels to Work

3.5.1 Wheels to Work was originally created via funding from the Countryside Agency in 2004 as a means to aid transport where traditional transport services were not sufficient.

3.5.2 The scheme buys, and then leases motorbikes (scooters) on a 6 month basis. After this time the client is hoped to have made their own transport arrangements, or can loan the scooter for an extended period. Funding was given to purchase vehicles on condition that people were to use them for getting to work or education.

3.5.3 According to Wheels to Work, clients using the current scheme pay £15 a week rent and cover their own fuel costs. The Wheels to Work facilitators provide CBT training, suitable clothing, breakdown and insurance cover (AA cover) and servicing of the vehicles. Clients must be aged 16 or above to be eligible for the scheme.

3.5.4 Funding for Wheels to work is currently provided by: Coalfields Regeneration Trust, HSBC Bank plc, Derbyshire County Council, Access Alliance Programme, EMDA and Derby and Derbyshire Economic Partnership.

3.5.5 The Coalfields Regeneration Trust provides scheme funding for the most deprived wards in former coalfield areas. The funding is for the period 2008-2011 and totals £252,294. This assists 105 people into employment.

3.5.6 Other funding agency money totals £75,992 and assists 50 persons up until 31st May 2009. This funding covers South Derbyshire, Derbyshire Dales, High Peak, Erewash and Amber Valley.

3.5.7 During the period 2007 – 2008, Wheels to Work had only one user in the study area; using the service for both education and employment.

3.5.8 According to the operator, when the scheme was first started (2004), it was advertised in the local press. Following this, demand was high and further advertising was deemed unnecessary. This may mean that some areas now do not know about the scheme, and uptake may be low.
3.6 Pharmacy Deliveries

3.6.1 A number of pharmacies are found close to the border of the study area. Most of these facilities have a delivery service as listed in Table 3.7.

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Delivery range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lloydspharmacy</td>
<td>Ashbourne</td>
<td>Up to 4 mile radius</td>
</tr>
<tr>
<td>Boots the Chemists Ltd</td>
<td>Ashbourne</td>
<td>5 mile radius, only medication at the moment</td>
</tr>
<tr>
<td>Dean and Smedley Ltd</td>
<td>Tutbury</td>
<td>Local only</td>
</tr>
<tr>
<td>Hilton Pharmacy Ltd</td>
<td>Hilton</td>
<td>Local only</td>
</tr>
<tr>
<td>Etwall Pharmacy</td>
<td>Etwall</td>
<td>5 mile radius</td>
</tr>
<tr>
<td>The Co-operative Pharmacy</td>
<td>Uttoxeter</td>
<td>5 mile radius</td>
</tr>
<tr>
<td>Boots the Chemists Ltd</td>
<td>Uttoxeter</td>
<td>Up to 1 mile</td>
</tr>
<tr>
<td>‘Pharmacy’</td>
<td>Uttoxeter</td>
<td>4 mile radius max. Day dependent.</td>
</tr>
<tr>
<td>Burrows and Close</td>
<td>Mickleover</td>
<td>Local only</td>
</tr>
<tr>
<td>Tesco Stores Ltd</td>
<td>Mickleover</td>
<td>No delivery</td>
</tr>
<tr>
<td>Kd Chawda Ltd</td>
<td>Mickleover</td>
<td>Local only</td>
</tr>
<tr>
<td>Dean and Smedley Ltd</td>
<td>Mackworth</td>
<td>Mainly local</td>
</tr>
</tbody>
</table>

*Table 3.7: Delivery details of Pharmacies bordering the study area*

3.6.2 Figure 3.3 shows the coverage of the pharmacies from Table 3.7.

*Figure 3.3: Delivery areas of Pharmacies bordering the study area*

3.6.3 Figure 3.3 shows that most of the study area is covered by a pharmacy delivery service. The only notable exception is Boylestone.
3.7 Information Provision

3.7.1 Within the study area, residents have access to national and (a number of) local newspapers, some of which are delivered and so reach a wide audience. These include the Ashbourne News Telegraph, Derby Evening Telegraph, Uttoxeter Advertiser and the local Hilton paper.

3.7.2 Newsletters are produced by a number of parishes either on a regular or as-needed basis.

3.7.3 Most villages have parish noticeboards though the use of these boards is not known. From site visits, however, these appear to be regularly updated.

3.7.4 Community Internet access is known to be provided in Boylestone, Clifton, Osmaston & Yeldersley and Sudbury. Other sources of internet access are known to be libraries. Some, but not all, parishes have their own websites.

3.7.5 A key information provider is the Ashbourne Partnership. Although based outside the study area, their sphere of influence covers services and facilities which people from the area access.

3.7.6 The Ashbourne Partnership is a not for profit membership organisation comprising of representatives from the Public, Private and Voluntary Sector, living or working in Ashbourne and the surrounding districts. Through its members the partnership coordinates a wide range of community groups, organisations and businesses. It aims to encourage partnership working and promote the benefits of working collectively.

3.8 Walking and Cycling

3.8.1 The only main road running through the study area is the A515. This is a wide road, accommodating high traffic volumes and is subject to the national speed limit.

3.8.2 Roads within the study area serving the individual settlements vary considerably in terms of quality, with many being only just wide enough for two vehicles to pass (often with passing places). Although these roads have low traffic flows, the width of the roads, lack of footways and limited forward visibility is noted to create a perception of danger when walking and cycling within the study area which may discourage its use.

3.8.3 There are, however, several designated routes which cross the study area, as shown in Figure 3.4 including:

- National Cycle Route 68 (NCN 68),
- Mickleover Greenway (NCN 54),
- Bonnie Prince Charlie walk,
- Centenary Walk.

3.8.4 Furthermore, there is a proposed greenway route via Clifton.
Figure 3.4: Designated trails in Study Area

- Centenary way
- Proposed route
- Bonnie Price Charlie Walk
- NCN 68
- NCN 54
Summary

There are a variety of transport services available to connect people to the services and facilities available at the periphery of the study area,

In recent years, a number of traditional bus services have been withdrawn, and the remaining services are infrequent and only serve approximately 1/3 of the study area,

All of the study area is covered by Community Transport, focused on providing trips to and from Ashbourne, Derby, Uttoxeter and Burton. Other transport services provided within the study area are service specific and operate on the basis of need (either social or medical etc.),

Information regarding the availability of transport services is available from a number of sources.
4 Accessing Services 1 – Community Workshops

4.1 Overview

4.1.1 Community Workshops took place on the 15th and 23rd of April 2008 in order to engage with residents of the study area and to gain an understanding of the key issues prior to the finalisation of the residents questionnaire (described in the next section). These meetings were arranged to take place in Marston Montgomery and Etwall, respectively. The latter of these locations was just outside of the study area; in part demonstrating the lack of suitable community sites within the study area itself.

4.1.2 The meetings were arranged around specific topics, with attendees split into small groups in order that everyone attending the workshops had the opportunity to think and comment about the variety of issues being discussed. Topics covered included general transport, access to health, access to education, shopping destinations and the use of leisure and social facilities.

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Figure 4.1: Working of the Community Workshops
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4.1.3 An outline of the responses to these topics is given below, as well as a summary of the suggestions recorded during these events.
4.2 General Transport

4.2.1 This topic sought to determine people's experiences and perceptions of travel to, from and within the study area.

4.2.2 Knowledge: In terms of awareness of existing provision, it was found that a number of people did not know of the 'Travel-line' number, the main journey planner for the county; nor were they aware of the scope of provision available to them via Community Transport (in particular, who was eligible to travel).

4.2.3 Access to Transport: A potential barrier to using public transport in the study area by participants was the difficulty of getting to a bus stop. Reasons included the requirement to walk where there was no footway and fast moving traffic, or due to the physical disability of the individual, or the distance to the stop.

4.2.4 Use of Private Cars: The forums identified that public and community transport services are used in the study area, but most people prefer to use their cars. It was generally the opinion that most travel has to take place by car as there is "no other option".

4.2.5 However, such car use was found not to be necessarily for individual private trips, with individuals reporting the giving and receiving of lifts to family and friends; particularly for shopping trips. However, some reported that this behaviour was not frequent due to a feeling of the receiver of the lifts "not wanting to be an imposition".

4.2.6 Within each settlement it was felt that elderly persons tend to drive on known and 'comfortable' routes (i.e. towards the traditional centres of Ashbourne etc).

4.2.7 Some residents use the train services at the southern edge of the study area to commute. However they must drive to the railway station as there is no public transport available linking to it.

4.2.8 Traditional Public Transport Services: With regard to the formal bus services provided in the study area, it was noted that several services have recently been removed. For the services that did run, it was commented that, "buses don't fit." This related to the fact that the timetabled services are limited and do not suit everyone's needs. Services were noted to often run only on specific days during the week, limiting when people can travel.

4.2.9 A participant noted that they often travel to Derby for shopping and pleasure but would "never use the bus." This is because they felt that to do so they would have to plan whole of the day too carefully around limited bus services.

4.2.10 Added to this, some participants reported that to use services into Ashbourne, they would have to travel across the lunch period and therefore "use up more of the day".

4.2.11 In terms of travel within the study area itself, this "just doesn't happen," noted one participant at the Marston Montgomery meeting.
4.2.12 The **Community Transport** service to Uttoxeter was reported to be nearly always full. Community Transport also appears to be popular on a Thursday, with the Dial a Bus taking people to the Ashbourne Thursday market.

4.2.13 A number of people, “assumed Community Transport [was] for older people.” Also, there was some confusion between Dial-a-Bus and Dial-a-Ride services. However, it is also the case that not everyone favoured Uttoxeter as a destination.

4.2.14 Community Transport was noted to be friendly and helpful, but only runs once a week to Ashbourne. “If you don’t have a car, you can’t get to the leisure centre” was one response.

**Suggestions received from the Community Group Participants – General Transport**

- Staffordshire and Derbyshire should work together on a joint transport service linked to Rochester,

- Accessibility groups (such as Community Transport) should be cross boundary,

- Could provide connecting shuttles to the main services on the radial routes,

- Need more information on what services are provided – either through Ashbourne Community Radio Station, Ashbourne News Telegraph, Parish Newsletter or a general improvement to the quality of Parish websites,

- A bus service along the A511 would be useful,

- Information should be posted in sources such as Ashbourne new telegraph, Hilton’s new local paper, and Uttoxeter’s evening paper, Parish newsletters, local news and at schools, churches and village halls.
4.3 Accessing Health Facilities

Marston Montgomery

4.3.1 General Healthcare: The GP surgery in Ashbourne was noted to be mainly accessed by car from the nearby villages although some people can get there by bus or as a car passenger (in a friend’s car). It was also known that a Dial-a-Bus operates and that a Gold card can be used on this service.

4.3.2 It was mentioned that the advantage of the Ashbourne practices is that they have their own dispensaries.

4.3.3 With regards to accessing the dentist and opticians in Uttoxeter most people choose to drive but some use the community bus service.

4.3.4 Again it was known that the surgery had a dispensary and that there was a chemist in Ashbourne (Boots), and one in Derby (Lloyds). It was also noted that a prescription delivery service was available. At the Brailsford surgery, it was noted that there is a Chiropodist who may also make house visits.

4.3.5 Participants were aware of the Ashbourne Volunteer Bureau operating a service to the Dentists in Ashbourne, Leek and Uttoxeter. Apart from this service, people reported that they relied on neighbours or relatives for transport or use the Dial-a-Ride service.

4.3.6 In Roston, it was noted that there was a visiting surgery once a week with the main practice only rarely offering a home visit. However, there may not be a wider demand for a visiting service unless it is for specific purposes such as child inoculations.

4.3.7 Hospital Healthcare: Burton or Derby were viewed as the main destinations for hospital visits with access to these destinations coming from hospital transport and Social Services.

4.3.8 With regards access to Derby City Hospital, the Dial-a-Ride service costs, “£20 or £12 if on the main road” which is seen as expensive. It is known that the hospital will send out a car or an ambulance.

4.3.9 Some clinics have been relocated from Derby to St. Oswalds at Ashbourne although a new facility is being created in Ashbourne at present. The opinion was that PCT needs to be encouraged to provide access to the clinics. Exercise classes are provided for medical purposes as the gym and swimming pool in Ashbourne.

4.3.10 In terms of new services, whilst people did report using NHS Direct, they felt that it didn’t address the problems people faced.

4.3.11 With regards to the future it was known that more clinics were proposed at Ashbourne.
**Etwall**

4.3.12 **General Healthcare:** Participants felt that access to the doctors in Hilton was possible mainly by car, whether on their own or through a friend. Sometimes the bus service is used but this is infrequent.

4.3.13 Residents noted that they would have to travel to Mickleover or Spondon to visit an opticians.

4.3.14 The chemist has a local dispensary, and Etwall’s internet facility could be used for renewing prescriptions.

4.3.15 Visiting services were known to be available and that a Doctor or nurse was available. There were, however, practicality problems regarding access to patient notes. It is known that a health visitor, pharmacy and visiting chiropodist are available in the area. Some people mentioned that they felt it was, “not worth a doctor coming out.”

4.3.16 Where doctor’s surgeries dispense drugs, you can get them if you are classed as community patient. However they, “won’t bring drugs to you,” but, again, some chemists operate a delivery service.

4.3.17 It was mentioned by one participant that to get to the doctors in Ashbourne by traditional public transport required a bus ride and then a connection to get to Clifton Road.

4.3.18 Some people choose to travel further a field for services (e.g. opticians). For these journeys a specific arrangement is made.

4.3.19 One participant noted they use a chiropodist in Ashbourne, but was not sure if the chiropodist did home visits.

4.3.20 **Hospital Healthcare:** Access to hospital was noted as often always being by car with destinations being Derby, Burton or Ashbourne. Participants were not aware of the hospital car scheme and relied mainly on informal lifts.

4.3.21 Participants were informed that the hospital car scheme will wait 2-3 hours for fracture and cataract ops and is a £16 return from Ashbourne to Derby. When these details were given it was felt that this was, “a lot for an older person.”

4.3.22 The use of NHS Direct had had variable results. Participants noted that they did not have much experience of NHS Direct and that out of hours doctors services were rare.
Suggestions received from the Community Group Participants – Access to Healthcare

A mobile health clinic would be welcomed, so long as it is available at hours that suited residents, and meets specific needs (e.g. inoculations),

Information on access to health services to be displayed at a local focal point – e.g. Parish council notice boards. This is seen as an important resource,

Also display community transport information to ensure people are fully aware of services available,

Transport options should be made cheaper.

Figure 4.2: Main Healthcare draws as reported by Workshop Participants
4.4 Accessing Education Facilities

Marston Montgomery

4.4.1 General Education: Participants felt that using public transport created a time inconvenience with regards accessing education.

4.4.2 In many locations, it was noted that children cannot walk to school owing to the lack of footpaths, speed of cars, narrow lanes and the problems with travel if they are running late.

4.4.3 Apart from the draw of the Sixth Form in Ashbourne, some children travel into Staffordshire. It is also the case that in Rocester a technology academy (14-19 year olds) is currently being built.

4.4.4 Other destinations include Denstone College, close to the Staffordshire Border. The school has a bus service which picks pupils up from key locations including Ashbourne and Uttoxeter.

4.4.5 The college in Burton can be accessed via a Big bus scheme. Other draws for schools were reported as being Uttoxeter, Etwall, and Duffield.

4.4.6 It was perceived that all schools in the area were, “doing OK.” However, it was noted that Sudbury school had low numbers and that the school in Doveridge had no Year 5 or 6.

4.4.7 Different settlements, it was said, look towards different places for access to education facilities. Brailsford, (for example) looks towards Ashbourne, not Derby. At the southern edge of the study area it was felt that people are drawn to the John Port School.

4.4.8 It was mentioned that the school intake was made up of 80% from the catchments area and 20% from external sources. This is because schools in a rural setting were popular with those living in the surrounding towns. Relatedly, participants also mentioned that they felt that the proportion of children attending state schools was high.

4.4.9 Village Schools have to travel into Ashbourne to use leisure facilities.

4.4.10 Ashbourne is also known to be a centre for evening activities based at the town hall.

4.4.11 Further Education is known to be provided in Derby, Stafford and Burton.

4.4.12 Adult Education: There is an adult education draw to Derby, Ashbourne and Uttoxeter. Uttoxeter and Derby are known to have an adult education centre.

4.4.13 It was felt that people assume everyone has a computer and broadband, yet some do not have access this facility.
**Etwall**

4.4.14 **General Education:** For schools, there are a system of buses that pick-up children so that, “non-car transport is good.” It is believed that fixed contracts are in place for private schools at Denton and Roston.

4.4.15 It was recognised that the school in Longford attracted people from a wide area due to its reputation, with places being oversubscribed.

4.4.16 Pre-school was known to be available at Langton, and Repton with two big nurseries in Ashbourne.

4.4.17 **Adult Education:** It was known that there is adult education in Ashbourne and Mackworth. These would be difficult to attend in the evening without the use of a car as evening PT services were limited. Also, there are known to be some day time adult learning centre courses.

4.4.18 The Leisure Centre at Ashbourne was known to hold group events.

4.4.19 The problem with formal public transport is that it was not considered to meet users needs; “People want to go when they are ready.”

4.4.20 Regarding computers, in some cases villages have no computers available for public use, whilst some villages have lock-up computers. Some people have a computer but cannot find a course.

4.4.21 To access Education in Derby or Nottingham participants felt that they had to drive.

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**Suggestions received from the Community Group Participants – Access to Education**

Non car transport options are needed to provide access to night classes,

The mobile library service should come to Cubley.
Figure 4.3: Main Education draws as reported by Workshop Participants
4.5 **Access to Shops**

**Marston Montgomery**

4.5.1 As noted previously, there was confusion expressed by some participants with regards who could use Community Transport and when it ran.

4.5.2 Marston Montgomery has no village shop but Roston has a shop / Post Office. Newspaper deliveries are also available from Roston. Similarly Etwall / Hilton has a shop / newsagent that delivers in the area.

4.5.3 Kedleston, Bradley & Denstone were reported as having farm shops with delivery services.

4.5.4 Other mobile shops are mentioned as serving some settlements, and these are very popular. A known service is a mobile fishmonger who goes to Mayfield, Clifton and Roston. Mobile shops are seen as a contribution to the community. Also, Marston Montgomery has an organic box service that is delivered.

4.5.5 Conversely internet shopping has not had a big take up as, “people like doing their own shopping.”

4.5.6 For main food shopping trips, people mentioned that they go to Ashbourne and Uttoxeter, whilst clothes etc. are bought from Derby.

4.5.7 It was noted that Uttoxeter is growing as a shopping hub whilst Ashbourne is declining. Indeed, it was noted that the Community Transport service is over subscribed to Uttoxeter, with fewer passengers now travelling to Ashbourne.

4.5.8 Participants stated that the majority of people use their car to go to shopping centres for their weekly shops. Buses were said to be not regular enough.

4.5.9 Community Transport was known to operate on a Thursday to serve Ashbourne market.

**Etwall**

4.5.10 For shopping, people from Hatton, Church Broughton & Scropton were reported as travelling to Burton, whilst people from Longford go to Derby’s Kingsway centre and the Sainsbury’s in Ashbourne.

4.5.11 The Market in Ashbourne is well known and some new shopping opportunities were known to have recently opened in Ashbourne. However, there is perceived to be a lack of car parking in Ashbourne.

4.5.12 Burton is seen as having some specialist shops whilst general goods shopping is known to be good in Derby.
4.5.13 With regard to Community Transport, many participants didn’t know of Etwall services (run by Swadlincote Community Transport).

4.5.14 There is the perception that sometimes it is quicker to get to Birmingham than Derby for shopping, although this may relate to the mode of travel people use. Indeed the bus to Derby is seen as having too long a trip length to the City Centre (rural route). From Etwall, the use of the Gold card encourages people into Derby.

4.5.15 For some people, public transport represented a problem in carrying shopping around.

4.5.16 Participants noted that mobile deliveries are made including a fishmonger, milkman, as well as deliveries from local corner shops.

4.5.17 A major draw for shopping was noted to be the Tesco’s at Hilton (which is known to deliver).

4.5.18 Longford has deliveries of milk, newspapers, fish and coal. The village committee also produces a newsletter which is hand delivered to each property. For food shopping trips, the Tesco store at Hilton was reported to be used, rather than Ashbourne’s amenities.

**Suggestions received from the Community Group Participants – Shopping**

If local services are to be sustained then there needs to be regular transport links to Ashbourne,

Mobile shops would be considered for use assuming that the price and quality of products were suitable,

The new radio station for Ashbourne could be used to advertise local services and facilities,

Community transport needs to be better promoted and more extensive in the service offered.
Figure 4.4: Main Shopping draws as reported by Workshop Participants
4.6 **Access to Leisure & Social Facilities**

**Marston Montgomery**

4.6.1 People reported that they access leisure centres in Ashbourne and also Uttoxeter with these being seen as the main services in the area.

4.6.2 With regard to settlements, Doveridge, Marston Montgomery and Clifton are seen to have 'good' facilities, whilst Longford, Hollington and Rodsley were reported as having poor facilities.

4.6.3 It is felt that the size of settlements is a barrier to developing facilities as they do not possess the critical mass of people.

4.6.4 Village halls are used for many events and are seen as a key resource by the community. However, village halls are restricted in what they can do due within H&S rules, and the limited budgets available to run events.

4.6.5 There were a number of leisure pursuits reported to be taking place in the area including:

- Shooting at Cubley/Doveridge, Hunting and fishing on the Dove,
- Bingo in Roston, Cricket in Wootton,
- Golf course in Church Broughton,
- Clifton have a theatre group,
- Concerts held in Uttoxeter – Choral society,
- Photography club in Ashbourne,
- Hockey matches in Ashbourne.

4.6.6 It was mentioned that there was no village pub at Alkmonton or Rodsley. Where pubs do exist most of them serve food to supplement their income.

4.6.7 The pub in Marston Montgomery hosts a lot of activities including jazz evenings, St George’s day and other seasonal events. Each of these are these are well attended and pubs in general are viewed as reasonably well used.

4.6.8 Participants observed that most places have a church. The church in Marston Montgomery has a small congregation, whilst Norbury gets about 20 people most Sundays and is well attended at Easter and Christmas.

4.6.9 The larger Methodist Church in Ashbourne gets around 80 people on a Sunday and is known to be active within the community.

4.6.10 Leisure and social activities can be difficult for children to attend as they always need a lift. The service buses from schools do not cater for extra curricular activities which exacerbates this problem. Some children cannot attend some after-school classes.

4.6.11 It was acknowledged by participants that there was a trade off between the desire for rural life and the availability of facilities.
4.6.12 It was also felt that Ashbourne is a draw for people as there a gym, hockey and Beavers/Cubs. Teenagers are mentioned as using the bus to get to Derby where possible.

4.6.13 It was noted that there is not much interaction between villages.

Etwall

4.6.14 A number of questions were asked regarding the services available to communities. Some of these related to observed opportunities in other areas and so questions such as the following were asked, “Why can’t we have a cinema [etc] on the Nestle redevelopment?”

4.6.15 It was felt that young people in particular have limited opportunities and that it would be a good idea to provide smaller scale facilities in rural areas.

4.6.16 A barrier to movement in Brailsford is seen as the A52. It was suggested that a better link to the Greenway to Shirley be established.

4.6.17 The Social Committee in Rodsley was reported to be active and a representative stated that Rodsley and Yeavely work together for events including a Luncheon in January and cheese and wine evening in the Autumn.

4.6.18 One participant noted that it was difficult for those not able to drive anymore to access facilities. There was reluctance to move house (e.g. to Ashbourne). To overcome this difficulty there is a reliance on neighbours, Community Transport and the local bus for transport. However, at the weekend, taxis are required.

4.6.19 Etwall can be seen as a focus for leisure facilities due to school and leisure facilities. A new leisure centre is being constructed and will open in September 2009.

4.6.20 Social activities in villages (Longford) include a walking group, cycling and pumpkin show. Longford pub is also quite active and puts on mummer plays etc. Without a good core of people motivation to organise events can be low.

4.6.21 Boylestone village is known to organise some coach trips and the Church – Hollington, Rodsley and Longford – has a strong and respected choir.
Suggestions received from the Community Group Participants – Leisure / Social

Demand responsive transport to services may be a good idea. E.g. to facilities at Ashbourne,

Small scale facilities brought into villages,

Etwell area – lots of clubs and would like people to attend – maybe advertise more widely,

Provide a footway to the football field in Longford.

Figure 4.5: Main Leisure draws as reported by Workshop Participants
4.7 Women’s Institute

4.7.1 In addition to the community forum events, Marston Montgomery Women’s Institute invited the study team to give a presentation at their meeting on 19th May 2008.

4.7.2 The presentation was structured around the same headings as the Community Workshops. Responses are given below.

4.7.3 **General Transport:** A presiding feeling from the WI was that you can’t get out of Marston Montgomery unless you have a car. There is a perceived need for a footpath to Rocester as the road is very fast and people do not feel safe walking along it.

4.7.4 Footpaths / Safe Routes to bus stops in Marston and on the road to Rocester (especially for school children) were requested. Also, there are no waiting shelters for children, especially outside the primary school.

4.7.5 In terms of lift share arrangements there are no informal arrangements. It was felt that something could be arranged in an emergency.

4.7.6 **Health:** GP’s surgeries were noted to be used in Ashbourne, Uttoxeter and Rocester; yet it was stated that there was no bus services to any. Chemists tend to be used at the GP’s or the pharmacy at Rocester.

4.7.7 Hospitals mentioned as being accessed were Burton or Derby. An issue was raised regarding ambulances taking people to hospital but not bringing people back. There was little appreciation of the Dial-a-Ride provision.

4.7.8 There is a general feeling that elderly persons are moving out of the village to Rocester and Doveridge.

4.7.9 **Shopping:** Ashbourne and Uttoxeter were noted to be the main shopping destinations with Rocester providing the nearest convenience store.

4.7.10 Parts of the village do have a milk delivery service, thought to come from Rocester. An organic “fruit and veg” delivery service operates in the village and is competitively priced. Some people thought there might also be a mobile fishmonger.

4.7.11 There is a perceived wide use of the internet for non-food shopping, but not for food shopping.

4.7.12 The Farmers Market in Uttoxeter is popular source of shopping.

4.7.13 **Access to Cash:** Most people at the meeting seemed to have used the Post Office to do their banking and get cash (before it closed). Now they tend to access cash in Uttoxeter and Ashbourne. Since the Post Office has closed, people cannot post A4 sized mail as the post box hole is not big enough.

4.7.14 A desire was expressed for a mobile post office to serve the village.
4.7.15 **Education:** Secondary school children can travel to Ashbourne on a school bus service.

4.7.16 Concern was expressed over the safety of routes used by children walking to bus stops (no footpaths) and lack of covered waiting facilities (especially outside primary school).

4.7.17 Adult education courses were known to exist in Ashbourne / Burton / Uttoxeter and Lichfield. IT courses have been held in Marston village hall in the past.

4.7.18 Young People (post 16’s) experience problems accessing further education, interviews and job opportunities. The WI are not aware of the Wheels to Work scheme.

4.7.19 The Primary school linked to Cubley school. Bridging the Local Community is its’ motto. Links with Cubley don’t exist outside of the school environment.

4.7.20 The Mobile library service is seen as a lifeline for the community.

4.7.21 **Leisure / Social:** It was stated that people travel to Uttoxeter / Ashbourne / Derby / Burton for most activities.

4.7.22 The Village hall hosts a number of groups (WI, Mums and Toddlers, Youth Club, Films, Parish Council, Primary School, After School Club). The hall needs maintenance work and other work. There was no awareness of the opportunities available through Derbyshire Rural Community Council.

4.7.23 The after school club is seen as vital but too expensive (£8 per day per child). It runs until 6pm and allows parents to go out to work.

4.7.24 People must travel to Ashbourne / Uttoxeter / Rocester to take part in football or other sporting activities. It was felt that Primary school children and older children would benefit from out of hours sporting activity in the village.

4.7.25 A problem is the lack of playing field in the village. The primary school facilities are used unofficially instead (they turn a blind eye).
Summary of Key Issues

In general a lack of information on services available was found to limit some people’s access to services and facilities. This was found in the form of information being absent, or people not knowing where to get information,

A lack of footpaths to key facilities (e.g. bus stops, schools, pubs etc) restricted access, particularly as walking on the carriageway is perceived as dangerous in many places,

For access to many facilities / services, the car is perceived as the only option for travel. Car sharing does take place but is limited to informal arrangements,

“Buses don’t fit” (both destinations and travel-demand times) is a feeling echoed by many persons as services often run only on specific days during the week, limiting when people can travel. This increases the potential for people to rely on cars,

Inter village travel, “just doesn’t happen”,

Community transport is well used but there is still some confusion regarding the service available,

Transport can be expensive (e.g. home – hospital rides),

Healthcare provision varies, with some medical facilities being mobile,

Education can usually be accessed by school bus but some parents prefer to transport children by car. After school clubs, adult education and post 16 travel may require car use,

Delivery services are available but vary between settlements. Some services are “thought” to exist, but not definitively known about. The internet can be useful for shopping but people may prefer to go out to shop,

Different villages have different levels of activity depending on their character and the organisation of their people,

Leisure and social time can be village oriented, but wider trips generally require car use.
5 Accessing Services 2 – Residents Questionnaire

5.1 Overview

5.1.1 Following the Community Workshops, a comprehensive questionnaire was distributed to all households within the study area to determine existing travel patterns, modes, reasons and frequency of travel within the key areas of general transport, health, education, shopping and leisure / social.

5.1.2 This Section describes the questionnaire results, and compares these with the outcomes of the Community Workshops.

5.2 Respondent Characteristics

5.2.1 Of the 3,074 household questionnaires sent out, 961 households returned a questionnaire giving a response rate of 31%. Table 5.1, highlights the number of questionnaires conducted at the key settlements within the study area.

<table>
<thead>
<tr>
<th>Location</th>
<th>Response Rate</th>
<th>Location</th>
<th>Response Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alkmonton</td>
<td>33%</td>
<td>Norbury</td>
<td>22%</td>
</tr>
<tr>
<td>Boylestone</td>
<td>41%</td>
<td>Osleston</td>
<td>24%</td>
</tr>
<tr>
<td>Bradlford</td>
<td>30%</td>
<td>Osmaston</td>
<td>26%</td>
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<tr>
<td>Church Broughton</td>
<td>34%</td>
<td>Radbourne</td>
<td>28%</td>
</tr>
<tr>
<td>Clifton</td>
<td>33%</td>
<td>Rodsley</td>
<td>41%</td>
</tr>
<tr>
<td>Cubley</td>
<td>38%</td>
<td>Roston</td>
<td>36%</td>
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<tr>
<td>Dalbury Lees</td>
<td>36%</td>
<td>Shirley</td>
<td>44%</td>
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<td>Ednaston</td>
<td>40%</td>
<td>Snelston</td>
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<tr>
<td>Foston</td>
<td>22%</td>
<td>Somersal Herbert</td>
<td>22%</td>
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<tr>
<td>Heathop</td>
<td>11%</td>
<td>Sutton On The Hill</td>
<td>35%</td>
</tr>
<tr>
<td>Hollington</td>
<td>20%</td>
<td>Thurbaston</td>
<td>37%</td>
</tr>
<tr>
<td>Kirk Langley</td>
<td>23%</td>
<td>Trusley</td>
<td>41%</td>
</tr>
<tr>
<td>Langley Common</td>
<td>38%</td>
<td>Wyastone</td>
<td>32%</td>
</tr>
<tr>
<td>Longford</td>
<td>33%</td>
<td>Yeaveley</td>
<td>36%</td>
</tr>
<tr>
<td>Marston</td>
<td>27%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5.1: Questionnaires conducted
5.2.2 The response rate achieved represents a statistically significant sample at the 99% Confidence Level, with Confidence Intervals of ±3.8%. This means that the questionnaire could be viewed as giving a robust representation of issues within the study area.

5.2.3 Of the settlements shown in Table 5.1 there is variance in their household numbers which contributes to the high variance in percentage questionnaire returns. Nevertheless, the return numbers indicate a high response rate to the questionnaire across the study area as a whole.

5.2.4 From the 961 household responses, information was obtained for 2,320 persons within the study area. Table 5.2 gives a snapshot of the demographics of the area.

<table>
<thead>
<tr>
<th>Age Range</th>
<th>0 to 10</th>
<th>11 to 15</th>
<th>16 to 60</th>
<th>61 to 65</th>
<th>Over 65</th>
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<tr>
<td>Study Area (Number)</td>
<td>254</td>
<td>120</td>
<td>1124</td>
<td>277</td>
<td>545</td>
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<tr>
<td>Study Area %</td>
<td>10.9</td>
<td>5.2</td>
<td>48.4</td>
<td>11.9</td>
<td>23.5</td>
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<tr>
<td>UK Average %</td>
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<td>6.6</td>
<td>60.3</td>
<td>4.9</td>
<td>16.0</td>
</tr>
</tbody>
</table>

*Table 5.2: Summary of age ranges within the study area*

5.2.5 Table 5.3 shows that there is a greater proportion of those of, or approaching, retirement age living within the study area than for the UK as a whole.

<table>
<thead>
<tr>
<th>Employment status</th>
<th>Full Time</th>
<th>Part Time</th>
<th>Retired</th>
<th>Full time Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Area (Number)</td>
<td>738</td>
<td>306</td>
<td>690</td>
<td>122</td>
</tr>
<tr>
<td>Study Area %</td>
<td>39.8</td>
<td>16.5</td>
<td>37.2</td>
<td>6.6</td>
</tr>
<tr>
<td>UK Average %</td>
<td>59.2</td>
<td>17.2</td>
<td>19.9</td>
<td>3.7</td>
</tr>
</tbody>
</table>

*Table 5.3: Summary of employment within study area*

5.2.6 Table 5.3 confirms that the study area has a greater retired population than the UK average, but also reveals that this is mainly at the expense of full-time employees; rather than part-time employees. Also, the survey identifies a greater proportion than the UK average in full-time education.

5.2.7 In addition, Table 5.4 shows that there is relatively little forced unemployment within the study area.

<table>
<thead>
<tr>
<th>Adults (over 16) in household</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working full-time (30+ hours week)</td>
<td>307</td>
<td>162</td>
<td>29</td>
<td>5</td>
</tr>
<tr>
<td>Working part-time (less 30 hours week)</td>
<td>223</td>
<td>37</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td>208</td>
<td>232</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Unemployed (seeking employment)</td>
<td>19</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed (not seeking employment)</td>
<td>56</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time education / training</td>
<td>57</td>
<td>23</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

*Table 5.4: Employments characteristics*
5.2.8 In terms of car ownership, 93.3% of households have access to a car, with 48% of households owning 2 cars and 30% owning 1 car.

5.2.9 Car ownership by age is shown in Table 5.5. This shows that there are few households within the study area with no access to a car and, compared with UK averages, there is a high proportion with access to more than one car.

<table>
<thead>
<tr>
<th>Oldest Age</th>
<th>Number of cars</th>
<th>Total</th>
<th>Total car ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>16 to 60</td>
<td>9</td>
<td>77</td>
<td>271</td>
</tr>
<tr>
<td>61 to 65</td>
<td>6</td>
<td>41</td>
<td>83</td>
</tr>
<tr>
<td>Over 65</td>
<td>48</td>
<td>166</td>
<td>105</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>287</td>
<td>460</td>
</tr>
<tr>
<td>Percentage</td>
<td>6.7</td>
<td>30.4</td>
<td>48.8</td>
</tr>
<tr>
<td>UK Avg (%)</td>
<td>26.8</td>
<td>43.8</td>
<td>23.5</td>
</tr>
</tbody>
</table>

*Table 5.5: Car ownership levels*

5.2.10 Table 5.5 also shows that car ownership is high across age ranges per household with 98% ownership between 16 and 60. However, Table 5.5 does identify that car ownership by household falls as age increases, particularly for the Over 65 age group.
5.3 General use of Public Transport

5.3.1 The questionnaire asked how important people felt access to services and facilities of various types were. This is shown in Figure 5.1.

![Figure 5.1: Importance Attached to Accessing Services and Facilities](image)

5.3.2 Figure 5.1 shows that great importance is attached to accessing health facilities and, to a lesser extent, food and financial services; with the least importance placed on non-food shopping and leisure/social opportunities and education.

5.3.3 The questionnaire asked residents how often they felt they used public transport for a variety of journeys, with a broad classification of ‘regular’ ‘sometimes’ and ‘never’ adopted. Table 5.6 shows that few people regularly use public transport for their journeys on a regular basis (with most reporting usage for education-related trips), but there is more infrequent usage; particularly for Leisure.

5.3.4 Compared with Figure 5.1 above, therefore, it appears that where people view a service/facility as being particularly important, they are less likely to rely on public transport services.
How often is Public Transport used to Access

<table>
<thead>
<tr>
<th>Activity</th>
<th>Regularly</th>
<th>%</th>
<th>Sometimes</th>
<th>%</th>
<th>Never</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work</td>
<td>29</td>
<td>4%</td>
<td>81</td>
<td>10%</td>
<td>700</td>
<td>86%</td>
</tr>
<tr>
<td>Healthcare</td>
<td>17</td>
<td>2%</td>
<td>52</td>
<td>6%</td>
<td>774</td>
<td>92%</td>
</tr>
<tr>
<td>Education/training</td>
<td>61</td>
<td>7%</td>
<td>53</td>
<td>6%</td>
<td>703</td>
<td>87%</td>
</tr>
<tr>
<td>Food shopping</td>
<td>40</td>
<td>5%</td>
<td>56</td>
<td>7%</td>
<td>761</td>
<td>88%</td>
</tr>
<tr>
<td>Non-food shopping</td>
<td>22</td>
<td>3%</td>
<td>185</td>
<td>22%</td>
<td>645</td>
<td>75%</td>
</tr>
<tr>
<td>Leisure</td>
<td>20</td>
<td>2%</td>
<td>264</td>
<td>31%</td>
<td>573</td>
<td>67%</td>
</tr>
<tr>
<td>Socialising</td>
<td>20</td>
<td>2%</td>
<td>175</td>
<td>21%</td>
<td>649</td>
<td>77%</td>
</tr>
<tr>
<td>Visiting family / friends</td>
<td>25</td>
<td>3%</td>
<td>187</td>
<td>22%</td>
<td>654</td>
<td>75%</td>
</tr>
</tbody>
</table>

Table 5.6: Use of Public Transport

5.3.5 In terms of railway usage, Derby Railway Station is the most used with 596 households reporting it compared with 50 for Willington and 128 for Tutbury and Hatton station.

5.3.6 Table 5.7 details the rail stations used with regard to settlement.

<table>
<thead>
<tr>
<th>Settlement</th>
<th>Willington</th>
<th>Tutbury</th>
<th>Derby</th>
<th>Settlement</th>
<th>Willington</th>
<th>Tutbury</th>
<th>Derby</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alkmonton</td>
<td>3</td>
<td>3</td>
<td>8</td>
<td>Osleston</td>
<td>1</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Boylestone</td>
<td>6</td>
<td>9</td>
<td>22</td>
<td>Osmaston</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Brailsford</td>
<td>1</td>
<td>2</td>
<td>39</td>
<td>Radbourne</td>
<td>2</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Church Broughton</td>
<td>6</td>
<td>45</td>
<td>56</td>
<td>Rodsley</td>
<td>0</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Clifton</td>
<td>1</td>
<td>0</td>
<td>33</td>
<td>Roston</td>
<td>0</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>Cubley</td>
<td>1</td>
<td>2</td>
<td>19</td>
<td>Shirley</td>
<td>1</td>
<td>1</td>
<td>34</td>
</tr>
<tr>
<td>Dalbury Lees</td>
<td>1</td>
<td>3</td>
<td>32</td>
<td>Snelston</td>
<td>1</td>
<td>0</td>
<td>19</td>
</tr>
<tr>
<td>Ednaston</td>
<td>1</td>
<td>2</td>
<td>22</td>
<td>Somersal Herbert</td>
<td>1</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Foston</td>
<td>2</td>
<td>14</td>
<td>18</td>
<td>Sutton On The Hill</td>
<td>3</td>
<td>12</td>
<td>20</td>
</tr>
<tr>
<td>Heathtop</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Thurcaston</td>
<td>1</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>Hollington</td>
<td>4</td>
<td>4</td>
<td>16</td>
<td>Trusley</td>
<td>3</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Kirk Langley</td>
<td>0</td>
<td>1</td>
<td>27</td>
<td>Wyaston</td>
<td>1</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Langley Common</td>
<td>1</td>
<td>0</td>
<td>17</td>
<td>Yeaveley</td>
<td>3</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Longford</td>
<td>2</td>
<td>8</td>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marston Montgomery</td>
<td>1</td>
<td>2</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Norbury</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 5.7: Use of Railway Stations from Study Area

5.3.7 Table 5.7 shows that there is a strong draw to Derby from all locations.
5.3.8 7% (64 households) of the sampled population currently use Community Transport. Table 5.8 illustrates the ages recorded within the households currently using Community Transport. This indicates that the service is predominantly used by those aged 60 and above, and or retired.

5.3.9 Of the Community Transport users, 2 households reported that a household member was not in work owing to transport problems.

<table>
<thead>
<tr>
<th>Age group</th>
<th>0 to 10</th>
<th>11 to 15</th>
<th>16 to 60</th>
<th>61 to 65</th>
<th>Over 65</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number using Community transport</td>
<td>7</td>
<td>1</td>
<td>30</td>
<td>24</td>
<td>64</td>
<td>126</td>
</tr>
<tr>
<td>Percentage</td>
<td>5.6%</td>
<td>0.8%</td>
<td>23.8%</td>
<td>19.0%</td>
<td>50.8%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 5.8: Use of Community Transport

5.3.10 Of those using Community Transport many commented that there was no traditional bus service available for use from their village.

5.3.11 Of the households using rail services, 35 also used Community Transport and 19 car shared. This would indicate that there is some connection potential between CT and rail services.

5.3.12 In comparison to the above, 3% of households reported using Car Share within the study area.

5.3.13 Figure 5.2 details the potential measures that may encourage people to use Public Transport services more frequently. As can be seen from this figure, issues primarily relate to frequency and accessibility.

![Figure 5.2: Measures that would encourage people in your household to use PT more](image-url)
5.4 Accessing and Using Information

5.4.1 In terms of internet access, 64% of respondents have Broadband, 9% dial up and 27% have no connection. Table 5.9 details the internet connectivity by settlement.

<table>
<thead>
<tr>
<th>Home location</th>
<th>Dial-up</th>
<th>Broadband</th>
<th>No internet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alkmonton</td>
<td>4</td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td>Boylestone</td>
<td>4</td>
<td>22</td>
<td>6</td>
</tr>
<tr>
<td>Brailsford</td>
<td>2</td>
<td>36</td>
<td>10</td>
</tr>
<tr>
<td>Church Broughton</td>
<td>9</td>
<td>58</td>
<td>14</td>
</tr>
<tr>
<td>Clifton</td>
<td>4</td>
<td>32</td>
<td>14</td>
</tr>
<tr>
<td>Cubley</td>
<td>4</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>Dalbury Lees</td>
<td>6</td>
<td>33</td>
<td>8</td>
</tr>
<tr>
<td>Ednaston</td>
<td>0</td>
<td>16</td>
<td>14</td>
</tr>
<tr>
<td>Foston</td>
<td>1</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Heathtop</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Hollington</td>
<td>1</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Kirk Langley</td>
<td>3</td>
<td>23</td>
<td>17</td>
</tr>
<tr>
<td>Langley Common</td>
<td>3</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>Longford</td>
<td>1</td>
<td>29</td>
<td>13</td>
</tr>
<tr>
<td>Marston Montgomery</td>
<td>3</td>
<td>18</td>
<td>12</td>
</tr>
<tr>
<td>Norbury</td>
<td>4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Osmaston</td>
<td>0</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Radbourne</td>
<td>1</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Rodsley</td>
<td>4</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Roston</td>
<td>4</td>
<td>24</td>
<td>8</td>
</tr>
<tr>
<td>Shirley</td>
<td>4</td>
<td>29</td>
<td>14</td>
</tr>
<tr>
<td>Snelston</td>
<td>2</td>
<td>21</td>
<td>6</td>
</tr>
<tr>
<td>Somersal Herbert</td>
<td>2</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Sutton On The Hill</td>
<td>3</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>Thurvaston</td>
<td>3</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Trusley</td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Wyaston</td>
<td>3</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Yeaveley</td>
<td>1</td>
<td>27</td>
<td>13</td>
</tr>
</tbody>
</table>

Table 5.9: Availability of broadband in study area

5.4.2 Of the areas listed, all were connected to the internet via dial-up. Regarding Broadband, only respondents from Norbury indicated that they were not connected. However, it has been established that all the post-codes within the study area can be connected by broadband to the internet.
5.4.3 This relatively high internet subscription is reflected by the fact that 30% report that they would use the internet as a method of checking information on local council services (though half would still use traditional phone services).

5.4.4 In terms of accessing information on bus services, 41% reported that they would be likely to do so online.

5.4.5 The speed of internet connection across the Study Area may vary. Reasons for changes in speeds principally include distance to exchange, number of persons online and the speed of machines being used by individuals.
5.5 Accessing Employment

5.5.1 Table 5.10 details the top 10 employment destinations given by respondents to the survey. These destinations account for 58.8% of all employment destinations, with the remainder spread over a large number of destinations.

<table>
<thead>
<tr>
<th>Work location</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Derby</td>
<td>172</td>
<td>22.3%</td>
</tr>
<tr>
<td>Ashbourne</td>
<td>87</td>
<td>11.3%</td>
</tr>
<tr>
<td><strong>Home</strong></td>
<td>58</td>
<td>7.3%</td>
</tr>
<tr>
<td>Burton</td>
<td>38</td>
<td>4.9%</td>
</tr>
<tr>
<td><strong>Locations Within Study Area</strong></td>
<td><strong>29</strong></td>
<td><strong>3.8%</strong></td>
</tr>
<tr>
<td>Nottingham</td>
<td>21</td>
<td>2.7%</td>
</tr>
<tr>
<td>Uttoxeter</td>
<td>19</td>
<td>2.5%</td>
</tr>
<tr>
<td>Other National</td>
<td>10</td>
<td>1.3%</td>
</tr>
<tr>
<td>Church Broughton</td>
<td>13</td>
<td>1.7%</td>
</tr>
<tr>
<td>Hilton</td>
<td>8</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

*Table 5.10: Top 10 employment destinations*

5.5.2 Table 5.10 shows that the main employment destinations are the urban areas on the periphery of the study area, with the main draws being Derby and Ashbourne. Of those replying to the questionnaire, 11.1% reported that they work within the study area (either at home or elsewhere).

5.5.3 Travel to work by car is the most common mode of transport, representing 79% of travel; with and additional 4% car sharing. Of the remaining modes, 6% opt to walk and 4% travelling by bike. Travel by bus and train constitute 2% and 3% of travel, respectively.

5.5.4 For those using cars for their journey to work, 24% of respondents stated that there exists either no, or an infrequent, bus service, 24% identified that their work would be an inappropriate walking distance as a reason for car use, and 17% cited that cycling distances are too far. Only 11% reported that they preferred the car.

5.5.5 Figure 5.3, overleaf, shows the draws for employment on an individual settlement basis.

5.5.6 Only 3% of households reported that a member of their household had had difficulty accessing employment due to transport problems.
Figure 5.3 – Work Draws

11.1% within study area

22.3%

2.5%

4.9%

To Derby

To Burton
5.6 Access to Cash

5.6.1 A number of options are favoured with regard to accessing cash facilities, including Bank / building society, cash point and cash-back services at checkouts, representing 36%, 32% and 21% of the sampled population respectively.

5.6.2 Key destinations for accessing cash are Ashbourne (31.2%), Derby (19.3%), and Mickleover (10.9%).

5.6.3 The questionnaire asked householders if whether a counter service provided at a local public house / garage would be used if it was supported by a fee. Only 9% reported that they would likely to use such a service.

5.6.4 A second question asked if householders would use a mobile banking service if available. Only 16% of respondents stated that they would use such a service.

5.6.5 For those who have access, 46% of respondents within the study area currently look after their money matters using the internet.
5.7 Access to Shops

5.7.1 The questionnaire asked if householders had local access to a variety of shops. Generally, between 74 – 93% of people stated that they do not have local access to these types of shops, locally.

![Figure 5.4: Perceived Access to Local Shops and Services](image)

5.7.2 However, 40% stated that they had access to independent food deliveries (such as milk, meat, fish etc), with an approximately equal number reporting that they used such services (the majority being for dairy products). However, only 13% stated that they had used the internet for food shopping.

5.7.3 For their main shopping trip 83% of people use a car, for several stated reasons of broadly equal weighted importance. These include the bus service being too expensive, the lack of a bus service, an inappropriate walking distance and a general preference for using the car.

5.7.4 67% of respondents do their main shopping once a week, 22% more than once a week and 10% less than once a week.

5.7.5 The main food shopping destinations are shown in Figure 5.5, overleaf. The key destinations are Ashbourne (32.3%), Derby (23.4%), Uttoxeter (14.0%) and Mickleover (12.3%)

5.7.6 In total, the main draws for obtaining provisions (such as a pint of milk, loaf of bread etc.) is Ashbourne (28.8%), Derby (11.4%) and Hatton (10.7%), with Uttoxeter (8.9%) and Mickleover (9.2%) also important. Interestingly, the importance of Derby reduces for provisions shopping, with Hatton increasing sharply in prominence. 34% of households reported shopping for provisions more than once per week.
5.7.7 To obtain extra provisions, the car remains the popular mode of travel (81%), with 6% by comparison, opting to walk. Reasons for car use include an inappropriate walking distance, there being no bus service in the local area and ticket fares being too costly. The weight of shopping on return journeys home also represents a significant reason, and so travel by car is often chosen for convenience.

5.7.8 Shopping is also conducted via the internet. 13% of households currently use this method as a means of acquiring their shopping.

5.7.9 Non-food shopping destinations are shown in Figure 5.6, overleaf. The key destinations that appear are Derby (46.9%), Ashbourne (17.7%), and Burton (11.6%).

5.7.10 By comparison with internet food shopping, 53% of respondents reported using the internet for the acquisition of non-food shopping.

5.8 Access to Health Facilities

5.8.1 Accessing health facilities was identified as being the most important priority for those living within the study area. Such services under the category of ‘health’ in the questionnaire include ‘doctor’s surgery’, ‘NHS dentist’, ‘optician’ and ‘chemist’. The most frequented location for those services categorised under ‘health’ is Ashbourne, serving 34% of respondents.

5.8.2 Individually, Brailsford, Ashbourne and Sudbury represent the top 3 locations used for GP services. Ashbourne, Derby and Uttoxeter are most visited for NHS dental services. Derby, Ashbourne, Uttoxeter and Burton are most visited for opticians and Ashbourne and Derby are the key locations for visiting a chemist.

5.8.3 Figures 5.7 – 5.8, overleaf, details the spheres of influence which the health services have

5.8.4 90% of respondents travel to health services by car, whilst 4% get a lift with a friend. 2% walk and 2% use the bus. For those identified as using the car, the main reasons included 28% stating that there exists no suitable public transport, 27% stating the distance is ‘too far to walk’.

5.8.5 Currently, 5% of those in the study area are using a mobile health service.

5.8.6 4% of people stated that they have been unable to access healthcare services in the past year due to transport issues.
Figure 5.5 – Main Shopping Draws

32.3 %
14.0 %
35.7 %
4.9 %

To Derby
To Burton
Figure 5.6 – Non-food Draws