

Devon Access to Services Project

“Improving access to information, services and representation”

149 High Street Ilfracombe Devon EX34 9EZ

Community Transport

Using Social Kindness to enable people in Northern Devon to attend Health Appointments



North Devon & Torrridge Car Forum

Appendix 4: Case Studies

Appendix 5: Financial Update: Summary Apr 2013-Mar 2014

Appendix 6: Acronyms

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1. Introduction

Community Car Schemes come in many shapes and sizes and help a wide variety of people. Though many charge their passengers for their journey, it is a requirement in order to be a Community Car Scheme that they do not operate as a business for a profit. They will always need to raise additional funds to cover their operating costs whilst continuing to provide their passengers with the most affordable service possible.

Community Car Schemes' volunteer drivers act out of what is referred to in passenger transport legislation as "social kindness", providing a valuable service to their passengers because they want to. There is no obligation, no contract, no right or expectation of travel and, apart from covering vehicle expenses, no payment.

Every driver has their own motivation: to pass on a favour done to them, to meet people, to regain confidence after bereavement, illness or redundancy. For some it helps to fund the cost of running their car and for many it is to do something useful during retirement. Everyone does it at least partly because it feels good to help people. They may not know the passenger personally; they just want to help someone from their local community.

In North Devon and Torridge Community Car Schemes providing these services and belonging to the Car Forum are:

- Age Concern Barnstaple
- Braunton Volunteer Bureau
- Combe Martin and Berrynarbor Car Scheme
- Go North Devon
- Holsworthy Rural Community Transport
- North Devon Car Scheme
- South Molton Volunteer Bureau
- Torridge Community Transport Association

The original North Devon & Torridge Car Forum Social Kindness paper was published in January 2014 by Devon Access to Services Project (DASP):

<http://www.ndvs.org.uk/Social%20Kindness%20paper%202014%20-%20First%20Edition%20v1a.pdf>

DASP were then asked by the Northern Locality CCG Managing Director, Caroline Dawe and the Commissioner for Urgent and Unplanned Care, Moses Warburton, to provide them with Case Studies illustrating the soft outcomes achieved by Community Car Schemes in North Devon & Torridge. These are attached here as Appendix 4. We have also included an update on activity, the financial situation of schemes, and a table of acronyms used in this paper.

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2. Appendix 4: Case Studies

Examples of soft outcomes made possible by Community Car Schemes based in North Devon and Torridge

The first four are specific examples from members of the North Devon & Torridge Car Forum. The fifth is a more in depth study from f Age Concern Barnstaple & District.

2.1. Person not answering the phone

Mrs D booked a community car journey to a hospital appointment. The journey was placed with a driver, however Mrs D did not answer any of the phone calls to confirm it. The scheme asked a neighbour to call round to see if she was all right, but she did not answer the door. The scheme then phoned the police, who called round and this time she did answer the door.

She told the police she had been receiving harassing phone calls from a family member and was scared to answer the phone or her door in case it was the person. The police arranged for the calls to be blocked and took action to protect Mrs D.

Now that Mrs D was answering her phone, the journey was able to be confirmed and Mrs D travelled to her appointment and received her medical treatment.

2.2 Deterioration in living standards

Mrs H is 82, lives alone and has been a client with the scheme for 10 years. A driver reported a marked deterioration in the cleanliness of Mrs H's home when he dropped off some shopping into her kitchen and found several old carrier bags full of rotten food that had just been left. Clearly she was not coping at home on her own. The scheme offered to call social services (Care Direct) to help get the place cleaned up but Mrs H declined.

Mrs H had often cancelled transport that had been booked because she felt too unwell to travel and she often asked drivers to get her shopping. This is not a service the scheme usually provides, although they had been doing it anyway in order to help out.

Not sure what to do about Mrs H, the Scheme called her next of kin (sister) who lives some distance away. Fortunately this led to the sister becoming involved, and she is now helping to care for Mrs H for her and helping to make her house habitable again.

2.3. Drivers going the extra mile

Below are some examples of the extra time and care volunteer drivers give to their passengers when things do not go to plan. This is more than would be expected from a taxi driver except, perhaps, at great expense. The experience of many volunteer drivers has shown that it is unwise to plan any other time-critical activity on the day of even what appears to be a routine journey.

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1. A Scheme's driver was providing a straightforward lift (estimated time 2.5 hours) to take an elderly woman to hospital for a scan; however it turned into a much longer wait.

When the scan fluid was injected she had a suspected angina attack and was moved to A&E. The driver spent four hours in A&E with her, keeping her company and phoning her husband regularly to let him know how she was doing. The angina attack was confirmed and treated, she was discharged and, having taken her home, the driver finally got home at 8.00pm.

2. An elderly, quite confused, man was given a lift to hospital for a consultant's appointment, with an estimated journey and appointment time of 2.5 hours. He lived alone in an isolated part of Exmoor and the only contact the driver had was his domiciliary care worker.

After waiting for two hours the driver discovered that his passenger had been admitted, but had forgotten that someone was waiting for him. Unable to contact the care worker, the driver “blagged” his way onto the ward to ask his passenger who to contact; he gave his daughter's number as his only next of kin.

The driver phoned the daughter to let her know what was happening and then went home with his expenses unpaid. At 4.00pm his passenger phoned to say he had discharged himself and wanted to go home. The driver went back to the hospital and after a “bit of fuss” took him home, phoning his daughter to let her know what had happened. The man died in his own home a few days later.

3. A journey for a routine endoscopy in North Devon eventually turned into a six hour wait while a replacement camera was picked up from Exeter. The driver stayed with the patient's wife the whole time to keep her company.

4. Mrs X called a Car Scheme's office line late one afternoon, long after the booking line had closed for the day, sounding very distressed. She asked for a car to take her to hospital the following morning at 6:30am. The Scheme explained that they usually need 48 hours notice, but they would try their best to find a driver. Mrs X explained that she needed to be at the hospital prior to 7.00am to see her husband before he went for an operation. The hospital had just called her to say that her husband needed to go for emergency surgery the following morning and there was a chance he may not survive. In her own words she “just wanted to see him one more time” before operation.

By chance one of the Scheme's regular drivers called in to the office. The situation was explained to him and he was more than happy to take Mrs X to the hospital for 6:30am. He also offered to stay with her if she wanted to wait for the operation to finish.

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Mrs X went to hospital for 6:30am the following morning to see her husband to wish him well and be there for him as he went off for his operation. She then returned home with the driver.

Mr X survived the operation and Mrs X continues to care for him at home. What a difference being able to see her husband at this difficult time made to both of them.

2.4. Safeguarding concern

Two drivers expressed concerns about the way an elderly lady was being treated by her son. The drivers discussed their concerns together and decided to ring Social Services to report the issue and alert them to what was going on. Social services were already aware of the woman in question but, as a result of the phone call, they made a home visit to discuss things directly with her.

And, in more depth:

2.5. Age Concern Barnstaple & District

As part of the services they offer to older people, Age Concern Barnstaple & District offer a voluntary car service. As a part of that service, they are involved with two NHS initiatives:

1. Leg Club

The Leg Club in Barnstaple is a highly successful club that uses the strengths of the NHS and the voluntary sector for the treatment of leg ulcers. By offering medical treatment in a community environment, the club also combats loneliness and provides social interaction for people. This combination has proved so successful that successful treatment rates have dramatically increased.

Age Concern Barnstaple & District (a local charity, not linked to Age UK) became involved when invited by North Devon Voluntary Services to support the club by providing transport. Age Concern Barnstaple & District gives two people lifts to the leg club, providing approximately 100 passenger journeys per year.

2. Balance Club

The Balance Club is for people recovering from recurring incidents of falling and is held at North Devon District Hospital. Age Concern gives a lift to three people each week for their 12 week treatment period, providing approximately 150 passenger journeys a year.

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3. Home from Hospital

The Red Cross are funded to provide a “Home from Hospital” service, providing six home visits after discharge from hospital. Age Concern Barnstaple & District receives referrals from the Red Cross from their “Home from Hospital Service” to provide services for those clients who require further additional support beyond that which the Red Cross is funded to provide because of frailty and/or age related problems.

No funding or recognition has been given to Age Concern Barnstaple & District for supporting these health related statutory services. Transport for post-hospital and medical appointments is often required as a part of these requests.

It's not as simple as just a lift

Age Concern's passengers have other issues beyond their immediate medical condition. For instance they may be suffering from memory loss and/or lack of confidence.

Age Concern provide encouragement to passengers to continue their treatment, often calling the day before or on the morning to remind people about their journeys.

Passengers appreciate the individual caring and friendly attention given by Age Concern and their drivers. As a Balance Club passenger says, “they are so helpful and caring”. This kindness also gives individuals the confidence to attend medical appointments, and they like the continuity of service provided by the drivers and staff at Age Concern.

How much does it cost Age Concern to support the NHS?

Age Concern asks passengers for a donation of £7.00 for a return journey to cover the driver's expenses. Drivers volunteer up to three hours for each journey, approximately 500-750 hours per year. Age Concern receives no funding for the cost of arranging journeys.

As each passenger journey costs approximately £4.00 to arrange, Age Concern are supporting these highly successful medical interventions (The Leg Club and The Balance Club) at the minimal cost of:

£1,000 (250 x £4.00) met from their own charitable funds.

So how does this impact on Age Concern?

This situation is not sustainable in the long term. Age Concern could provide more journeys to the Leg and Balance Club if they had more drivers.

At the same time they could provide more journeys to medical appointments if they were not already involved with the two clubs. In balancing the services they are able to offer they are also having to restrict availability of transport to the Leg Club, so that they can continue the Balance Club service.

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Because of the lack of specific funding and the costs of recruiting drivers and administering the service they have to restrict their level of activity. Extra funding would help them to provide more of these successful services, enabling them to give staff time to advertise, recruit and recruit drivers, carry out their necessary DBS checks and induct and train them when they start.

A possible solution?

Services such as the Leg Club have proven health outcomes, saving the NHS the costs of delivering the services in less successful more costly and time consuming ways (see <http://rcnpublishing.com/doi/pdfplus/10.7748/nop2014.03.26.3.22.e577> "Leg Clubs a runaway success" April 2014).

Given that Age Concern Barnstaple & District are helping contribute to these successful outcomes and savings, it is proposed that the Clinical Commissioning Group (and/or NHS) consider funding the administration costs of delivering services such as transport to the Leg and Balance Club. The administration costs of the current services is:

- £1,000 per 250 journeys a year (as at September 2014)

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3. Appendix 5

Financial Update: Summary Apr 2013 - Mar 2014

Services provided by the eight members of the North Devon & Torridge Car Forum:

Key facts April 2013 – March 2014

- 23,700 passengers carried
- 16,400 journeys to health (69% of total journeys); of which:
 - 30% of Journeys are to and from primary care
 - 70% of Journeys are to and from secondary care
- Over 1,400 of all health journey costs were claimed for under the Healthcare Travel Costs Scheme
- 7,300 journeys to social and welfare activities
- Just over 2,000 cancellations
- 26,000 volunteer hours with a notional value contribution to society of £169,000 (at the national minimum wage of £6.50 per hour)
- 312,000 miles travelled.

Providing this service cost the schemes:

- £233,500 to deliver the service, including drivers' expenses of which:
 - £120,00 are operational/running costs, excluding driver expenses;
- £5 Average administration cost per journey
- Cancellations cost the schemes an estimated £10,700

In the future:

- Five schemes have reported facing an estimated £46,300 shortfall for 2015-16 in their operational/running costs that, in the short term, will have to be funded from reserves.
 - These schemes provide 68% of the health related journeys.

Passengers contribute 52% of the schemes' total costs, covering drivers' expenses and contributing towards the organisations' operational costs (overheads).

Why are schemes important to providers of health and social care?

Car schemes provide not for profit non-urgent transport to primary and secondary care for people who do not have access to viable transport alternatives (they cannot drive, are not on a bus route or are unable to use a bus or do not have access to family or friends). Most of the passengers are elderly.

By enabling people to access early medical intervention and/or social interaction, car schemes make a positive contribution to people's continuing health and wellbeing, actively supporting the principles of the Care Closer to Home agenda and saving tax payers money.

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What's the problem?

If schemes cannot meet demand, fewer vulnerable people will be able to access care at an early stage of their illness or condition. It is known that early intervention prevents people from presenting as acute cases later, in much poorer health and with potentially more costs and worse outcomes for the patient.

This at a time when health and social care providers have identified the health, welfare and financial benefits of Care Closer to Home and the financial imperative of reducing long term demand on acute services.

Pressure on car schemes has been steadily building since 2007 when the NHS significantly reduced access to its own volunteer car scheme. Since then, schemes have taken on the important role of non-urgent, non PTS (Patient Transport Service) hospital transport. Pre 2007 16% of one North Devon scheme's journeys were health related; now the figure is 60% and demand for medical journeys is increasing; Single Points of Contact identified a 67% increase in referrals to Community Car Schemes 2014-15 compared to 2013-14.

Over 2,000 journeys a year are cancelled by the passenger. The cost is estimated to be £10,700 which cannot be recovered from passengers (there is no contract) and is absorbed by the schemes. Anecdotal evidence suggests that cancellations often happen as hospitals reschedule appointments requiring passengers to rebook journeys.

The funding deficit for all eight members of the Forum in 2013-14 was £12,000. However, as grants have been cut, reduced or naturally come to an end, the projected future funding shortfall for 2015-16 is projected to be £46,300.

The schemes affected provide 68% of the North Devon & Torridge Car Forum's journeys to health. If some schemes fail for lack of operating revenue, particularly the larger schemes, it is unlikely that the smaller schemes, run entirely on a voluntary basis, have the capacity to meet a sudden increase in demand. As the demand on car schemes increases, they increase in size and number of journeys, and the more journeys an organisation provides the larger the infrastructure needed and the greater the unavoidable operational costs.

Schemes have long been mindful of their funding issues and have been introducing administration charges for their passengers. However, there is a limit to how much can be charged to the passenger before journeys become unaffordable and/or the schemes become businesses as defined by the 1981 Passenger Transport Act.

Community Transport relies on grants and local Council funding, and has, in the past, managed to fundraise to ensure its costs are met. However, grant funding is reducing and schemes are finding it increasingly difficult to meet their operating costs.

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Capital investment is available, but is only rarely needed and schemes need funds for running costs, which are much harder to raise. Community Car Schemes are generally not suited to contract work and do not have the emotive funding pull necessary to raise large amounts from the general public or grant giving trusts.

Devon County Council Transport Co-ordination Service has provided £25,000 of grant funding over the last two years to the schemes, via the North Devon & Torridge Car Forum. This funding has enabled schemes to find the resources to participate in the research behind this paper. For smaller schemes, this funding has had a significant and positive impact on their viability; however over half of the schemes in the Forum are now covering a portion of their operational costs from reserves. This is not a sustainable situation.

How much do schemes save the NHS?

It is very difficult to put a figure on this as there are so many variables that are unknown both for the schemes and Health Care Providers. We are also not aware of any similar work being carried out, so have no precedents to follow. However there are areas where estimates or assumptions can reasonably be made:

1. Hospital Transport Reclaim Scheme

Based on the schemes' data returns for 2013-14 it is possible to estimate that if car schemes were not able to help, eligible passengers would potentially reclaim an extra £54,500 from the Healthcare Travel Costs Scheme. This would be for payments for taxis as the only alternative suitable transport for these particular passengers.

2. Primary Care¹

A recent (Dec 2014) survey of North Devon & Torridge Schemes has indicated that 30% of health journeys are to primary care and 70% to secondary care.

Taking the national average cost of Did Not Attend as £108², and with car schemes transporting patients to approximately 2,400 appointments a year, it is possible that car schemes are saving North Devon & Torridge primary health car providers as much as £265,500 each year for potential missed appointments.

There is also an unknown saving in time and money by reducing the need for home visits by a GP or out of hours doctor.

¹ Primary Care was defined as the care people receive from GPs, NHS walk-in Centres, Dentists, Pharmacists and Optometrists (to an extent self referred “I feel unwell, please help”).

² “Figures have suggested that more than twelve million GP appointments are missed each year in the UK, costing in excess of £162 million per year. A further 6.9 million outpatient hospital appointments are missed each year in the UK, costing an average of £108 per appointment in 2012-13.

<http://www.england.nhs.uk/2014/03/05/missed-appts/>

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3. Secondary Care³

Following recent reports about the 20% increase in attendances at A&E, one of the reasons cited has been people not attending their GPs for a variety of reasons, resulting in more acute presentations and admissions to hospital. In the NHS Reference Costs Guidance

2013-14 the average cost of attendance at A&E is given as £124, and of non-elective inpatient attendance as £1,542 per patient⁴.

In addition, if the average cost per admission to a community bed is £7,400⁵, and by providing nearly 11,500 journeys to secondary care each year, community car schemes only have to help prevent 7 people being admitted to be worth grant funding to meet the shortfall schemes face.

Using these situations it is reasonable to assert that community car schemes provide a vital service to their communities and save the NHS money. It is possible, also, to reach an indicative cost benefit on investment in car schemes or put another way, why it is worth spending to save.

The way forward

Devon Access to Services Project is mandated to represent the members of the North Devon & Torridge Car Forum and would welcome the opportunity to discuss the work they do and how it can be supported into the future.

³ Secondary Care was defined as the treatment people receive when referred onwards by a GP, dentist etc, usually to hospitals (“Yes I think you might have a problem, lets refer you to see a specialist for ...”)

⁴ <https://www.gov.uk/government/publications/nhs-reference-costs-collection-guidance-for-2013-to-2014>

⁵ “Care Closer to Home Transforming Community Services and locality commissioning intentions” Presentation 4/12/2014 Dr John Womersley

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4. Appendix 6: Acronyms

A&E	Accident and Emergency
CCG	Clinical Commissioning Group
CCS	Community Car Scheme(s)
CTA	Community Transport Association
CVS	Council for Voluntary Service
DASP	Devon Access to Services Project
DCC	Devon County Council
DfT	Department for Transport
HMRC	Her Majesty's Revenue and Customs
HTCS	Healthcare Travel Costs Scheme
ND&TCF	North Devon and Torridge Car Forum
NEW CCG	Northern, Eastern and Western Clinical Commissioning Group
NHS	National Health Service
PTS	Patient Transport Service
SPOC	Single Point of Contact
TfYC	Transport for Your Community
DNA	Did Not Attend. Appointments are made, but no one turned up