



Devon Access to Services Project

Improving access to information, services and representation

Community Car Schemes

Report into the impact of NHS policies and practices on the ability of patients in Devon to access health appointments
Including Executive Summary



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With thanks to all members of the Devon County Car Forum for their expertise, contributions and support

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1 Executive Summary

During a single year (2015 -16) 96,252 journeys were made by people across Devon using local community car schemes to access health services. Volunteer drivers are providing this vital service to people who are unable to get the bus, have no access to a private vehicle and cannot afford a taxi.

People also really appreciate the 'helping hand' that volunteer drivers are able to give to passengers. Often acting as befriender and chaperone, drivers get to know the people who use their service, many of whom are frail or disabled, and it is the social kindness of the drivers that makes such a positive difference to their lives.

However, real challenges are presented to these patients when trying to arrange their transport to and from healthcare appointments, and these challenges also impact on the running of car schemes. These include the challenges presented by:

- Short notice appointments - many schemes are part time and unable to respond quickly.
- Cancelled appointments – car schemes may not get the information quickly enough to cancel the driver, resulting in wasted journeys that cost the schemes approximately £36,000 a year in wasted resources.
- Hospital discharge processes – short notice discharge and/or being discharged late at night. Booking 'out of hours' is beyond the means of most volunteer schemes.
- Car parking arrangements and congestion at hospitals.
- Running a service with volunteers – more drivers are always needed and more help and funding is needed to help schemes co-ordinate their services.

Following consultation with volunteer car drivers and scheme co-ordinators DASP are able to suggest various possible solutions in this paper that the NHS might find helpful. It is hoped that these ideas would result in a better experience for patients and help ease pressure on schemes and on the supply and demand for volunteer drivers.

Devon Access to Service Project (DASP) and the Community Car Schemes would like to make a heartfelt plea for hospital staff and health managers to read this paper to help give them a better understanding of the difficulties faced by patients in accessing their services and the role of volunteer drivers in helping to alleviate this.

Once at the hospital the extra assistance given to patients is helpful both to them and, indirectly, to the NHS, as a relaxed patient who is not worrying about getting to and from an appointment is likely to have a better result from the appointment itself.

Stress from hospital visits has been quoted by some drivers as a reason for giving up volunteering. Once DASP has been able to talk with car park managers, for example, about the issues their understanding and support to help ease driver's access to appropriate parking has been greatly appreciated.

The bigger picture is that our health and social care services are going through unprecedented change. Resources are scarce and everyone wants to make the most effective use of what is available. In the best interests of people who struggle, for whatever reason, to access essential treatment, we at Devon Access to Services Project hope that decision makers and the Community Car Schemes can get together to help prevent some of the setbacks that volunteer schemes are facing, which in turn will lead to happier healthier patients, happier drivers and happier hospitals.

2 Introduction

If Devon's ageing population are unable to get to their appointments, the National Health Service (NHS), Clinical Commissioning Groups (CCG) and Devon County Council (DCC) will struggle to deliver the significant changes of moving treatment to centres of excellence whilst at the same time increasing access to preventative health and social care closer to home.

Across Devon many isolated, elderly and disabled people find it difficult to get about due to their restricted transport choices. Many of them are not well enough to make their own way to appointments, but are not yet ill or infirm enough to qualify for NHS supported Patient Transport, or to need emergency treatment via ambulance or paramedic.

Community Car Schemes help such people get to medical appointments, and to receive appropriate health care whilst remaining in their community. In 2015-16 43 Community Car Schemes (41 in 2014-15) supported by Devon Access to Services Project (DASP) provided at least **96,252** (previous year - 84,971) passenger journeys to and from health appointments, and **48,108** journeys for social and wellbeing purposes, covering just under **1.4 million miles**.

They are independent local groups, run by volunteer Management Boards, who provide transport to individuals from their community at the lowest possible cost. The majority of the transport is provided by individual volunteer drivers using their own cars, receiving only vehicle expenses in recompense. This activity helps health providers support their patients with timely and appropriate care at the point of delivery. Schemes assist patients through their medical journey from initial doctor's appointments to secondary treatment and rehabilitation.

3 Legal limitations on the services offered by Car Schemes

Car Schemes operate under legislation laid out in the Public Passenger Vehicles Act 1981. This ensures they do not operate as if they were taxis or other forms of public transport, thereby preventing them from providing services with volunteers that would compete unfairly with private businesses. The legislation lays out certain conditions including:

- The journey must be arranged in advance
- The charge must be agreed/arranged in advance
- No profit can be made on each journey

In addition to these limitations, most Community Car Schemes do not just use volunteer drivers, those booking and co-ordinating the journeys are either volunteers, or administrators working a few paid hours a week, usually on week days only.

4 The Issues

In these difficult times the NHS is trying to improve people's access to the NHS and their experience of treatment. To do this they are introducing practices and procedures that improve some people's access to medical appointments and treatment, but which put many pressures on those who depend on Community Car Schemes to get to their appointments.

4.1 Hospital Appointments

As a part of its drive to ensure more people are seen at the most appropriate treatment centre, within reasonable timescales, and the move to seven day a week care, some NHS services are now being offered further away from a person's home, earlier in the morning, later in the day and at week ends. Appointments are being offered online with 48 hours notice or by phone or letter with very little notice at all.

In addition to this, to make the most of valuable resources, appointments are also being cancelled (and reissued) at much shorter notice than previously. In 2015-16 over **9,200** (7,700 in 2014-15) of requested journeys were cancelled, costing Community Car Schemes approximately **£36,000** in wasted resources. (Data submitted by 43 Devon Car Schemes).

The changes to the way hospitals manage their appointments are welcome where people have access to:

- Their own or family and friends' vehicles
- Suitable public transport
- Live close enough to the point of delivery to afford a taxi

However, passengers who use Community Transport are often dependent on the kindness of volunteer drivers. They cannot access their own vehicles or public transport, and may require extra assistance at the hospital that cannot be provided by taxi drivers at a price they can afford.

In rural areas, where people travel long distances for appointments, often from areas not served by any public transport, patients are increasingly dependent on Community Car Schemes to get to their appointments. Centralising treatment to centres of excellence will also significantly affect people who live in large market towns across the county.

This means that many people in Devon are struggling to find anyone to take them to medical appointments because Community Car Schemes cannot usually:

- **Respond quickly.** Schemes may:
 - Be part time – operating for a few days a week
 - Only take calls in the morning
 - Use an answer phone that may only be responded to in the evenings or potentially not be responded to for as many as three days.
- **Provide a journey quickly.** Most Schemes need at least 48 hours notice to book a driver. It is a legal requirement that journeys are booked in advance. The process entails taking the booking from the patient, ringing round to find an available and willing driver and then ringing the patient back to confirm the journey. This can be very time consuming.

- **Cancel a journey quickly.** If the hospital cancels the appointment this process has to be carried out in reverse, and if this happens outside of the Scheme's normal working hours, the journey cannot be stopped in time to prevent the driver going to pick up the patient. The Scheme then has to cover the costs of the driver's wasted journey. This process is hugely costly to Schemes in wasted resources, both time and money.

There are some Schemes that can react quickly, and take pride in being able to; they tend to be the Schemes that have paid co-ordinators covering at least 5 days a week. This provides excellent service levels, but at increased management cost.

Working with volunteers presents other challenges for Schemes; volunteers cannot be compelled to carry out any journey, and many are elderly themselves, some in their 80s.

Anecdotal evidence suggests that some drivers are declining to do journeys where they will have to drive in the dark and in built up areas. A possible reason may be headlight dazzle, a problem that is made worse in winter by, for example, rain and rush hour traffic. More information can be found at: <http://www.devon.gov.uk/drivingsaferforlonger> .

There are Schemes with good volunteer reserves that are able to provide a flexible service without the issues outlined above. This is achieved by having a constant recruitment and induction programme of a varied pool of volunteers that recognises the value of both older and younger drivers. This is achieved by having paid staff to do the work which, again, increases management costs.

All of this means that some times and days are usually not suitable for Car Scheme passengers to have appointments. For example, it is difficult for patients to find transport:

- At week-ends
- Early in the morning, particularly as they often have to travel one or two hours to get to the appointment, meaning starts as early as 5.00am, often made in the dark.
- In the evening.
- At very short notice

4.2 Short notice appointments

A number of passengers have reported being rung and offered appointments at very short notice. It has been mentioned in Car Forum meetings that people feel that these calls have also implied that, if the patient does not take that particular appointment they will not be given another one for a very long time, if at all.

This message can be misleading as alternative treatment dates can be arranged, and some people have found this process very distressing. They then contact Car Schemes in a panic, increasing the pressure on Car Schemes to react quickly. The knock-on effect is less time for the Schemes to conduct business as normal.

Schemes' passengers are often elderly and frail, and may have memory loss or dementia. They find it difficult to respond quickly, especially if the appointment is offered over the phone rather than by letter. In some cases we have been told that the anxiety alone has resulted in the appointment being turned down, leading to distress on the part of the patient, delayed treatment and potential extra cost to the NHS in terms of emergency admissions.

4.3 Hospital discharge

Hospital staff are under huge pressure to move people on to stop "bed blocking". This has led to people being discharged at very short notice, sometimes in the middle of the night.

For patients dependent on Community Car Schemes it is impossible for them to get transport in such circumstances, and being asked to do so without notice can cause distress because, as above, Schemes cannot:

- Respond quickly
- Provide a booking service outside of their normal hours.

This may result in the patient being booked a taxi, at huge, unplanned expense, sometimes beyond the patient's means.

4.4 Administration difficulties, batches of appointments on same day

Co-ordinators of Schemes have reported to us that some hospitals appear to send their appointment letters out in batches, sometimes with appointments given on the same day to a number of people from the same small area.

For Schemes operating with only a part time co-ordinator and a few drivers, huge difficulties can be caused by the peaks in demand this causes, particularly for those Schemes most of whose journeys are long distance due to their geographical location.

4.5 Assisting patients once they get to the hospital

Patients carried by Community Car Schemes are often elderly and frail and sometimes they need extra support to ensure they get to the right place within the hospital. It can be very difficult for volunteer drivers to offer this because, in many instances, it takes longer than the 20 minutes allowed in drop off parking areas, and sometimes there is no parking available there.

Torbay League of Friends are now working with Community Car Schemes to take over from the driver once the patient has got into the hospital, allowing the driver to return to their car to park appropriately. However this has highlighted training issues re: providing safe assistance to patients with mobility issues, including wheelchair users.

Despite some success with this, Schemes have reported that their passengers have a relationship of trust with drivers, and some find it confusing and distressing to be handed over to someone they do not know. Also, the drivers like to help patients to their appointments as it helps to create links with receptionists which can be helpful when arranging to collect the patient.

4.6 Parking difficulties

There are 55 members of the Community Car Forums in Devon. This does not include Schemes based in Plymouth and Torbay, or those who are not members of a Forum.

Some of the Schemes are very small and others have as many as 80 drivers. All of these Schemes are competing for spaces in the very limited "Drop off" parking areas provided by hospitals. These difficulties can increase passengers' anxiety greatly and have led to people missing appointments altogether because their drivers cannot park, with all the unforeseen problems this can cause including potential emergency admissions.

Please see Appendix 2 for the results of DASP's survey of the number of Community Car Scheme journeys to various hospitals across Devon.

4.7 Picking patients up

Some hospital departments put estimates of how long appointments will take on their appointment letters. Community Car Scheme drivers have reported to DASP that their passengers, and the drivers themselves would find this very helpful when planning their return journeys. Patients with multiple appointments, or who are sent straight on from one department to another can become lost and it can be impossible for drivers to find them within the hospital.

4.8 Closure of local, smaller, hospitals

The shift to delivering more services from larger, more centralised hospitals is making it more difficult for older, more frail, patients, not just because they potentially have to travel long distances for their treatment but because the larger hospitals are more intimidating, confusing and difficult to navigate. This can make the whole experience much more difficult and stressful for people who struggle to find their way.

4.9 Long distances

For patients living in many parts of Devon their geographical isolation can lead to health inequalities. The plans currently under consideration, particularly the moving of certain cancer services from North Devon District Hospital to Exeter or Plymouth will cause hardship and difficulty for many patients from these areas, including the issues outlined at 5.1 f) concerning how difficult it is for elderly and frail people to negotiate their way around very large hospitals.

Car Schemes are working together to find solutions (see below 5.1 e). Journey times from North Devon to Plymouth can be two and a half hours one way.

In addition to this, people are also being sent to nursing homes considerable distances from their homes when discharged from hospital, meaning their partners and friends have to travel further to visit people. Again, please see below for possible solutions.

4.10 Volunteers

4.10.1 Recruitment

To meet these challenges Schemes need significant numbers of volunteer drivers. Unfortunately these changes are happening at a time when many Schemes are reporting difficulties recruiting volunteers. Traditionally the optimal age for first recruitment to Car Schemes has been 55 upwards, however, these people are not as available as before.

The ageing population, changes to retirement age and work patterns eg. zero hour contracts, multiple part time jobs, increasing self employment, longer, unpredictable working hours and growth in those undertaking caring responsibilities for grandchildren and/or other dependants are reducing the pool of potential volunteer drivers. At the same time, individual volunteers are spending longer on journeys as people have to travel further to appointments and the potential pool of volunteers is spread more thinly across all voluntary sector organisations.

4.10.2 Retention

Schemes are reporting that their existing drivers are finding the longer distances and waiting times when at the hospital very stressful. Changes to the location and timings of health care provision are likely to increase these long distance journeys at anti social hours. Because of the increased age and frailty of both passengers and drivers this is having a negative impact on the already limited pool of volunteers.

4.10.3 Resources needed to recruit manage and retain volunteers

The struggle to recruit, retain and manage volunteers is exacerbated by the reduction in grant funding available to charities. There is increased pressure on charities to provide services, but rarely the understanding by Clinical Commissioning Groups (CCGs) that they need to be involved in the early stages of planning, and that they only need what are, relatively, very small amounts of funding to adapt, increase and maintain transport services.

5 Working in Partnership with Community Car Schemes

Health Service Commissioners have told DASP that the NHS would like to work more closely with the Voluntary and Community Sector, but that they need to work with large partnerships of small community organisations. At the moment no Voluntary Sector Infrastructure bodies other than Healthwatch are members of the Success regime, although Councils of Voluntary Services (CVSs), of which DASP are a part, are constituted to represent the Voluntary and Community Sector (VCS) (see below 5.3), and DASP are mandated to represent 55 Car Schemes from across Devon.

Car Schemes were asked to demonstrate their value to the CCG and, with support from Devon County Council, this ongoing process is providing growing evidence of the value of Car Schemes and the financial and health risks of them not being able to do their work.

This evidence can be seen in DASP's report: "Community Car Schemes Social Kindness in Action Report into the financial and social benefit of supporting Community Car Schemes in Devon" which was published in October 2015 and can be found at: http://www.ndvs.org.uk/north_devon_access_to_services_project.html

The CCG and other NHS providers are beginning to accept and act on this evidence, for example working with Hospitals to solve parking issues at a local level. However as mentioned above in 3h) there is increasing frustration that Schemes are not involved at a strategic level in changes that will have a major impact on their services, the people they carry and the delivery of health services.

DASP represents 55 Community Car Schemes across Devon and is able to represent their views and experiences in any forum Commissioners think will be helpful, including working to find solutions to the problems their passengers are experiencing due to recent changes in NHS practices.

Schemes have shown themselves capable of adapting to change. However, change takes time and resources, and forward planning makes it easier to adapt and, importantly, to be sustainable in the long term. Car Schemes have proved this in the past in their response to the large increase in passenger numbers after 2007 (when the criteria for eligibility for NHS supported car journeys was tightened), but this was assisted by a very small amount of funding from the NHS to build capacity (approx. £15,000 in North Devon and Torridge).

6 Possible solutions

Based on feedback from members of the Devon Car Forum we would like to make the following suggestions that may improve patient experience of attending medial appointments.

6.1 Hospital Appointments

6.1.1 Weekday normal working hour appointments allocated by age

Allocating appointments by age might appear to be discriminatory, and does generalise when is convenient for people. However, allocating working hour weekday appointments to those who are less likely to be working could be seen as a "proportionate means of achieving a legitimate aim". Older people are also more likely to use Community Car Schemes to get to their appointments. This might be one way to minimise the problems caused by early, late and week end appointments for Schemes' passengers.

Schemes can also advise patients to ask the hospital for a more convenient appointment.

6.1.2 Short notice appointments

As above, perhaps such appointments could be offered to working age people only. Phone calls offering short notice appointments that have not been requested can cause particular confusion and anxiety for Community Car Schemes' passengers.

6.1.3 Online appointments

These are very welcome, but it would be helpful if it stated on the web page that, if the patient relies on Community Car Schemes they should be aware that Schemes may not be able to provide transport at short notice and that a taxi might be their best option.

6.1.4 Appointments being allocated in batches by geographical area

As mentioned above, this causes logistical problems for patients because their local Scheme is unable to find drivers for everyone, however please see below at 6.1.1

6.1.5 Appointments a long way from home

However, DASP would also like to suggest a solution to a problem that will arise if services are moved from North Devon District Hospital to Derriford or the RD&E that would require such a practice (as at 5.1d) above).

Should this happen the local North Devon & Torridge Car Forum is proposing one of its members could run a shuttle service to the hospitals from Barnstaple, with local Schemes bringing their passengers to link up with this service. Such a system would not work unless appointments were allocated in batches by geographical area. Other Devon Community Transport groups may also be able to provide such a service, if consulted in advance.

It might be productive if Community Car Scheme representatives are involved at an early stage of planning if these changes are to be incorporated into service provision.

6.2 Assisting passengers once they get to the hospital

6.2.1 Working in Partnership with League of Friends

Torbay League of Friends are working with local Schemes to offer assistance to patients so volunteer drivers can drop them off at the main entrance rather than accompanying them to their appointment. Other hospitals are looking at this as an idea and DASP welcomes this.

6.3 Hospital staff understanding the role of Volunteer Car Drivers

Community Car Scheme drivers provide more than just a lift and are often befriender and chaperone to the passenger.

Once at the hospital the extra assistance given to patients is of great help to the patient and indirectly to the NHS as a relaxed patient who is not worrying about getting to and from an appointment is likely to have a better result from the appointment itself. Drivers who are not worrying about getting back to the car can also help the patient be relaxed, and are more likely to continue volunteering themselves.

Stress from hospital visits has been quoted by some drivers as a reason for giving up volunteering. Understanding and support from car park managers and officials about the extra time and care provided by Car Scheme drivers is greatly appreciated.

6.3.1 Parking difficulties

A number of hospitals have responded positively when DASP raised the difficulties Community Car Scheme drivers have with parking. Solutions have included: Increasing the number of dedicated volunteer parking bays, particularly at drop off points. (All drivers have parking passes issued by Devon County Council identifying that they are bone fide Community Car Scheme drivers).

Continuing to offer the facility to park for free in main car parks when changing to barrier controlled pay on foot parking systems.

This has been welcomed by Schemes and is hugely appreciated.

6.3.2 Picking patients up

It would benefit passengers greatly if estimated appointment/treatment duration times were included in appointment letters. This would enable:

- Drivers to meet patients once they have had their appointment, ensuring those with memory loss or dementia do not wander around the hospital looking for the person who is there to take them home.
- Co-ordinators to plan journeys more effectively

If possible, enabling drivers to have direct communication with receptionists in the department their passengers are being seen in would greatly increase efficiency and the patient's experience by ensuring they are not anxious about their transport home.

6.3.3 Recruitment of volunteers

There is the potential for greater co-operation between Community Car Schemes and the CCG to help recruit volunteer drivers. Volunteer driving is not a particularly emotive cause and individual Schemes do not have the resources to raise general awareness across Devon of the value of volunteer driving.

A start has been made with some GP practices in Northern Devon using their telemetric displays to advertise Car Scheme services and to call for volunteer drivers; this was arranged through DASP's contact with CCG Commissioners. Healthwatch recently included an article in the Voice magazine about volunteer driving, again through the work of DASP. Something as radical as GPs prescribing volunteering (social prescribing) could be considered, there is evidence that people who are lonely can benefit from volunteering.

We hope to continue this partnership with both the CCG and Healthwatch, using their communications channels to help us raise awareness.

6.4 Partnership working

The CCG acknowledges the benefits of a successful voluntary sector to their patients. However, the voluntary sector struggles to work with the CCG. This is because it is so difficult to find the key people within the CCG or various NHS trusts who are in a position to make decisions to support a thriving voluntary sector, or even to acknowledge such decisions are in CCG or NHS Trusts' best interests.

Community Car Schemes transport people to at least 43,300 primary car health appointments a year. If only half of these journeys were not undertaken resulting in "Did Not Attends" Community Car Schemes would be saving the NHS **£2,330,000** a year across the region. This is an estimate based on the national average cost of Did Not Attends (£108 per appointment) if 21,650 appointments were missed.

For individual voluntary sector organisations, many of whom have very few staff, finding the time and maintain the persistence needed to establish communication with the right people can be an effort that in itself requires resources that individual voluntary sector organisations do not have.

For example the successful negotiation of a flexible volunteer parking policy to aid the safety and welfare of patients at Torbay Hospital took DASP six months work researching who to talk to and collecting and collating facts and figures to support the Community Car Schemes' case. This was finally resolved once the Car Forum registered a complaint via PALS when, initially, no response was received. It was only possible to do this via a funded project

(DASP) giving dedicated time to solving the issue. Once DASP were able to speak to the right people, it was resolved rapidly, and to the Car Schemes passengers' satisfaction. There is also the potential to increase understanding of the value of car schemes and the stresses they face and the relative ease with which some issues can be solved by creating shadowing opportunities for NHS/CCG staff with car schemes. Schemes have offered to take part and the Car Forums would like to take this forward.

Links have now been made with Commissioners in the NEW CCG with evidence presented showing the volume of support given by Car Schemes to CCG patients (see above at 4). Although progress is slow, DASP are hoping for positive outcomes from this conversation.

It is intended that DASP attend future Health Transport Forum meetings in order to work with the NHS in finding solutions to the issues raised by Car Schemes on behalf of their passengers.

Our plea is to please talk with us, we can help you to help your patients; our passengers.

7 Conclusion

Community Car Schemes make a significant contribution to the health and social well being of their passengers. Car Scheme activity contributes to positive outcomes for patients and greatly assists the performance of the NHS which would struggle to deliver a service that is free at the point of delivery if people were unable to get to their appointments

There are massive changes coming to the delivery of health services across Devon and the demand on the services of Community Car Schemes will both change and grow. The transformation of services is being driven not only by the need to make savings but by the changing demography of the population.

Devon's ageing population is growing faster than the national average increasing future demand for health and care services, with an expected increase by 2033 of:

- 36% in those aged 60 to 74 (137,000 to 187,300)
- 91% in those aged 75 and over (80,400 to 153,900)

This will have a considerable impact on both the planning and delivery of services in the future (see Ageing Well - Devon JSNA).

Change is not new and Car Schemes have met previous challenges and are willing and able to adapt to meet the challenges ahead. However sustainable change takes time, planning and resources. It is vital to the health of some of the most vulnerable people in our communities that Car Schemes are involved at the early stages of planning so that they are not simply presented with a situation and expected to react "because that's what charities do". Car Schemes can contribute positively to the debate and may well propose innovative, value for money solutions.

The situation has changed as society has moved on, potential key volunteers are no longer available, passengers are getting older and frailer and the money to resource and support change is not available as it was in the past. Recently (2015) CCG / NHS grants have been withdrawn without consultation or no regard appearing to be given to value for money or return on investment.

However, on the positive side, DASP have been able to engage with individuals within the CCG and NHS and effect positive changes at relatively low cost, for example addressing parking difficulties at hospitals and helping giving Schemes the potential to bid to provide Patient Transport Services (PTS).

DASP have also worked with the CCG to use the NHS publicity machine to help with publicity to recruit new volunteers and raise the profile of Car Schemes across the county. There are also many local examples of good practice in communications between CCGs and Car Schemes, but these tend to be based on relationships between individuals rather than being embedded in structural systems.

Car Schemes have met the challenge set by Dr John Womersley (former Chair of the CCG) of proving why the CCG should talk to them and support their activity (see above at point 4).

DASP and the Car Schemes it represents are now, in the early days of the Success Regime, asking for the CCG to have meaningful discussions with them about how we can all work together to support our shared passengers and patients.

Part of the CCG's plan is to work with and involve a vibrant voluntary sector, however that vibrancy does not exist in a vacuum, it requires time energy and money, all of which are in increasingly short supply. Car Schemes are not residents to consult with or potential contactors motivated by money and business. They exist to provide a range of services to the people in their community which also benefit the NHS. They would like to work with the NHS for the benefit of its patients into the future.

Our plea is that the NHS and the CCG work with us for that future. We just need to talk to each other and would welcome any feedback or discussion about the issues raised in this paper.

8 Appendix 1: Key facts

8.1 Community Car Schemes Activity April 2015 – March 2016

43 Schemes reporting by providing quarterly statistics:

8.1.1 Activity

- **144,360** Total Passenger journeys of which:
- **48,108** passenger journeys to social and welfare activities (**33%** of total journeys)
- **96,252** passenger journeys for health (**67%** of total journeys) of which:
- **45%** of Journeys are to and from primary care
- **55%** of Journeys are to and from secondary care
- **7,203** journeys for passengers travelling in wheelchairs
- **6093 journeys (6.3% of health journeys)** were made by patients who reclaimed the journey cost under the Healthcare Travel Costs Scheme (HTCS)

- Over **9,200** cancellations, mostly health appointments, costing Schemes over **£36,000** in administration, over **6%** of their operating costs.
- At least **31,917** paid staff hours
- **137,188** volunteer hours with a notional contribution to society of nearly **£919,160** (at the national minimum wage in 2015-16 of £6.70 per hour),
- **1,391,699** miles travelled, by approximately 2,000 drivers.
- Of the **147,860** journey requests made, only **2.3% (3,500)** could not be met.
- Journeys cost just **£1.26 a mile**
- **19 miles** average return journey distance
- **£8.68** average journey cost

8.1.2 Costs

- **£1,100,827** to deliver Schemes including drivers' expenses
- **£538,763** reimbursed to drivers (49% of costs)
- **£562,064** operational/running costs (51% of costs)
- **£3.89** Average administration cost per journey excluding driver expenses.

8.1.3 Income

- Passengers provide **£683,661 (62%)** of total car scheme costs
- Schemes fund raise/receive in grants **£297,193 (27%)**
- Reported funding deficit, funded from organisations' reserves of **£119,973 (11%)** for 2015-16

8.2 Potential value to the NHS

In addition to enabling the NHS to provide its services by transporting patients to the point of delivery, it is possible that Community Car Schemes save the NHS a potential £2,330,000 a year across the region.

This is an estimate based on the cost of Did Not Attends (national average of £108 per missed appointment) if half of the 43,300 journeys to primary care were not able to be undertaken resulting in missed appointments.

9 Appendix 2 - Community Car Journeys to hospitals in Devon

Estimated Community Car Scheme vehicle visits to Devon Hospitals:

Hospital	Day	Week	Month	Year
North Devon District Hospital	10	49	212	2,550
Torbay	16	78	337	4,040

Further work will be done on this by DASP during 2016/17 to ascertain the number of Community Car vehicle visits to:

- Royal Devon and Exeter Hospital, Wonford
- Derriford Hospital, Plymouth

10 Appendix 3 - Acronyms used in this paper

CCG	Clinical Commissioning Group
CVS	Council of Voluntary Service
DASP	Devon Access to Services Project
JSNA	Joint Strategic Needs Assessment
NEW CCG	Northern, Eastern and Western Clinical Commissioning Group
NHS	National Health Service
PTS	Patient Transport Service
VCS	Voluntary and Community Sector

11 Appendix 4 - Community Car Forum Members who contributed to this report

11.1 North Devon & Torrington Car Forum

<p>Age Concern Barnstaple & District 01271 324488 Also offer many other services for older people in a 5 mile radius of Barnstaple</p>
<p>Braunton Volunteers 01271 815222 Braunton and surrounding parishes</p>
<p>Combe Martin & Berrynarbor Car Scheme 01271 882050 For members of the Waterside Practice Combe Martin Combe Martin, Berrynarbor and surrounding parishes</p>
<p>Go North Devon Ltd 01271 328866 Cancer Care Car journeys in North Devon & Torrington to North Devon District Hospital for cancer treatment Single Point of Contact (SPOC) for the whole of North Devon and Torrington</p>
<p>Holsworthy Rural Community Transport 01409 259001 Holsworthy and surrounding parishes</p>
<p>One Ilfracombe Car Service 01271 855300 Ilfracombe and surrounding area</p>
<p>South Molton Volunteer Bureau 01769 550467 South Molton and surrounding parishes</p>
<p>Torrington Volunteer Cars 01237 237200 Whole of Torrington, and parts of North Devon including Barnstaple</p>

11.2 Exeter, East and Mid Devon Car Forum

<p>Blackdown Support Group 01823 681036 Community Car Scheme and other services Cover the Blackdown Hills</p>
<p>Budleigh Salterton and District Voluntary Car Scheme 01404 46529 (Bookings taken by TRIP) Budleigh and district</p>
<p>Clyst Caring Friends 01392 464940 Based in Pinhoe and Broadclyst Surgeries. Offering many other services</p>
<p>Colyton Link 01297 553664 And community support network, Colyton parish</p>

<p>Crediton Community Transport 01363 773303 Including Wheelchair Accessible Vehicle and other services Crediton and surrounding area</p>
<p>Culm Car Service 01884 33161 Culm Valley area (Cullompton)</p>
<p>ELF (Exeter Leukaemia Fund) 01392 493344 ELF supports all haematology patients and those with blood-related conditions with transport, accommodation and advice. Devon wide</p>
<p>Estuary League of Friends 01392 879009 Many other services Covers large parts of Exeter and East Devon</p>
<p>Exmouth Council of Voluntary Services Incl. voluntary representatives of Hospital at Home and Exmouth Community Car Service 01395 266062 Exmouth area</p>
<p>Ide Lane Friends 01392 428902 For patients of Ide Lane Surgery, Exeter. Also offering befriending, carers' support and sitting, bereavement support.</p>
<p>Ottery Help Scheme 01404 813041 Many other services Ottery St Mary and area</p>
<p>Sampford Peverell Caring Friends 01884 821096 Also offer befriending service.</p>
<p>Sidmouth Hospiscare Trust 01392 577126 People referred to Sidmouth Hospiscare by their GPs</p>
<p>Sidmouth Voluntary Services 01395 512221 Also run many other services serving Sidmouth</p>
<p>Silverton Link Up 01392 860571 Lower Exe Valley between Bickleigh and Cowley (restricted to surgery patients of the Wyndham House Surgery). Prescription delivery.</p>
<p>Tiverton and District Community Transport Association (and Crediton) 01884 242099 Many other services including Wheelchair Accessible Vehicle and Mid Devon Single Point Of Contact for Health Journeys Tiverton and district</p>
<p>TRIP Community Transport (reporting for both Honiton and Lower Axe Valley Community Car Schemes) 01404 46529 Three Community Car Schemes in the Honiton, Seaton and Lyme Regis areas, and: Many other services including Exeter and East Devon SPOC In Devon the services are provided in East Devon and Exeter, but also cover West Dorset and South Somerset</p>

11.3 Southern Area Car Forum

<p>Acorn Community Support 01647 252701 Many other services Parishes of Ashton, Bridford, Christow, Doddiscombsleigh, Dunsford , Tedburn St Mary, Cheriton Bishop and surrounding villages</p>
<p>Buckfastleigh Sharing 01364 642007 Members of the Buckfast Medical Practice</p>
<p>Dartmouth Caring Many other services 01803 835384 Dartmouth and surrounding villages</p>
<p>Dawlish Community Transport (East Teignbridge CTA) 01626 888890 Many other services including disabled transport Dawlish and East Teignbridge area</p>
<p>Ivybridge & District Community Transport 01752 690444 Other transport services Ivybridge and surrounding area</p>
<p>Kings Care League of Friends 01626 357090 Newton Abbott and Kingsteignton Areas Many other services</p>
<p>Modbury Caring 01548 810520 Modbury and surrounding area</p>
<p>Morecare Chagford 01647 432451 Patients of the Chagford Medical practice and those living in the Whiddon Parishes</p>
<p>Morecare Moretonhampstead 01647 441286 Patients of Moretonhampstead Health Centre and Hospital</p>
<p>Newton Abbot Community Transport Association 01626 335775 Many other services including wheelchair accessible vehicles, Shopmobility wheelchair and scooter hire, daily living aids and equipment. Newton Abbot and surrounding areas, and West Teignbridge</p>
<p>Norton Brook 01548 531139 Members of Norton Brook Surgery, Kingsbridge</p>
<p>Okehampton Community Transport Group 01837 55000 Other services including disabled transport Okehampton and surrounding area</p>
<p>Redfern - Friends of 01548 842284 Redfern and surrounding area</p>

Riverside Surgery Befrienders Bovey Tracy

01626 832850

Registered patients at Riverside Surgery

Bovey Tracy Area

RVS – Kingsbridge

01548 853259

Kingsbridge area

South Brent & District Caring

01364 700282

Many other services

South Brent and area

TASS (Tavistock Area Support Services)

01822 616958

Many other services including West Devon SPOC

Tavistock and surrounding area

Totnes Caring

01803 865684

Many other services,

Totnes and surrounding area covered by Leatside and Catherine House Surgeries

Volunteering in Health

01626 774484

Many other services

Teignbridge area