

Devon Access to Services Project

Improving Access to Information, Services and Representation

Community Transport

Using Social Kindness to enable people in West Devon, Teignbridge & South Hams to attend Health Appointments



Southern Area Car Forum

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Executive summary

Volunteer car drivers act out of what is referred to in 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 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 fund the cost of their car and for many it is to do something useful during retirement. Everyone does it because it feels good to help. They may not know the passenger personally; they just want to help someone from their local community.

For the first time Community Car Schemes across West Devon, Teignbridge and South Hams are working together to provide data that shows the volume of the work they do.

This initial data shows they provide over **25,300** passenger journeys to health appointments every year and over **7,200** journeys for social/domestic /wellbeing purposes. Their passengers do not have access to any other means of transport or, because of a medical condition, are not able to drive. Without the schemes they would face exclusion from healthcare services and other facilities.

This transport is provided almost entirely by dedicated, enthusiastic volunteers, managed by a number of organisations across the region.

See Appendix 5: Members of Southern Area Car Forum (SACF)

Feedback from the schemes and an increase in referrals from Single Points of Contact (SPOCs. See 3.1 and 3.4) suggests that these organisations are facing a year on year increase in demand and a projected funding requirement for 2014-15 of over **£69,500** (excluding passenger payments). Without further funding, schemes will not be able to keep up with demand, and this will result in the risk of a reduction in access to preventative health care for vulnerable people, ultimately leading to an increase in emergency admissions.

Community Car Schemes (CCS) want to be able to ensure people have continued access to primary and secondary health care, as well as social activities, thereby preserving the health of their communities. This altruistic activity ultimately saves the NHS money. CCS are currently building relationships with the organisations that benefit from their activity, the North, East & West (NEW) Clinical Commissioning Group (CCG) and other health and social care providers, including Devon County Council (DCC).

The schemes in this paper operate in the areas covered by the Eastern and Western Locality CCGs. They are working together, via Car Forums across Devon, to explore practical solutions to such issues as the increase in demand for their value for money services, the need to recruit and retain volunteers and the decreasing availability of the small amounts of funding that they need to survive.

See Appendix 6: Car Forums across Devon.

This ground breaking partnership work is administered by Devon Access to Services Project (DASP), hosted by NDVS Ltd and funded by Devon County Council. DASP gratefully acknowledges the work of Jacqui Wolstenholme of West Devon CVS who, as the original administrator of SACF, was so successful in bringing the schemes together.

See Appendix 7: DASP and the services it provides

Key facts:

- **32,628** passenger journeys a year
 - **25,362** to health (**78% of total journeys**) of which:
 - **63%** are to primary health care
 - **37%** are to secondary health care
 - **7,266** to wellbeing and social appointments and activities
 - Including **1,507** wheelchair users transported
- Over **£4,200** (estimated) saved from Healthcare Travel Costs Scheme (**1.09%** of journeys). However, this figure may be under reported. In other Car Forum areas it is much higher at between 5% and 20%.
- **25,385** volunteer hours with a notional value of **£165,000** (minimum wage £6.50)
- **336,209 miles** travelled
- 67% increase in referrals from Single Points of Contact to Community Car Schemes across Devon
- Only **224** journeys requests could not be met
- **2,043** journeys were cancelled by the health provider (costing car schemes an estimated **£7,100** or **6.26%** of the operating costs of schemes)
- Local employment opportunities with nearly **3,000** paid staff hours reported, although based on their work with the other two Forums, DASP consider this figure to be low and unrepresentative of the actual paid work done.
- It costs at least **£113,400** to administer journeys across the area
 - Average cost just under **£3.50** per passenger journey
- **£69,500** funding shortfall reported across the area.

1. Introduction

The NHS provides care free at the point of delivery, but it is expected that most people are able to make their own way to planned appointments and procedures. It is assumed they have use of their own or family and friends' cars, or live on bus routes.

The Patient Transport Service is available for people who are considered medically unfit to travel by other means, for example; those who need skilled care on the journey or skilled manual handling when leaving their home; and those who might be a risk to others. Space for escorts is limited and assessed against strict criteria.

For many people these are not viable options and for many years communities have been providing volunteer transport to support their most vulnerable members. Community Car Schemes across West Devon, Teignbridge and South Hams provide over **32,600** journeys annually taking people to and from health and welfare related activities (Source: Southern Area Car Forum [SACF] 2013-14).

2. What are Community Car Schemes?

Schemes respond to the transport needs of their local communities. Some date back over 40 years. They vary in size, from small schemes based around a doctor's surgery or local parish, to some that are district wide. Some only provide transport, whilst others provide a wide range of services. However they are set up, schemes provide an essential, but largely invisible, safety net for the increasing number of people who:

- Are not able to use or do not have their own vehicle.
- Do not have family and friends who can help.
- Are not able to use public transport or such transport is not available.
- Do not qualify for hospital transport (Patient Transport Service).

See Appendix 2.2: Why do Passengers choose Community Car Schemes?

2.1 Community Car Schemes operate as charities/not for profit organisations

- Car schemes come in many shapes and sizes, the common denominator is that they do not, and cannot, operate as a business. (See 4.5 Why can't passengers pay for all the costs.)
- Volunteers offer services on the basis of "social kindness", for no financial gain. Paid drivers often have the same underlying motive of wanting to help people, and choose such driving work as a best match to their skills and aspirations.
- Passengers pay only for the driver's vehicle running costs on that journey. (Passenger Transport Act 1981)
- Though there is no provision in law, some schemes charge passengers a small booking fee.
- Car scheme overheads associated with organising journeys, recruiting and training drivers, office and staffing costs have to be met from passenger donations, grants and other fundraising. (£113,400 - SACF 2013- 14).

Please Note: Newton Abbot CTA and East Teignbridge CTA use volunteers to transport passengers in wheel chair accessible vehicles owned by the respective organisations.

3. What are the Issues?

3.1 Demographics

In Devon, the proportion of older people in the population is growing faster than any other region. 3.5% of the population are aged over 85, a situation that England will be in in 2027 (DCC Public Health presentation 2014). These are the people who face the greatest problems accessing medical services and, indicative of this is the fact that Community Car Schemes have experienced a 67% increase in referrals from Single Points of Contact (Health Transport Forum - 4 June 2014). DCC Public Health also states that 14% of people living in rural isolation have no access to a car or van.

3.2 Buses and Taxis are not the answer

From a commercial transport point of view these passengers are very costly. They are low volume and require prohibitively high levels of support. It is often not possible for commercial companies to provide services at a price the customer can afford, or at a time they need to travel, for example:

- For a resident of Broadwoodwidge there are two buses a day to Derriford, one arriving at 11.10am and another arriving at 18.06pm. The return leaves at 12.16pm giving just over an hour at hospital or an overnight wait to return the next day. This effectively rules out morning and afternoon appointments. There is a seven minute walk one end and 15 minute walk the other, which makes these buses unsuitable for people with mobility issues.

- In Ringmore there is just one bus a week, arriving in Plymouth Bretonside at 10.49 and returns leaving at 13.30. That leaves 2.75 hours to catch another bus to Derriford Hospital, attend an appointment (on a Friday, and hopefully on time), and catch the bus back. This is not realistic.
- In some outlying areas around South Brent clients would have to get a taxi to get to the bus stop. They might then be waiting around in poor weather conditions for a bus which comes once an hour. From South Brent they can only access public transport to get to Totnes, Torbay or Derriford hospitals (with the two big hospitals involving two bus journeys) but not other, closer, community hospitals such as Kingsbridge where many appointments are offered.
- Taxis are often suitable for short local journeys within towns; however they may not offer a service that meets the needs of some passengers, and are prohibitively expensive for many.
- For some medical procedures, or for people with increased risk of infection, travel by buses is advised against, for example after cataract operations.

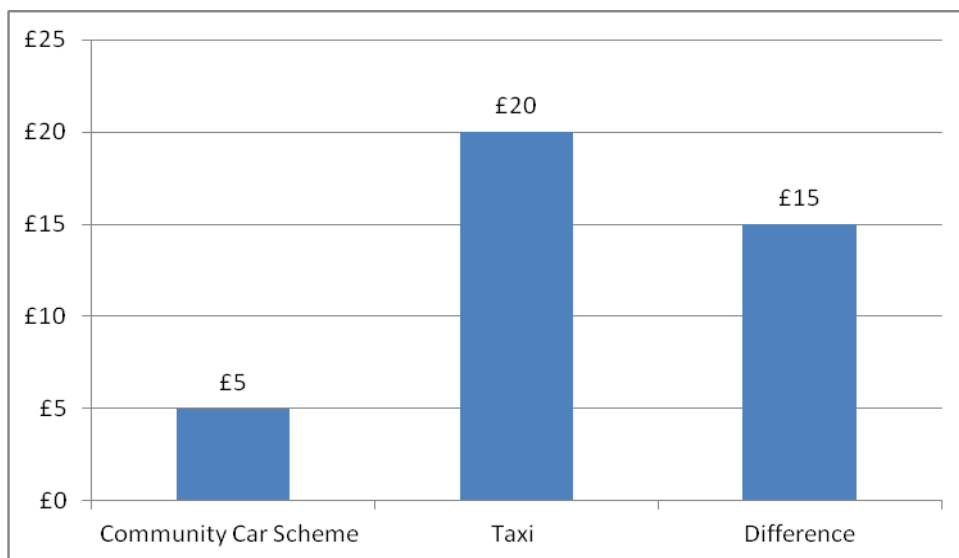


Fig 1. Comparison between average costs of Community Car Schemes and Taxis

3.3 What help is the NHS already providing to attendees?

- NHS supported patient transport (Patient Transport Service):
 - Transport for frequent attendees
 - Patients who might need medical attention during their journey
- Free parking for volunteer car drivers, with variable rules at each hospital.
- Healthcare Travel Costs Scheme (HTCS) refunds the costs of travel for eligible passengers to secondary care e.g. for appointments referred by their GP. However, the rules for payments vary by hospital and area, and claiming may also involve form-filling which many people find stressful and difficult when they are ill or assisting someone who is ill and/or undergoing treatment.
- We estimate that only **1.09%** of passengers consider reclaiming journey costs via HTCS. However actual reclaim figures may be higher and vary by area and by distance to hospitals; the longer the journey the more likely people are to reclaim.
- Appointment letters signpost patients who need transport to local Single Points of Contact (SPOCs) to discuss their travel options and eligibility for HTCS.

However, the majority of passengers are unable to claim and many struggle to pay for their transport costs; we expect the amount of people in this position to increase.

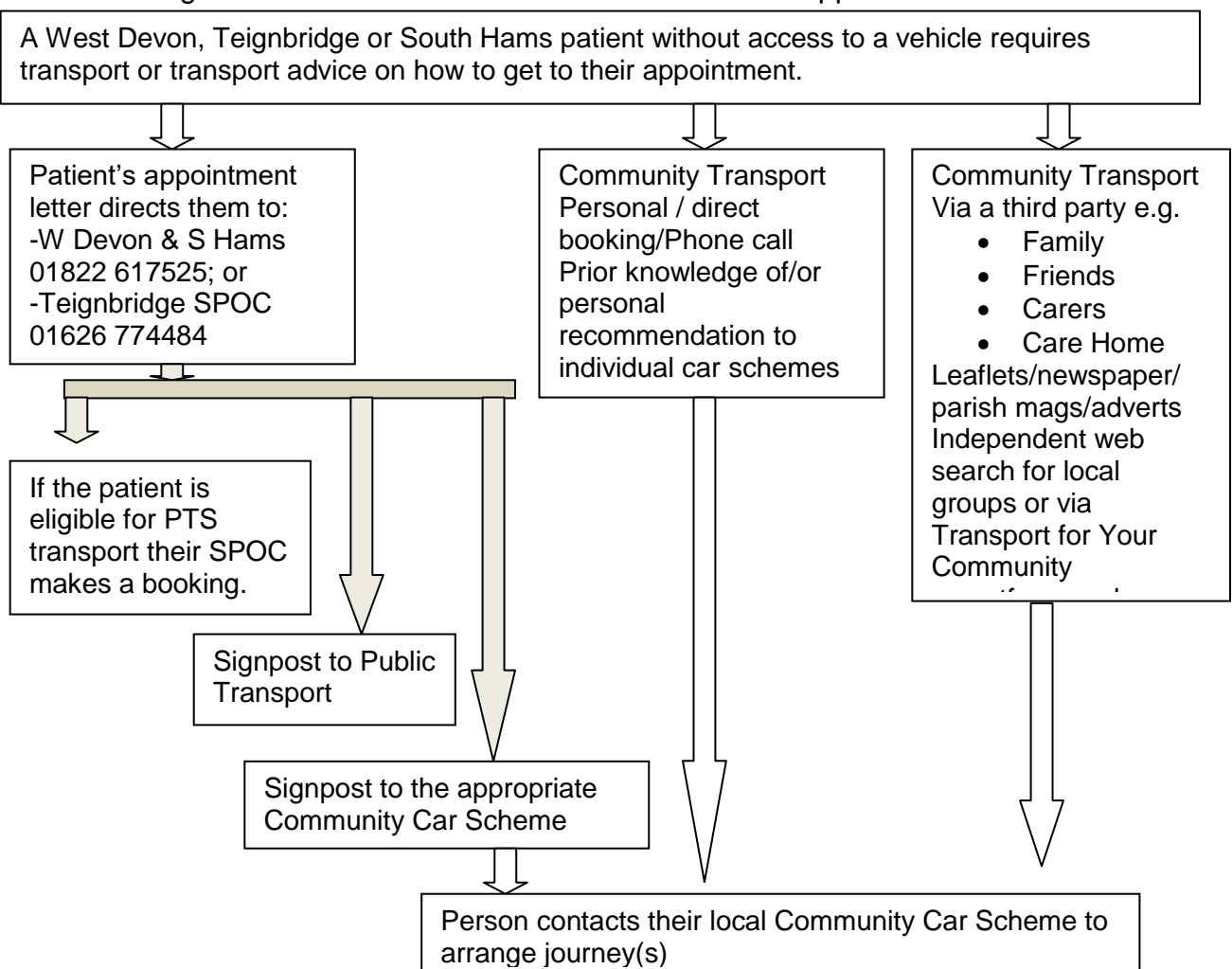
3.4 What is a Single Point of Contact (SPOC)?

Locally-based Single Points of Contact (SPOCs) provide people with information about how to get to health appointments. These services (funded by Devon County Council), are operated in the West Devon and South Hams area by Tavistock Area Support Services and in Teignbridge by Volunteering in Health. They work with all their local Community Transport groups and Community Car Schemes.

SPOCs provide an essential communication link between patients needing transport advice and voluntary sector transport providers. By sitting on the Health Transport Forum they also provide an equally important link between car schemes, commissioners of health transport services and PTS providers. For example, feedback from car schemes to SPOCs was instrumental in highlighting parking difficulties for volunteer drivers at hospitals. This has led to the issue of standardised, traceable, parking warrants.

Fig. 2 How do patients use SPOCs to find transport for health appointments?

Patients are given the contact details of the SPOC on their appointment letter.



3.5 How do Car Schemes meet the changing needs of communities?

- The majority of Car Scheme journeys are health related (**78%** SACF 2013-14). As passengers present with higher dependency needs and, increasingly, having to travel further for treatment, drivers are spending more time travelling and/or assisting them (over **25,300** voluntary hours SACF 2014-15).
- As SPOCs apply the eligibility criteria for NHS supported patient transport more rigorously Community Car Schemes are receiving more referrals from them (**67% increase between 2012-13 and 2013-14**).
- This rigorous application of criteria includes wheelchair users who travel in their wheelchairs. Previously they were carried by PTS services but many now have to arrange their own transport. CCS are responding to that need and purchasing adapted vehicles, driven (but not exclusively) by volunteers. In 2013-14 they provided over **1,500** journeys to passengers travelling in their wheelchairs. **See Appendix 1: CCS Providing Wheelchair Accessible Vehicles**
- With specialised services concentrated in fewer hospitals, and patients having a choice about where they are treated (without always considering or being reminded about the travel implications), journey times and mileage costs have increased, with more passengers going to Exeter, Plymouth and, for example, to children's units in Bristol and Birmingham.

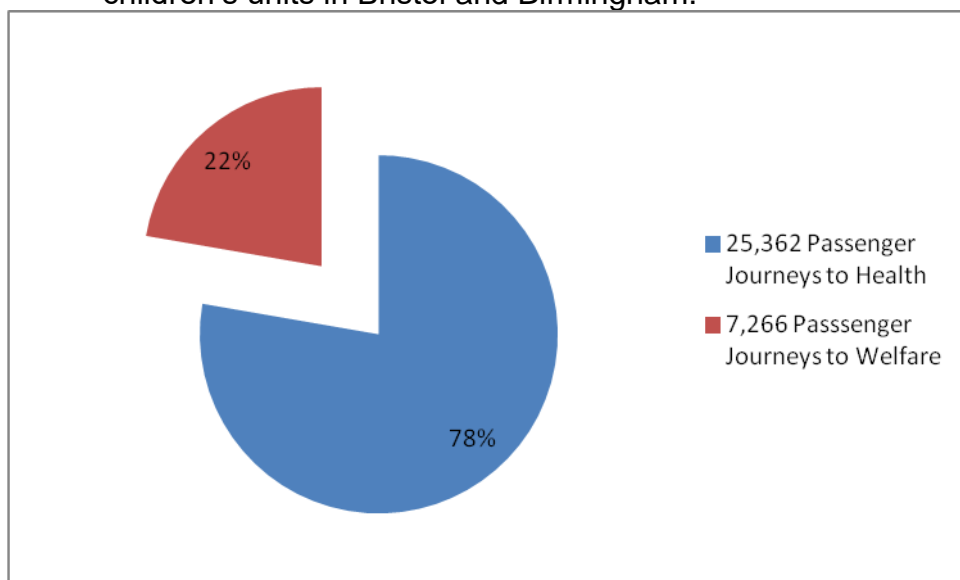


Fig 3. Comparison of health and welfare related journeys

In addition to the above, the number of passengers with dementia and complex needs is increasing and schemes have had to adapt their systems to manage more urgent journeys for health purposes. At the same time hospitals are increasing the pressure on schemes by providing more evening and week end appointments, often at short notice. To ensure they can meet increasingly complex needs and demands, more schemes now have paid co-ordinators and drivers (nearly **3,000** staff hours SACF 2013-14).

The other natural response to increased demand is for some schemes to increase in size and carry more passengers. Such changes can have a significant and positive impact for passengers, giving schemes increased flexibility; however they also bring financial challenges. The risk to the organisation is that the cost of arranging journeys increases beyond the passenger's and existing funder's ability to pay. Should larger schemes fail, there is limited ability for smaller schemes to meet demand, without facing the same funding dilemma.

3.6 Community Car Schemes make a positive contribution by:

- Enabling people with no suitable transport to access timely primary and secondary medical care before they require emergency admittance.
- Helping the NHS to meet many of the Clinical Commissioning Group's Outcomes Indicators.
- Increasing access to preventative health care, thus saving the NHS money in the long term by providing non emergency, cost effective, demand responsive transport.
- Highlighting early medical intervention needs of their passengers and safeguarding issues. **See Appendix Three for examples**
- Providing valuable health and wellbeing benefits to passengers and volunteers. **See Appendix Three for examples.**
- Actively encouraging and supporting volunteering and community participation. Social involvement has a positive impact on people's health. Volunteers gave over **25,300** volunteer hours in 2013-14 which, at the current national minimum wage (£6.50) has a notional value to society of **£165,000** (SACF 2013-14).

3.7 What is the cash value of car schemes to 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:

- Car Schemes provide vulnerable people who might not otherwise be able to do so, access to preventative health care.
- They save the NHS money directly via the Healthcare Travel Costs Scheme (Saving at least **£4,000** SACF 2013-14 - see Fig 4), and indirectly saving the potential cost of Did Not Attends; the eventual long term cost of emergency admittance and possible prolonged hospital care.
- Drivers and co-ordinators are in a unique position to be able to provide an early warning about possible issues with someone's health and wellbeing. They often provide regular journeys to elderly and frail passengers who live on their own and are able to pick up on health changes or safeguarding warning signs, referring on appropriately. This has the potential to save, for example, an indicative £124 for A&E attendance and £1,542 for non-elective inpatient attendance per patient (see below for source). **See Appendix Three for examples.**
- Cars Schemes provide affordable demand responsive journeys for vulnerable people who may have to travel considerable distances to health services. They offer passengers an agreed price based on mileage or donations. Where possible they provide multiple journeys in one vehicle, i.e. two people sharing a car for the same cost as one:
 - For example, Haematology patients' treatment can often be under the threshold for accessing NHS transport. Without any other transport option, these patients would struggle to attend any appointments.
- Ensuring people get to their appointments in a timely manner also speeds up the potential treatment/ assessment of the patient which also, in the long term, represents a cost saving to the NHS.

- Primary Care¹. A recent (Dec 2014) survey of Southern Area Schemes has indicated that **63%** of health journeys are to primary care and **37%** to secondary care. Taking the national average cost of Did Not Attends as **£108**², and with car schemes transporting patients to approximately **8,000** appointments a year, it is possible that car schemes are saving West Devon, Teignbridge and South Hams primary health car providers as much as **£864,000** a 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 doctors.
- 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 in a timely manner, resulting in more acute presentations and admissions to hospital. The average cost of attendance at A&E is estimated at £124, and of non-elective inpatient attendance at £1,542 per patient⁴.
- **Or**, if the average cost per admission to a community bed is £7,400⁵, by providing nearly **9,000** journeys to secondary care each year, car schemes only have to help prevent **9** people being admitted to be cost effective if grant funded.

Using these situations it is reasonable to state 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.

In addition to community transport, several of the members of SACF also provide a wide range of other services (see also 5.1). **Dartmouth Caring**, for example, have produced an excellent paper using detailed analysis of their services to show how a small charity can make a vast difference to people's wellbeing whilst at the same time providing significant cost savings for the NHS. The paper, "How much do schemes save the NHS?", can be found at: <http://dartmouthcaring.vpweb.co.uk/DC-REPORT-2013.html>.

3.8 Healthcare Travel Costs Scheme (HTCS)

We know that at least **276** passengers carried by Southern Area Car Schemes were eligible to claim a refund of their travel costs to hospital (SACF 2013-14). The use of car schemes saved the HTCS an estimated minimum of **£4,000** over potentially reclaimable taxi costs. Figures are based on an average volunteer car journey of 10 miles (= £1,242 at £0.45ppm) compared to an estimated taxi cost of £5,500 for the same mileage. However, based on our work with other Car Forums in Devon we expect the HTCS claim figure to be much higher (between 5 and 20%) as increasing numbers of schemes take the time to explain the eligibility rules to their passengers.

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 over £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/>

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>. (NHS Reference Costs Guidance 2013-14)

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

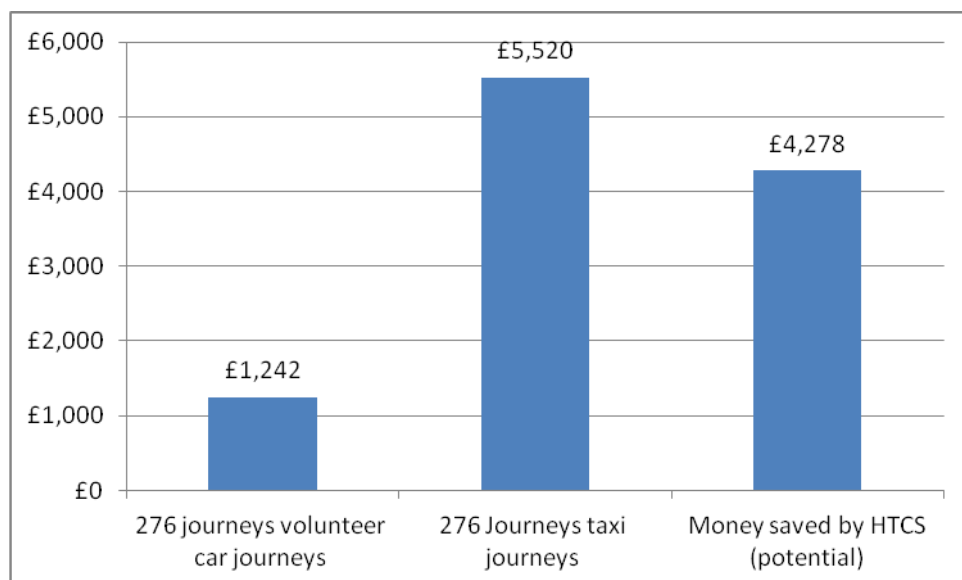


Fig. 4 Comparison of cost to the HTCS of Community Car Schemes vs Taxis

4. What is the future value of Car Schemes?

In the future car schemes may be the only viable transport option for many people, who are not eligible for PTS and need to access health services. In rural areas the reductions in public transport, rising cost of car ownership and increasing age of residents mean that fewer people will have access to their own transport. Communities providing self reliant services will help to relieve pressure on A&E and out of hours doctors services.

Car schemes also have the potential to be an increasingly invaluable source of information and support for their passengers, possibly enabling early intervention and signposting and saving the NHS the costs of emergency admissions and/or late interventions. **See Appendix 3: Signposting and safeguarding examples.**

4.1 Surely Car Schemes will always be there?

It is unlikely that the ad hoc systems that have worked in the past will be able to continue indefinitely very far into the future:

- Demands on the services are increasing at the same time as their service users are becoming older and frailer; and
- The profile of volunteers is changing for both drivers and trustees, with availability reducing, often because less people are able to afford early retirement or are prepared to take on roles which involve responsibility for running organisations

Volunteers are also finding that they have to travel further and wait longer at hospitals. This makes it harder for a volunteer to justify the mixture of boredom, stress and tiredness involved and not to go and find something more interesting to do.

Co-ordinators are finding that older drivers are deciding the extra time needed and the unreliability of waits at hospitals plus the distances travelled is giving them cause to stop. To some extent this has always been so, as there comes a time when everyone has to stop driving, however finding younger drivers is proving difficult for some Schemes as people are generally working longer and finding it difficult to balance volunteering and part time work; the introduction of zero hour contracts has meant some people are no longer able to commit their time reliably.

Potential volunteers are still there, though many do not like the increasing amounts of 'red tape' such as DBS checks, form-filling, etc, that is now required. This means their recruitment, retention and management takes increasing amounts of time, effort and money, as does the booking of journeys when working with an ageing population of users, many of whom struggle to understand and remember their travel arrangements.

Without Car Schemes, transport costs to NHS treatment will continue to rise as increasing numbers of, often elderly, isolated people are forced to rely on emergency admittance and treatment.

For the work that Car Schemes do to continue, it is essential that service providers who benefit from this activity work to build on their established services, continuing to provide recognition and, all importantly, increasing practical and financial support.

4.2 I thought voluntary meant free?

Unfortunately not. Though the volunteer gives their time for free and the passenger pays for vehicle running costs, the hard truth is that the organisation, even if it is solely run by volunteers, also has costs. These costs have traditionally been met by:

- Grants, donations and other forms of fundraising, which are increasingly harder to secure.
- Volunteer coordinators, committee members and trustees subsidising the services by not reclaiming their expenses (phone, printing, travel to meetings etc), but in the ongoing economic situation such personal levels of support are increasingly difficult to sustain.
- Volunteer drivers also, to an extent, subsidise the journeys as they only claim for vehicle running cost and not standing costs (tax, insurance etc).
- The increasing cost of fuel has also been a concern to drivers.

4.3 How much do Community Car Schemes cost to run?

Community Car Schemes have evolved independently to meet local need and are often geographically isolated from each other. Anecdotal evidence suggests that schemes are run at minimum cost with, as mentioned above, volunteers often absorbing basic costs such as telephone line rental, heat and light etc. Paid coordinators often work beyond their contracted hours, with unpaid overtime considered just part of the job, leaving little time left for activities such as the collection of data that would, for instance, support funding applications.

Because of this there has, to date, been little or no opportunity for an overall picture or strategic overview. However, with the formation of the Southern Area Car Forum, this has changed significantly. With a grant from the Department of Transport Sustainable Transport Fund (administered by Devon County Council), Devon Access to Services Project and the car schemes are working together to collect data about the volume of activity and true costs of running Community Car Schemes.

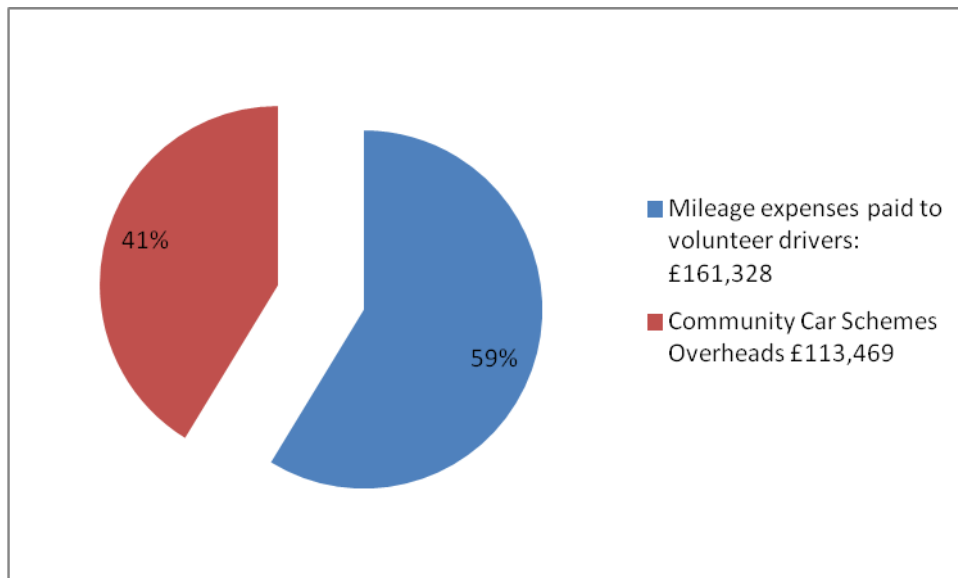


Figure 5: Costs of providing Community Car Schemes

4.4 Why does it take so much time and effort to book journeys?

Unlike booking a taxi, which is a commercial agreement confirmed or rejected at the time of the first and only phone call, requesting a volunteer journey is a negotiation between passenger, co-ordinator and driver(s). It can take a minimum of three phone calls:

1. Initial call from passenger requesting a journey (full details taken).
2. Call to driver(s), calls continue until a driver is found and details passed on.
3. Confirmation call to passenger, or to apologise when a driver cannot be found.

The average cost of converting a request to a journey is **£3.48** (SACF 2013-14).

Complications arise when:

- The passenger is confused, worried or forgetful.
- Requests are made at short notice or appointment times are changed (Community Car Schemes usually require at least 48 hours notice).
- Confirmed journeys are cancelled by passenger or venue (**2,043** SACF 2013-14). The whole process has to start again with the cost born by the schemes or their supporters "in kind" or voluntary hours (**£7,100** SACF 2013-14). For example "in kind" hours may be supplied by a Health Centre receptionist.

There is sometimes a lack of understanding by patients that car schemes are not linked to NHS systems and do not know when an appointment is changed/ cancelled. To reduce wasted pickup journeys, drivers often confirm the journey by phone with passengers the afternoon before.

Schemes with paid drivers find journey requests are more straightforward as requests can often be accepted/rejected on the initial phone call. However urgent requests within 24 hours are often problematic and priority criteria have to be developed to help with scheduling.

4.5 Why can't the passenger pay for all the costs?

Community Car Schemes are in a difficult legal position in that they cannot recover their full overheads from the passenger. Under the provisions of the Public Passenger Vehicles Act 1981, they can only charge passengers a mileage rate to cover the running costs of the vehicle on that journey. To charge more would risk the Scheme and drivers being considered as running a business with all the expenses and legal implications involved:

- As laid out in HMRC's guidance the accepted fee for Community Car Schemes journeys is 0.45 pence per mile, for up to 10,000 miles for each driver.
- Schemes that ask for a donation (not a mileage rate) find the majority of people are happy to make a donation and individuals can be very generous. However the donation given is not always enough to cover the costs of their journey and, when given a choice, some people will opt not to make a donation at all.
- Increasingly groups now charge a small booking fee. However they are always mindful that they must not breach the spirit and intention of the Public Passenger Vehicles Act 1981, or taxi licensing regulations.

4.6 How do Community Car Schemes fund their overheads?

- Some groups charge a small booking fee (see above).
- All groups encourage passenger donations.
- A small number of schemes actively encourage legacy giving and Gift Aid.
- Some receive a small amount of funding from Devon County Council.
- Some receive a small amount from Parish, Town and/or District councils.
- Some receive funding from charitable funds and Trusts.
- (The passengers pay for the mileage costs).

So, schemes need a realistic level of funding to continue to provide their value for money services (approx. **£113,469**, excluding driver expenses, across West Devon, Teignbridge and South Hams - SACF 2013-14). They are finding that traditional sources of grants such as Councils are rapidly reducing, as is funding from private grant giving trusts and individuals (UK Giving 2012).

Increasingly groups are also finding that traditional local activities such as coffee mornings are also generating diminishing returns and often are no longer cost effective.

This means that money to run schemes is reducing at a time of ever increasing growth in the need for these services. Initial data for the year April 2013-March 2014 shows a potential shortfall of over **£69,500** of the income required to meet the overheads of members of the Southern Area Car Forum.

5. The Future?

Devon County Council recognises the future value of Community Car Schemes. The DC C Transport Co-ordination Service has provided £26,000 of grant funding over the last two years to the schemes, via the Southern Area Car Forum. This funding has enabled schemes to participate in the research behind this paper.

The purpose of the Forums is to encourage and support Car Schemes in the county to:

- Work co-operatively to share and encourage best practice.

- Collect standard data on the services they provide, including data on soft outcomes and impact
- Develop and present a strategic overview of the services they provide.
- Adopt a process of managed response to changing needs.
- Make effective applications for grants and funding.
- Provide opportunities for succession planning and continuity of service.

See **Appendix Four** for examples of groups helping other groups/working in partnership.

All the Forums aim to ensure the continued growth of the provision of accessible and affordable transport to isolated people. They aim to facilitate understanding and co-operation between:

- The schemes themselves.
- Health providers and the schemes, and with;
 - Commissioners from the relevant NEW Clinical Commissioning Groups.
 - Single Points of Contact (SPOCs).
 - Devon County Council.
 - Funders (existing and potential).
 - Passengers (new and existing), drivers and co-ordinators (new and existing).

For many of these schemes to continue they will have to approach a wider range of supporters, including health service providers, for funding. Without sustainable funding it is unlikely that all the schemes will be able to continue providing health related journeys at existing levels along with all the benefits their services provide.

5.1 What other services do these groups provide (see also 3.7)?

Community Car Schemes are sometimes one of the core services provided by larger community support organisations which offer a wide range of services for people in their community. These may be centred around a medical practice or a charity that provides a range of services such as:

- Drop in centres
- Memory Cafes/Lunch Clubs
- Prescription collection and delivery
- Befriending
- Single Points of Contact for transport to health.

Community Transport Associations, provided by a network of local charities, help people get to the shops and leisure activities as well as to health services, where no alternative or suitable transport is available. For example:

- Ring & Ride. Accessible vehicles (minibuses) providing a door to door service from home to a nearby town centre and/or a large supermarket and back.
- Community buses. Scheduled routes open to the general public.
- Accessible minibus hire available to community and not for profit groups.
- Shopmobility - wheelchair and scooter hire.
- Single Points of Contact for transport to health.
- Home care services.
- School transport.
- Signposting to other support services. See **Appendix Three** for examples.

See **Appendix 5** for a full list of Forum members that have supported this paper, and the services they provide.

6. Summary:

Each year Community Car Schemes across West Devon, Teignbridge and South Hams provide over **25,000** health related journeys, and over **7,000** journeys that contribute to the wellbeing of people who have no other viable form of transport. This is mainly provided by volunteer drivers, who give over **25,000** hours of their time a year.

Initial data for the year April 2013-March 2014 shows a potential shortfall of over **£69,500** of the income required to meet the overheads of members of the Southern Area Car Forum.

This current identified shortfall is not sustainable and Community Car Schemes will struggle to survive without some further funding.

A lesson from Torrridge. Because of cash flow problems, in February 2015 Torrridge Community Transport Association ceased operating. This has lost the region the 9,000 health and social journeys provided by their Car Scheme per year. We cannot fully predict the consequences of this, however local schemes have not yet been able to respond and most of the journeys are not taking place.

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

7. Proposals:

- a) Community Car Schemes (CCS), working with Devon Access to Services Project (DASP), build relationships and engage with relevant NEW Clinical Commissioning Group (CCG) representatives.
- b) CCS and DASP continue their work to provide robust evidence of the outputs and outcomes that demonstrate their social value and impact.
- c) CCGs and DCC recognise the value of Community Car Schemes to Care Closer to Home and consider methods of providing appropriate support/funding, enabling health services to continue to benefit from their services.
- d) CCS and DASP work with acute hospitals and the CCG to help their drivers understand the changing circumstances of their passengers, e.g. dementia awareness, safeguarding etc.
- e) Local hospitals continue to work with CCS via SPOCs to provide sufficient free parking spaces to volunteer drivers.
- f) NHS and Devon County Council (DCC) continue work with DASP, SPOCs and CCS, to improve and simplify communications for the benefit of passengers and patients.
- g) To consider moving funding of the two SPOCs to the NHS to bring in line with the rest of Devon and for DCC to transfer those funds to the support of Car Forums
- h) Develop and share good practice with CCS staff and volunteers through training and information sharing on best practice and cost savings via organisations such as TfYC (Transport for Your Community).
- i) DASP and CCS work to ensure that CCGs understand the outcomes achieved by Community Transport and CCS organisations. They will provide CCGs and DCC with appropriate evidence that will enable them to place the sustainability of Community Car Schemes high on their agenda and to commit to an adequate level of funding and support for these invaluable services.

Appendix 1: CCS providing Wheelchair Accessible Vehicles

Scheme
Volunteering in Health (Teignbridge area)
Newton Abbot Community Transport Association
East Teignbridge CTA
Okehampton Community Transport Group

Between them these groups provided **1,507** journeys for people who travelled in their wheelchairs or scooters (SACF 2013-14).

Appendix 2: What are the motivations behind Community Car Schemes?

Appendix 2.1: Why do Organisations choose to deliver CCS Services?

Individual groups have their own reasons for starting schemes. However they all respond to local need, often starting out as an individual's response to someone's need for a lift which then grows as word goes round a local area. This can grow to a point that a more formal structure is required. As an example:

- Morecare Chagford is an entirely voluntary, non-profit making organisation supported only by voluntary donations. It was established in March 2004 by a group of sympathetic members of the local community who were aware of the need to assist those who were confined to their homes, living alone or who required support because of difficulties using public transport, for instance because they are disabled.
- South Brent & District Caring became a voluntary car scheme as transport became part of its core work. It covers an extremely rural area; even from the village centre it is a 10 minute walk for an elderly or less mobile person to get to the bus stop and a journey to Derriford hospital means a two bus journey. For social welfare trips they can enable someone to get out of their home who might not otherwise be able to do so. For instance they have a 90 year old client who is able to order her groceries online but, with a volunteer driver she can visit the supermarket and be pushed around in a wheelchair, having a trip out and being able to see what she would like to buy.

Appendix 2.2: Why do Passengers choose Community Car Schemes?

As outlined in Section 2 passengers use schemes because they have no viable transport alternative, however lack of viable transport options can be symptoms of other underlying problems. For example:

- The partner who could drive has died and they now live alone.
- They are now the carer of the driver.
- Their extended "family", including local friends, has moved away or died.
- They may be asset rich, cash poor, but not well enough to go through the process of selling and moving house.
- They may have lived alone for many years and are now too unwell to fully look after themselves.
- They are not quite well but not quite ill enough to be eligible for help.

These issues exist for people of all ages and financial status.

People come to community car schemes because they provide a safety net for those who fall through gaps in care provision. People value the consistency of service from the same people, combined with the social interaction that provides such important added value. They appreciate that community groups can refer onwards, that they will notice change and decline and, because of this, can become surrogate families.

Passengers have said:

- “The drivers help me at the hospital, I can’t read the signs”
- “The driver is happy to wait as it takes me ages to get to and from the car, taxis just beep. I know this sounds silly but at 88 I need to be treated a bit like a baby. Thank you”
- “I needed a driver that made me feel safe, and he does”
- “It’s reassuring to have a chat with someone who has been through this as well” (Dementia carer)
- I like to know who is taking me to my appointment, because I know I will be looked after, and in a small village we soon get to know the drivers.

More research is planned to understand the impact of car schemes to their passengers.

Appendix 2.3: Why do Drivers volunteer?

Traditionally, it was assumed that people volunteered to keep busy and do something useful during retirement. However when drivers are asked about their motives for volunteering, a many layered picture appears:

- “I have just retired and I want to get out of the house to stop me having to decorate!”
 - “He has just retired, and if you don’t get him out from under my feet he will drive me mad!” Same couple!
- “I have had a fantastic career flying fast jets for the RAF and I want to give something back to society”
- “My partner died and I needed something to fill the empty space.”
- “I now live alone and I want something that gives me a reason to get out the house”
- “The mileage money keeps my car on the road”
- “After redundancy I completely lost my confidence and feeling of self worth, being a driver helped show me I still had value”
- “I like the passengers and they make me laugh”
- “The DBS check helped me get a volunteer role as an athletics coach”
- “The reference helped me get a job as a carer”
- “I want to do this now, so that when I need this service, hopefully someone will be there to help me”
- “This makes me feel good”
- “I only have to do this when I want to, when I can’t, its great to be able to say no”
- “I like to pop into the office and have a chat and a coffee when I am arranging my journeys”
- I thought I would give up my car when I retired and after my husband died but I realise I can’t do without it in our area; I want to be able to offer people access to all the things I can get to.

Appendix 3: Signposting and Safeguarding Examples

Community Car Scheme Examples

Car Schemes have been raising safeguarding concerns and issues about people's health or capabilities with GPs and/or social services on a regular basis for a number of years following on from feedback from our drivers and office staff.

Recent examples include:

- One of personal hygiene... A driver noticed a strong smell of urine from a passenger. The Car Scheme contacted Social Services who had no idea and the person's GP who was not much help. The Scheme then contacted four private homecare providers (the passenger was not known to any of them) and finally got back to the GP and got a result. Time spent ...nearly two hours!
- Safeguarding concerns raised with a GP practice following content of a phone call to the Car Scheme requesting transport for a medical appointment. The GP surgery was not very helpful. The resolution of this incident is unknown at the moment as the Scheme did not call the residence back for fear for the safety of the caller.
- There is no reply when a volunteer car driver goes to someone's home to collect them for a health appointment. The Car Scheme tried to phone but there was no reply. They then contacted the nearest GP surgery who resolved the issue by investigating and coming back later to say patient taken into hospital.
- A volunteer driver goes to collect regular passenger to find their curtains still drawn. The Car Scheme check by phone and receive no answer. They then contact the police who enter the property to find the woman in bed having had stroke. She is rushed to hospital and recovers.
- A volunteer driver receives no reply when they go to collect a passenger. The driver looks through a window and sees the woman on floor, against a radiator. The police are called and enter the property. It transpired she had been there all night and she is taken to hospital with burns, where she recovers.

Exeter Leukaemia Fund

- A patient told the ELF team that they had not felt well overnight. This was passed on to the Day Case unit where they were having treatment. The patient was assessed and admitted to the ward for several days with pneumonia.
- ELF has been able to help with referrals to other services such as CAB physio, support worker, Support Group & Support Care Clinic, aromatherapy and other complimentary services to look after the whole patient. We have also arranged for family members to have assistance/aromatherapy too.

Appendix 4: Examples of Continuity of service

Southern Car Forum

In 2011 Diptford Car Scheme was finding it difficult to recruit new trustees for its community car scheme. Without Trustees it would have been impossible for their services to continue and they told a meeting of the Forum that they would be closing.

Fellow members, Ivybridge CTA, offered to take on the drivers and the service. This transition was managed successfully and the service to the village continues under their management.

Exeter, East & Mid Devon Car Forum

1. In 2013 Crediton Community Transport found itself in difficulty, at risk of closure and unable to continue to provide all its services. Tiverton & District Community Transport stepped in to continue the management of its services and, although as an organisation Crediton Community transport no longer exists, its passengers have not been affected and the community car scheme continues.
2. ELF have asked Exeter League of Friends to help with journeys they are unable to do and have also booked journeys with other car schemes on behalf of patients when ELF are unable to do the journey.

For example, patient from North Devon was being discharged from hospital that morning and ELF's cars were already fully committed that day. They contacted North Devon Car Scheme who were able to help and booked the journey for the passenger who was unable to do so themselves.

North Devon & Torridge Car Forum

In 2012 the North Devon Car Scheme, successfully applied for a grant to run a wheelchair accessible vehicle. The trustees of North Devon Voluntary Services who ran the car scheme felt the time was right to pass on the volunteers, staff and vehicle to a specialist community transport group. Torridge Community Transport Association won the "tender" and took on ownership of the North Devon Car Scheme and its assets.

Appendix 5: Members of the Southern Area Car Forum

<p>Teignbridge Area</p> <p>Acorn Community Support</p> <ul style="list-style-type: none"> • Prescription delivery service • Medical equipment loan • Minibus service to supermarkets (accessible, wheelchair adapted minibus) • Lunch clubs • Coffee mornings and Coffee Clubs • Community Car Scheme • Memory Café (incl. Sitting service for carers) • Balance Club • Walking Group <p>Parishes of Ashton, Bridford, Christow, Doddiscombsleigh, Dunsford , Tedburn St Mary, Cheriton Bishop and surrounding villages</p>
<p>Riverside Surgery Befrienders Bovey Tracy</p> <ul style="list-style-type: none"> • Community Car Scheme • Befriending Service • Registered patients at Riverside Surgery <p>Bovey Tracy Area</p>
<p>Volunteering in Health</p> <ul style="list-style-type: none"> • Community Car Scheme • Wheelchair Accessible Vehicle • Visiting and Befriending • Home Help Service • SPOC • Memory Café • Carer Support <p>Teignbridge area</p>
<p>Newton Abbot Community Transport Association</p> <ul style="list-style-type: none"> • Community Car Scheme • Wheelchair Accessible Vehicles and buses • Ring & Ride • Community Buses • Shopmobility - wheelchair and scooter hire • Daily Living Aid Sales • Advice <p>Newton Abbot and surrounding areas, and West Teignbridge</p>
<p>East Teignbridge CTA</p> <ul style="list-style-type: none"> • Wheelchair Accessible Vehicle • Ring & Ride • Shopmobility - wheelchair and scooter hire <p>Dawlish and East Teignbridge area</p>
<p>Kings Care League of Friends</p> <ul style="list-style-type: none"> • Community Car Scheme • Minibus • Walking to Health • Memory Café • Home Shopping Service

- Charity Shop

Newton Abbott and Kingsteignton Areas

Morecare Moretonhampstead

Community Car Scheme and other services including:

- Prescription collection and shopping (escorts available)
- Befriending
- Dog walking
- Carer support
- Sitting
- Listening

Patients of Moretonhampstead Health Centre and Hospital

South Hams area

South Brent & District Caring

Community Car Scheme and other services including:

- Signposting
- Information
- Benefits Claims & Forms Assistance
- Carer's Support
- Home Visits
- Befriending
- Shopping
- Gardening
- Prescription collection
- Health & Wellbeing Activities
- Lunch Club
- Coffee Mornings
- Social Events and activities
- Food bank voucher agent

South Brent and area

Dartmouth Caring

Community Car Scheme and other services including:

- Advice
- Information
- Benefits
- Claims & Forms Assistance
- Carer's Support
- Home Visits
- Memory Cafes
- Seated Exercise Classes
- Carers' Health & Wellbeing Checks
- Befriending
- Young Carers
- Counselling
- Visually Impaired Reading Group
- Shopping
- Gardening
- Prescription order & delivery
- Sitting Service
- Health & Wellbeing Activities

<ul style="list-style-type: none"> • Social Events <p>Dartmouth and surrounding villages</p>
<p>Ivybridge & District Community Transport</p> <ul style="list-style-type: none"> • Community Car Scheme • Ring & Ride <p>Ivybridge and surrounding area</p>
<p>Modbury Caring</p> <ul style="list-style-type: none"> • Community Car Scheme • Befriending Service • Shopping • Prescription delivery service <p>Modbury and surrounding area</p>
<p>Friends of Redfern Centre</p> <ul style="list-style-type: none"> • Community Car Scheme <p>Redfern and surrounding area</p>
<p>Totnes Caring</p> <ul style="list-style-type: none"> • Community Car Scheme • Transport • Wheelchair Accessible Vehicle • Befriending • Shopping • Form filling • Four Lunch Clubs (Tuesday, Wednesday Thursday and Friday) • Just plain listening! • Home Help • Emergency Life Line • Community Events : Flu Jab Clinics , Christmas Parties etc <p>Totnes area</p>
<p>West Devon Area</p>
<p>TASS (Tavistock Area Support Services)</p> <p>Community Car Scheme</p> <ul style="list-style-type: none"> • SPOC • Shopmobility • Memory Café • Anchorage Centre activities <p>Tavistock and surrounding area</p>
<p>Morecare Chagford</p> <ul style="list-style-type: none"> • Community Car Scheme • Prescription collection and shopping (escorts available) • Befriending • Sitting • Listening <p>Patients of the Chagford Medical practice and reside in the Whiddon Parishes</p>
<p>Okehampton Community Transport Group</p> <ul style="list-style-type: none"> • Community Car Scheme • Wheelchair Accessible Vehicle • Ring & Ride <p>Okehampton and surrounding area</p>

Appendix 6: Car Forums across Devon

The purpose of Car Forums is to give a greater voice to individual Community Car Schemes. The Forum gives members the opportunity to:

- Meet and network with other groups across the area
- Promote best practice
- Share resources and develop trust
- Provide feedback to the Health Transport Forum via the Single Point of Contact representatives
- Access available funds
- Collect common statistics, using them to assist in the process of:
 - Raising the profile and value of voluntary car schemes across Devon
 - Bid for funds

There are three Car Forums across Devon (excluding the unitary authorities of Plymouth and Torbay):

- **Southern Car Forum** currently has 16 members and, as a guide, covers the Council areas of:
 - West Devon Borough Council
 - Teignbridge District Council
 - South Hams District Council
- **North Devon and Torridge Car Forum** currently has eight members and, as a guide, covers the Council Areas of:
 - North Devon District Council
 - Torridge and District Council
- **Exeter, East and Mid Devon Car Forum** currently has 11 members and, as a guide, covers the Council areas of:
 - Exeter City
 - East Devon District Council
 - Mid Devon District Council

Appendix 7: DASP (Devon Access to Services Project)

Improving access to Information, Services and Representation

DASP is an infrastructure support project dedicated to improving vulnerable people's health and wellbeing by increasing their access to a range of services and service providers. Set up in 2009 as North Devon Access to Services Project, hosted by North Devon Voluntary Services and funded by Devon County Council, DASP achieve this by:

- Supporting partnership work, e.g.
 - Administration of the three Devon Car Forums and County Car Forum
 - Administration of the North Devon & Torridge Disability Access Forum
 - Support and development of Transport for Your Community Ltd
- Providing information and advice e.g.
 - The North Devon & Torridge Directory (Three editions)
 - Life beyond your Car (training and advice to groups)
 - Using MPVs in Community Transport (Advice document)
 - Safeguarding Policy & Procedures Guide to Community Transport Groups
 - Healthcare Transport Claim Scheme guide for Community Transport Groups
- Researching issues and providing reports e.g.
 - Disabled Access to North Devon District Hospital
 - Social Kindness Papers across Devon

http://www.ndvs.org.uk/north_devon_access_to_services_project.html

References

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- Healthy Lives Healthy People https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/151764/dh_127424.pdf.pdf
- UK Giving 2012 <https://www.cafonline.org/PDF/UKGiving2012Summary.pdf>
- Disabled Access to North Devon District Hospital <http://www.ndvs.org.uk/NDASP%20Report%20%20Disabled%20Access%20to%20NDDH.pdf>
- Maintaining safe mobility for the ageing population http://www.racfoundation.org/assets/rac_foundation/content/downloadables/maintaining%20safe%20mobility%20-%20rac%20foundation%20-%2020140410%20-%20report.pdf
- NEW CCG Locality map <http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2012/08/NEW-Devon-CCG-Localities-Aug-121.pdf>
- SPOC Contact Details http://www.devon.gov.uk/index/transportroads/public_transport/community_transport/singlepointofcontactservice.htm
- Public Passenger Vehicles Act 1981 <http://www.legislation.gov.uk/ukpga/1981/14>
- HMRC rates and rules for volunteer driver expenses <http://www.hmrc.gov.uk/mileage/volunteer-drivers.htm>
- TfYC (Transport for Your Community) www.tfyc.org.uk

Appendix 8 - 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
DBS	Disclosure and Barring Service
DCC	Devon County Council
DfT	Department for Transport
HMRC	Her Majesty's Revenue and Customs
HTCS	Healthcare Travel Costs Scheme
NEW CCG	Northern, Eastern and Western Clinical Commissioning Group
NHS	National Health Service
PTS	Patient Transport Service
SACF	Southern Area Car Forum
SPOC	Single Point of Contact
TfYC	Transport for Your Community