

# Devon Access to Services Project

Improving Access to Information, Services and Representation

## Community Transport

Using Social Kindness to enable people in Exeter, East and Mid Devon to attend Health Appointments



Exeter, East & Mid Devon Car Forum (EEMDCF)

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**Tim Lamerton**

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With thanks to all the members of the Exeter, East & Mid Devon Car Forum for their expertise, contributions and support.



NDVS Ltd: 149 High Street, Ilfracombe, EX34 9EZ. Tel: 01271 866300

Contacts: Tim Lamerton - [tim@ndvs.org.uk](mailto:tim@ndvs.org.uk), Jo McDonald - [jo@ndvs.org.uk](mailto:jo@ndvs.org.uk)

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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 simply 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 people. They may not know the passenger personally; they just want to help someone from their local community.

Please note: two schemes in the area provide services with paid drivers.

**See Appendix 1: Community Car Schemes that use paid drivers: Exeter Leukaemia Fund and Estuary League of Friends**

For the first time Community Car Schemes from Exeter, East and Mid Devon are working together to provide clear data that shows the scale and benefit of the work they do.

The initial data shows they provide just under **26,000** passenger journeys to health appointments every year and over **12,000** journeys for social/domestic /wellbeing purposes. Their passengers do not have access to any other means of transport or, because of their medical condition are not be able to drive, and without the schemes, 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 Exeter, East & Mid Devon Car Forum (E,E&MDCF)**

These organisations are facing a year on year exponential increase in demand and a projected shortfall in funding for 2014-15 of over **£100,000** (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, thereby preserving the health of their communities. This altruistic activity ultimately saves the NHS money. These 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 area covered by the Eastern Locality CCG. They are working together, via the Car Forum, to explore practical solutions to such issues as the increase in demand for their value for money services and the decreasing availability of funding.

**See Appendix 6: Car Forums across Devon.**

This ground breaking work is administered by **Devon Access to Services Project**, hosted by NDVS Ltd and funded by Devon County Council. DASP gratefully acknowledges the previous administrator, Mark Bailey of Mid Devon Involve's work setting up the Forum.

**See Appendix 7: DASP and the service it provides**

## Key facts:

- Over 38,000 passenger journeys a year
  - 26,000 to health
  - 12,000 to wellbeing
  - 1,920 wheelchair users transported
- A minimum of £28,000 (estimated) saved from Healthcare Travel Costs Scheme (5% of journeys)
- 27,700 volunteer hours with a notional value of just under £175,000 (at the minimum wage rate of £6.31)
- 444,900 miles travelled
- 67% increase in referrals from Single Point of Contacts to Community Car Schemes across Devon
- Only 539 journeys requests could not be met
- 1,600 journeys were cancelled by the health provider (costing car schemes an estimated £9,600)
- Significant local employer: 13,700 paid staff hours
- It costs over £200,000 to administer journeys across the area
  - Average £6 administration cost per passenger journey
- £100,000 funding needed to continue Community Car services

## 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 attend 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 who need 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 the Exeter, East & Mid Devon area provide over **38,000** journeys annually taking people to health and welfare related activities (Source: E,E&MDCF 2014).

## 2. What are Community Car Schemes?

Community Car 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 a local parish, to some that are district wide. Some schemes only provide transport whilst others provide a whole range of other 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).

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

- Volunteer drivers 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 driving work as a best match to their skills and aspirations.
- Passengers pay only for the driver's vehicle running costs on that journey. (Public Passenger Vehicles Act 1981)
- Although there is no provision in law, groups may decide to charge passengers a small booking fee (which goes directly to the organisation not to the driver)
- Overheads associated with organising journeys, recruiting and training drivers, office and staffing costs have to be met from grants and donations (Over **£200,000** spent by E,E&MDCF 2013-14).

ELF (Exeter Leukaemia Fund) employ drivers to provide transport for haematology patients across Devon, and the Estuary League of Friends uses a mix of volunteer and paid drivers to transport their passengers.

**See Appendix 1: Case Studies for ELF and Estuary League of Friends**

## 3. What are the Issues?

### 3.1 Demographics

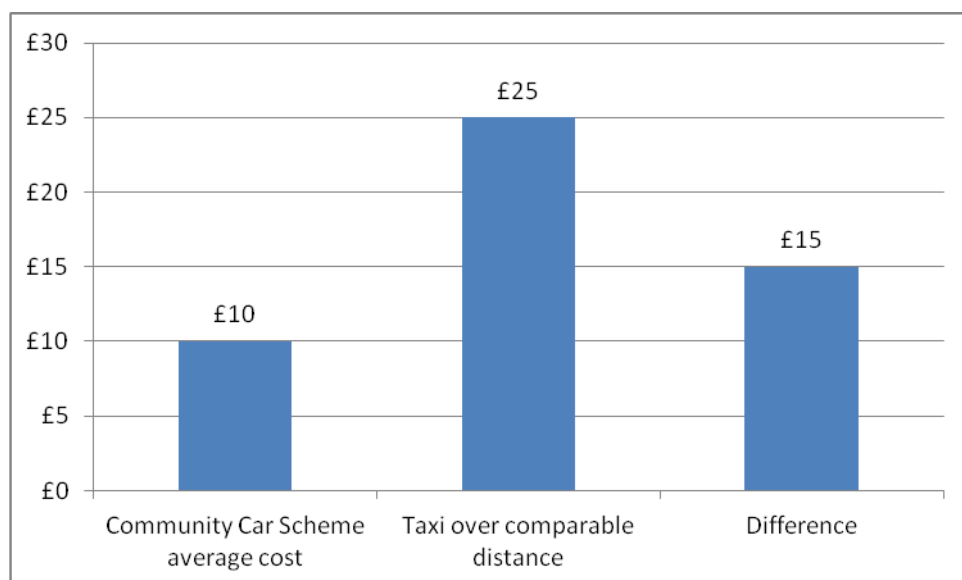
In Devon, the proportion of older people in the population is growing faster than any other region in England. These are the people who face the greatest problems accessing medical services, indicative of this is the fact that Community Car Schemes have experienced a 67% increase in referrals from Single Points of Contact over the previous year (Health Transport Forum - 4 June 2014).

East Devon has three towns in the top ten in England and Wales to have the highest percentage of oldest residents, Sidmouth, Budleigh and Exmouth; a good indication of how important community transport is in the area. (ONS data, and issues for older drivers addressed in the RAC's Maintaining Safe Mobility for the Ageing Population).

### 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, e.g.:

- Public transport from Seaton to Royal Devon & Exeter Hospital is a minimum of one hour's travel, usually more, with some trips requiring at least one change of bus (plus the walk to/ from the bus stop and hospital). This is often more than people can cope with due to illness or infirmity.
- 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.
- "We regularly have people cancelling medical appointments if they cannot have one of our drivers to take them there". (TRIP Community Transport, Honiton).
- An ELF passenger with a low income, no car and, due to the risk of infection, told not to be in crowds, cannot travel on public transport so has few options for transport to treatment. Another patient who is blind and partially deaf would find any other method of getting to their appointments very difficult.



**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):
  - Car scheme 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 it 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 **5%** of passengers consider reclaiming journey costs via HTCS. However actual reclaim figures may be higher and will vary by area and distance to hospitals, the longer the journey the more likely people are to reclaim.
- Some appointment letters signpost patients who need transport to local Single Points of Contact (SPOCs).
- The NHS funds the Mid Devon and East Devon SPOCs.

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

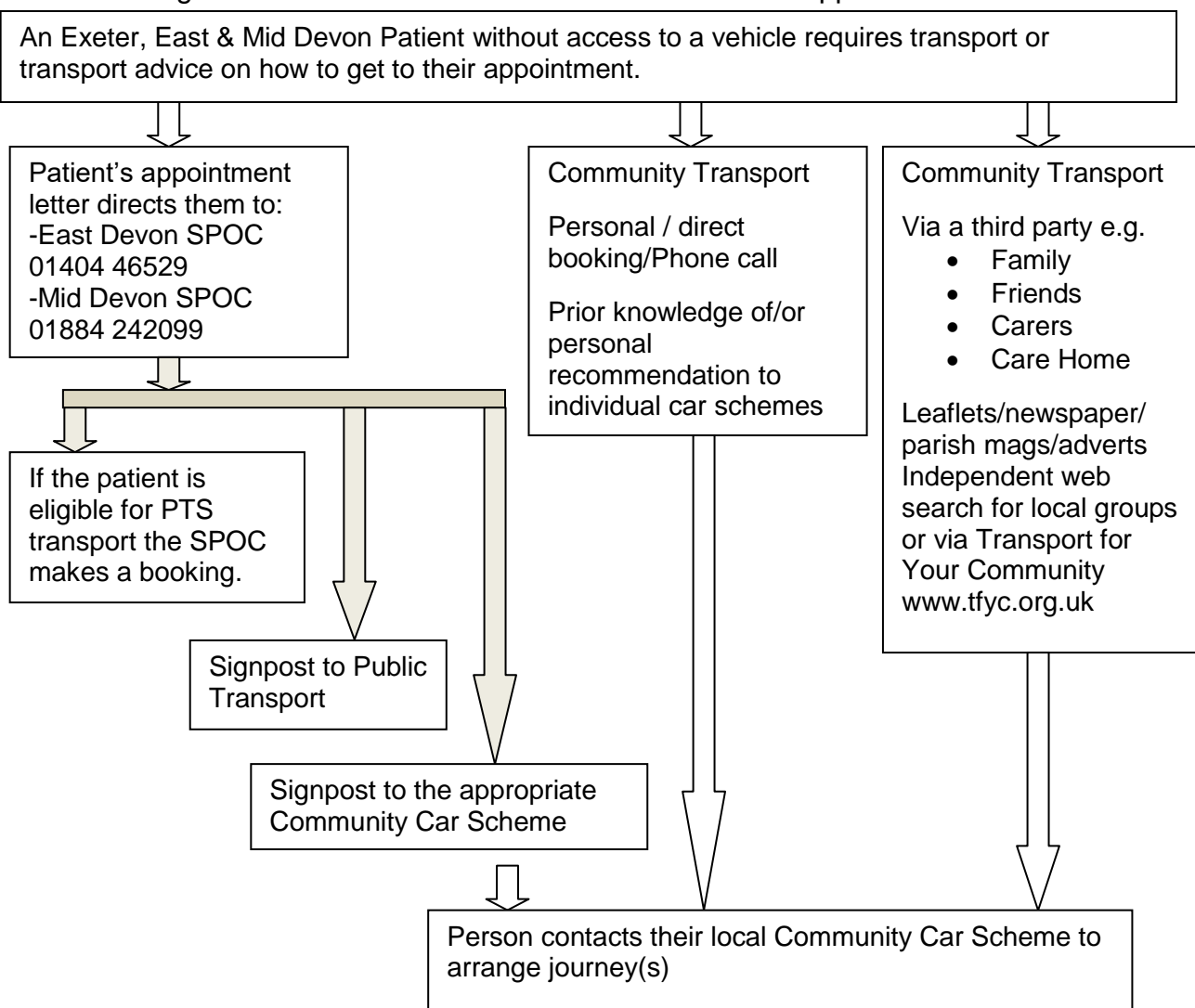
### 3.4 What is a Single Point of Contact (SPOC)?

Locally-based Single Point of Contact (SPOC) provides people with information about how to get to health appointments. These services, operated in the Mid Devon Area by Tiverton & District Community Transport and across East Devon and Exeter by TRIP Community Transport Association, work with all the local Community Transport groups and Community Car Schemes.

The 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 the SPOCs was instrumental in highlighting parking difficulties for volunteer drivers at hospitals, leading to the issue of standardised, traceable parking warrants for drivers.

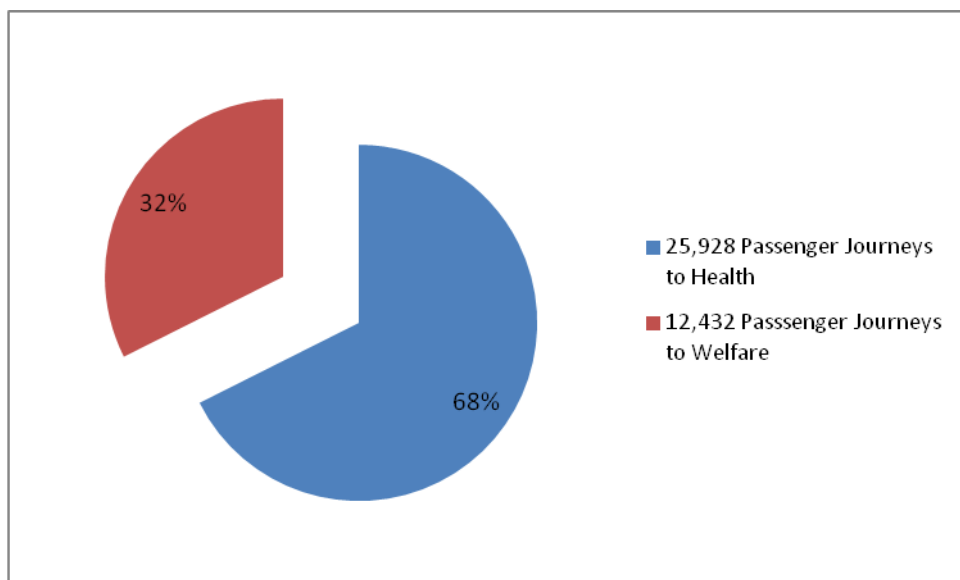
## Fig. 2 How do patients use SPOC to find transport for health appointments?

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



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

- The majority of car scheme journeys are now health related (**68%** EEMDCF 2013-14). As passengers present with higher dependency needs and, increasingly, having to travel further for treatment, drivers are spending more time travelling and assisting them (over **27,700** voluntary hours EEMDCF in 2013-14).
- As SPOC apply the eligibility criteria for NHS supported patient transport more rigorously, Community Car Schemes are receiving more referrals from them (**67% increase on 2012-13**).
- 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**

The number of passengers with dementia and complex needs is increasing across the district and Community Car Schemes have to adapt systems to manage more urgent journeys for health purposes. To ensure they can meet these increasingly complex needs, some schemes now have paid co-ordinators and some paid drivers (**13,000 staff hours** E,E&MDCF 2013-14).

In recent years some Car Schemes have increased access to their services for some Disabled and older people by buying their own vehicles, often wheelchair adapted, driven (but not exclusively) by volunteers. **1,920** passenger journeys were provided to people who were able to be transported in their wheelchairs (EEMDCF 2013-14).

### **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 2014-15 Outcomes Indicators.
- Saving the NHS money 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  
Volunteers gave over **27,700** volunteer hours in 2013-14, which, even at the current national minimum wage (£6.31) has a notional value to society of just under **£175,000** (E,E&MDCF 2013-14).

### **3.7 What is the value of Car Schemes to the NHS?**

It is difficult to assign a cash value to the value of Car Schemes to the NHS, however:

- Car Schemes enable vulnerable people, who might not otherwise be able to do so, to access to preventative health care.



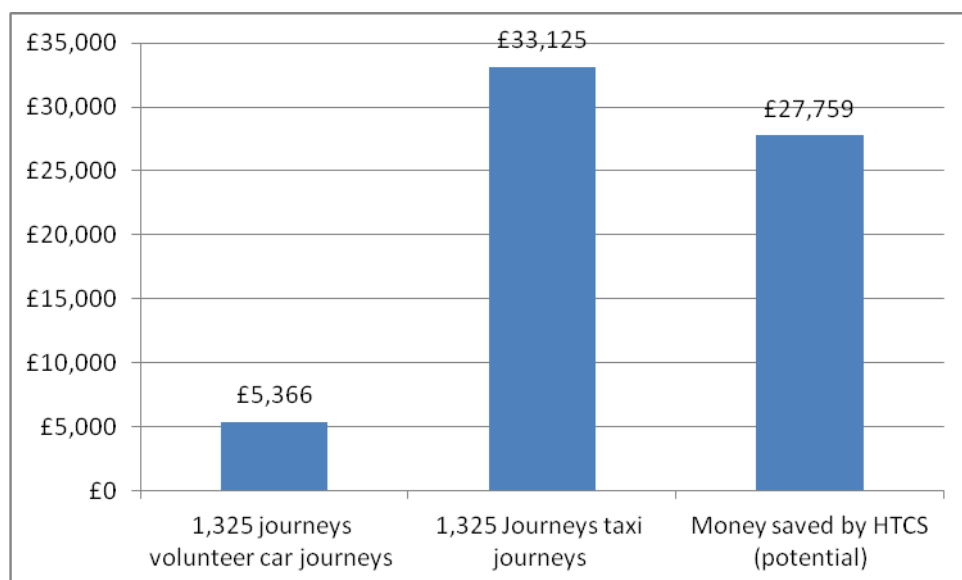
- They save the NHS money directly via the Healthcare Travel Costs Scheme (Saving a minimum of **£28,000** a year - see Fig 4), and indirectly saving the potential cost of Did Not Attends; the eventual long term cost of emergency admittance and possible prolonged hospital care. Examples are:
  - ELF have helped the NHS with several non-compliant patients by offering transport, in order that they have their treatment and do not cost the NHS in non-attendance and, for example, expensive chemotherapy already prepared which cannot be used for another patient.
  - ELF have been asked by Day Case/Ward staff to bring in patients who are not enough of an emergency to use 999 but nevertheless are not well enough to drive or travel by themselves.
- 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. They 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 £800 per emergency admission via A&E. See Appendix Three for examples.
- Cars Schemes provide affordable, demand responsive journeys for vulnerable people who often 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, approximately 16% of ELF journeys are shared by 2-3 people
- 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.
- All this work also speeds up the potential treatment/ assessment of the patient. In the long term this is also represents a cost saving to the NHS

### 3.8 Healthcare Travel Costs Scheme (HTCS)

We know that at least **1,325** passengers carried by Exeter, East & Mid Devon Car Schemes were eligible to claim a refund for their travel costs to hospital (E,E&MDCF 2013-14).

In using Car Schemes rather than taxis, and thereby claiming less for their transport costs, the use of Car Schemes saved the HTCS an estimated minimum of **£28,000** over taxi costs. These figures are based on an average volunteer car journey of 9 miles (= £4.05 at £0.45ppm) compared to the taxi cost of about £25 for the same journey.

ELF are looking to identify existing ELF/Citizens Advice Bureau clients who may be able to claim HTCS and will work sensitively with other ELF passengers to assess if they are eligible.



**Fig. 4 Comparison of cost to the HTCS  
Community Car Schemes v Taxis in one year**

## 4. What is the future value of Car Schemes?

In the near 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, the rising cost of car ownership and the increasing age of residents mean that fewer people will have access to independent transport. Communities providing self-reliant help to residents can 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 enabling early intervention and signposting for passengers.

**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 into the future, as:

- Demands on the services are increasing at the same time as their service users are becoming older and increasingly frail; and
- The profile of volunteers is changing for both drivers and trustees, with availability reducing, for instance because fewer people are able to afford early retirement.

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 boredom and tiredness and they may well find something more interesting to do with their time and expertise.
- 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 isolated people are forced to rely on emergency admittance and treatment, and the cost of transport contracts inevitably rise to cope with demand.

For the work of Car Schemes to continue it is essential that service providers, who benefit from this activity, work to build on these established services, continuing to provide recognition and, more importantly, increasing their 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:

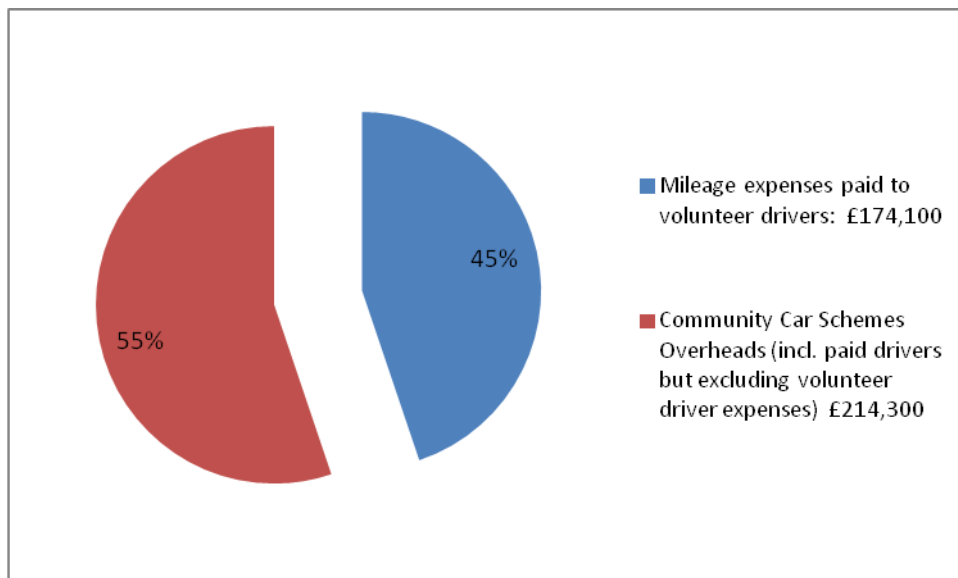
- Grants, donations and other forms of fundraising.
- Many volunteer coordinators, committee members and trustees have subsidised their services by not reclaiming their expenses (phone, printing, travel to meetings etc). However in the ongoing economic situation, such personal levels of support are increasingly difficult to justify and 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 is also a rising concern for 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 to collect data.

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 Exeter, East & Mid Devon 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 car schemes 2013-14**

#### **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 **£6** (EEMDCF 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).
- 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. ELF have found that passengers do not realise that they are not linked to the NHS system and therefore they do not realise they have to tell ELF when their appointments are changed/cancelled. To reduce wasted journeys to pick people up, drivers often confirm the journey themselves by phone with passengers the afternoon before.
- When confirmed journeys are cancelled by the passenger or venue (**1,628 cancellations** E,E&MDCF 2013-14), the whole process has to start again with the cost born by the Schemes (**£9,768** E,E&MDCF 2013-14).

Schemes with paid drivers find journey requests are more straightforward as requests can often be accepted/rejected on the initial phone call. However requests within 24 hours can be problematic and priority criteria have to be developed to help 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; they can only charge passengers a mileage rate for the running costs of the vehicle on that journey (Public Passenger Vehicles Act 1981).

- As laid out in HMRC's guidance this is accepted at 45 pence per mile, for up to 10,000 miles.
- Schemes that ask for a donation (not a mileage rate) find the majority of people are happy to make one 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 and also taxi licensing regulations.

#### **4.6 How do Community Car Schemes fund their overheads?**

- Some groups charge a small booking fee (for problems see above).
- All groups encourage passenger donations.
- A small number of (larger) 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.
- (Passenger pays for the mileage costs.)

Schemes need a realistic level of funding to continue to provide their value for money services, (over **£200,000** across Exeter, East and Mid Devon 2013-14). However, they are finding that traditional sources of grants such as Councils are rapidly reducing, as is funding from private grant giving trusts and individuals (Source UK Giving 2012).

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

All of this means that the money to run Schemes is reducing at a time of ever increasing growth in the need for their services.

Provisional data for the year April 2013-March 2014 shows a potential shortfall of over **£100,000** of income over the uncovered costs of overheads for members of the Exeter, East & Mid Devon Car Forum.

## **5. The Future?**

Devon County Council recognises the future value of Community Car Schemes. They have made grants to the Exeter, East & Mid Devon Car Forum and to the two other Forums across Devon to help prepare themselves for future needs. 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 stepping in to help other groups/ working in partnership together.)

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 Eastern Locality Clinical Commissioning Group.
  - Single Points of Contact (SPOCs).
  - Devon County Council.
  - Funders (existing and potential).
  - Passengers (new and existing), drivers and co-ordinators (new and existing).

By April 2015 existing financial and infrastructure support to Community Car Schemes from the Sustainable Transport Fund will end. For these Schemes and Forums to continue they will have to approach a wider range of supporters, including health service providers, for funding.

Without some form of sustainable funding it is unlikely that they will be able to continue providing health related journeys along with all the benefits these services provide or have the potential to provide.

## 5.1 What other services do Community groups provide?

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. Community Transport, for example, is provided by a network of local charities, which 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. They serve different local areas on set days on a regular basis.
- Community buses. Scheduled routes open to the general public.
- Accessible minibus hire available to community and not for profit groups.
- Shopmobility
- Single Points of Contact for transport to health
- Home care services
- School transport
- Wheels2Work. Affordable scooter and motorbike hire to help people get to work, particularly popular with young people.
- 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 Exeter, East & Mid Devon provide just under **26,000** health related journeys, and over **12,000** 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 nearly **28,000** hours of their time a year.

In the past year Car Schemes have received **£25,300** funding from Devon County Council and Health authority resources and c. **£66,000** from further fundraising, representing exceptional value for money. The shortfall of over **£100,000** which they are facing is currently met from reserves, donations and one-off grants.

We estimate that the services provided by Community Car Schemes in Exeter, East and Mid Devon alone save the NHS a minimum of **£28,000** a year. However, the current shortfall is not sustainable and Community Car Schemes will struggle to survive without further funding.

## **7. Proposals:**

- a) Community Car Schemes (CCS), working with Devon Access to Services Project (DASP), build relationships and engage with Eastern Devon Locality 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) 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.
- d) Local hospitals continue to work with CCS to provide sufficient free parking spaces for volunteer drivers.
- e) NHS and Devon County Council (DCC) continue to work with DASP, SPOCs and CCS to improve and simplify communications to benefit passengers and patients.
- f) CCS staff and volunteers continue to develop best practice within their organisations through training and information sharing, and through cost saving opportunities via membership of organisations such as TfYC (Transport for your Community).
- g) CCG and DCC recognise the value of CCS and consider methods of providing appropriate support/funding, enabling health services to continue to benefit from CCS's services.

**Note:** In August 2014 Car Schemes across Devon, via the three regional Car Forums, have received a further £9,000 of funding from Devon County Council (DCC). This is in addition to the original funds from DCC via the Department of Transport Sustainable Transport Fund.

Car Forums are pleased that, in such difficult times, DCC has continued to recognise their value and continued to provide practical support to the vital work of their member organisations. They hope this recognition will encourage other partners to commit to offer financial support to Community Car Schemes across Devon.

- h) 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: Community Car Schemes that use paid drivers

### ELF (Exeter Leukaemia Fund)

ELF has been providing services to haematology patients at the Royal Devon & Exeter Hospital since 1987. In 2013 ELF started its Community Support programme offering transport, accommodation and advice.

Over the years they have found that more and more patients and relatives have to travel significant distances for in-patient or day case treatment or check ups. This is, in part, due to patient choice about where they want to be treated. Also, for haematology patients from North Devon, they are forced to travel to Exeter for in-patient treatment as NDDH only offers out-patient treatment.

ELF offers transport with three ELF cars using paid drivers. Many of those using ELF's transport service may be temporarily unable to drive while receiving chemotherapy because of the effects of the treatment which can leave them feeling weak, lacking in energy and unwell. It can be the driver in the family that is in treatment, meaning that no one is able to drive them in for visits. Other patients, who become neutropenic (no immune system) are unable to use public transport because being in crowds leaves them vulnerable to infection which could be extremely serious or even life-threatening.

ELF also transport patients who are under the care of the RD&E but have to go to hospitals in Plymouth, Bristol and Surrey for more specialist treatment. On average ELF provide 250 journeys a month of which around 40 are shared by more than one patient.

ELF also offers two, two bedroom flats near the hospital for a donation of £10 per person per night for patients and/or relatives and loved ones. They also have an advice service in partnership with Exeter CAB with a dedicated Welfare Benefits adviser paid for by ELF offering telephone, hospital and home visits as well as appointments at the CAB offices.

<b>Health journeys provided by ELF</b>	<b>2,930</b>
<b>Average cost of providing journey</b>	<b>£15.10</b>
<b>Income raised from passengers &amp; grants</b>	<b>£7,637</b>
<b>Income raised from other fundraising</b>	<b>£36,615</b>

### Estuary League of Friends

Estuary League of Friends works to improve the quality of life of those in need of care, comfort and support in the local community, particularly older people. Their Community Transport service is staffed by both volunteers and paid drivers, taking people to medical or other appointments, with wheelchair transport if required, and a 13 seater minibus available for hire at £20.00 per day plus fuel and driver extra. They also provide many other services including:

- Home visits
- Personal shopping
- Carer respite/sitting
- Wheelchair hire
- Day centre/ Lunch club/ Memory cafe
- Friendship groups
- IT training

They raise funds through their two charity shops which provide the majority of their income at £1,500-2,000 a week.



## Appendix 2: What are the motivations behind CCS?

### Why do Organisations choose to deliver CCS Services?

Individual groups all have their own reasons for starting schemes. However they all respond to a local need and can start out as an individual response to someone's need for a lift that grows as word goes round the local area. This can grow to a point that a more formal structure is needed. As an example, with a variation on this theme:

#### **Colyton Link**

Several years ago a resident of Colyton died in her own home and was not discovered for two weeks. This so shocked the community that they formed a neighbourhood support network. Over the years this has also developed into a Community Car Scheme helping to reduce the detrimental effects of isolation and ill health in their community.

### Why do Passengers choose CC Schemes?

As outlined in Section 2 passengers use Community Car Schemes because they have no viable alternative. However this is not the whole picture and other reasons given include:

- “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)

More research will be carried out in 2014-15 to understand the impact of car schemes for their passengers.

### Why do Drivers volunteer?

Traditionally, it was an assumption that people volunteered to keep busy and do something useful during retirement. However, when drivers are asked about their motivations for volunteering, a many layered picture is built up:

- “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 live alone and I want something that gives me a reason to get up in the morning”
- “I want to give something back because I am well now”
- “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”.

## **Appendix 3: Signposting and Safeguarding Examples**

### **TRIP (Honiton and surrounding area)**

We 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. TRIP contacted Social Services who had no idea and the person's GP who was not much help. TRIP 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!
- There was no reply when a volunteer car driver went to collect a passenger from their home to take them to a health appointment. The TRIP office tried to phone but there was also no reply. They then contacted the nearest GP surgery who resolved the issue by investigating and coming back later to say the patient had been taken into hospital.
- A volunteer driver arrived to collect a regular passenger to find their curtains still drawn. The TRIP office checked by phone and received no answer. They then contacted the police who entered the property to find the woman in bed having had a stroke. She was rushed to hospital and has now recovered.
- A volunteer driver received no reply when they went to collect a passenger. The driver looked through a window and saw the woman on the floor, against a radiator. The police were called and entered the property. It transpired that she had been there all night. She was taken to hospital with burns, where she made a full recovery.

### **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. They have also arranged for family members to have assistance/aromatherapy, thereby maintaining their health.

## **Appendix 4: Examples of Continuity of service**

### **Exeter, East & Mid Devon Car Forum (E,E&MDCF)**

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

For example, a 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 as they were unable to do so themselves.

### **North Devon & Torridge Car Forum (ND&TCF)**

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 the management of the volunteers, staff and vehicle to a specialist community transport group. Torridge Community Transport Association won the tender and took over the North Devon Car Scheme and its assets.

### **Southern Area Car Forum (SACF)**

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.

## **Appendix 5: Members of the Exeter, East & Mid Devon Car Forum that have provided information and statistics to support this paper.**

As at April 2014

### **Blackdown Support Group**

Community Car Scheme and other services including:

- Someone to chat to
- Help with shopping
- Respite for carers
- Escorts for clients to hospital/business appointments
- Transport to and from appointments with doctors, opticians and dentists
- Transport to local social events so that clients can keep in touch with friends
- Luncheon and tea clubs in different places within the area
- Short term loan of wheelchairs, TENS machines, Careline telephone
- Footcare
- Advocacy, help with form filling
- A specially converted vehicle for hire capable of carrying a wheelchair user in their chair, one other passenger, plus a driver

Cover the Blackdown Hills

### **Budleigh Salterton and District Voluntary Car Scheme**

- Community Car Scheme

Budleigh and district

### **Crediton Community Transport**

- Community Car Scheme
- Ring and Ride
- Wheelchair Accessible Vehicle

Crediton and surrounding area

### **Colyton Link**

- Community Car Scheme
- Neighbourhood support network

Colyton parish

### **Estuary League of Friends**

Community Car Scheme and other services including:

- 13 seater minibus - 20.00 a day - hirer pays fuel.
- Home visits, cleaning, laundry, running errands, shopping trips
- Take a Break sitting service for Carers (contracted by DCC)
- Wheelchair hire
- Day centre/ Lunch club/ Memory cafe/ Friendship groups
- Nail cutting (NHS trained - £8.00 charge, about 400 on their books)
- IT training
- Funeral catering
- Two charity shops

Covers large parts of Exeter and East Devon

**Exeter Leukaemia Fund (ELF)**

ELF supports all haematology patients and those with blood-related conditions, and those closest to them with:

- Community Support programme – transport, accommodation and advice.

Devon wide

**Ottery Help Scheme**

Community Car Scheme and other services including:

- day care centre trips five days a week
- wheelchair hire
- bereavement support
- visiting and befriending and a Tuesday social group
- nail cutting
- memory cafe
- sitting for carers

Ottery St Mary and area

**Tiverton and District Community Transport Association (and Crediton)**

Community Car Scheme and other services including:

- Shopmobility
- Tiverton Voluntary Car Scheme
- Out & About Bus
- Minibus Hire to Community Groups
- Voluntary Accessible Car
- Tiverton & District Ring & Ride and Cullompton & District Ring & Ride
- Information on Transport to health appointments (Single Point of Contact)

Tiverton and District

**TRIP Community Transport**

Three community car schemes in the Honiton, Seaton and Lyme Regis areas, and:

- Ring and Ride services over large area of East Devon.
- 'Passenger Club' weekday and weekend trips out.
- Accessible minibus hire for community groups and clubs throughout Exeter, East Devon and West Dorset.
- Wheelchair accessible transport for schools and for health or social appointments locally and further afield
- Wheelchair and mobility scooter hire.
- Sales and advice for disability living aids, wheelchairs and powered scooters.
- Exeter and East Devon SPOC
- Befriending service
- Special needs children's transport

In Devon the services are provided in East Devon and Exeter, but also cover West Dorset and South Somerset

**Silverton Link Up**

- Community Car Scheme

The Lower Exe Valley between Bickleigh and Cowley (restricted to surgery patients of the Wyndham House Surgery and the Exe Valley Practice ).

## 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 Transport to Health Forum via their Single Point of Contact representative
- Access funds available to the Forums
- Collect common statistics, using them to assist in the process of:
  - Raising the profile and value of voluntary car schemes across Devon
  - Jointly bid for funds

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

- **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 ten members and covers the Council areas of:
  - Exeter City
  - East Devon District Council
  - Mid Devon District Council
- **Southern Car Forum** currently has 16 members and covers the Council areas of:
  - West Devon Borough Council
  - Teignbridge District Council
  - South Hams District Council
  - Torbay Borough Unitary Authority
  - Plymouth City Unitary Authority

## Appendix 7: Devon Access to Services Project (DASP)

DASP is an infrastructure support project dedicated to improving vulnerable people's health and wellbeing by increasing their access to 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 achieves its aims by:

- Researching issues e.g.
  - Disabled people's access to North Devon District Hospital
  - Social kindness paper
- Providing information and advice e.g.
  - The North Devon & Torridge Directory (3 editions)
  - Life beyond your Car (training and advice to groups)
  - Using Multi Purpose Vehicles in Community Transport
  - Safeguarding Policy & Procedures document
- Supporting partnership work e.g.
  - Administration of Car Forums
  - Support and development of Transport for Your Community Ltd

[http://www.ndvs.org.uk/north\\_devon\\_access\\_to\\_services\\_project.html](http://www.ndvs.org.uk/north_devon_access_to_services_project.html)

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