



Devon Access to Services

Improving access to information, services and representation

Community Car Schemes

State of the Sector:

Community Car Schemes in Devon

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Tim Lamerton Photography

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

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1 Executive Summary

Community Car Schemes help vulnerable people stay healthy, safe and well in their own communities for as long as possible.

Schemes offer this service out of "social kindness" and there is no financial incentive or reward for doing so. Costs to passengers vary depending on each scheme's policies and situation. However, the charge for the journey must never be more than the minimum required to cover its cost. There is, sometimes, a small contribution to the administrative cost of arranging the journey, in the form of a booking fee.

In 2016-17 the Devon Community Car Forum had **42** full members who between them provided **151,860** passenger journeys including **17,770** journeys for passengers travelling in wheelchairs. Approximately **2,100** drivers travel **1,475,713** miles taking people there and back to medical and social welfare appointments and activities. The Car Forum also had **13** associate members who qualified for Hospital Parking passes and attended Forum meetings. They provided further passenger journeys for which they do not supply data as they do not receive funding from the Forum.

All of this help requires extraordinary effort, with at least **143,800** volunteer hours and a further **47,867** paid hours going into the safe administration and management of the journeys. Car schemes provide a vital service both for the passengers and for the volunteers themselves by, for example, reducing the impact of isolation and loneliness for carers or those living alone. Recognition of the value of this volunteering to both the passengers and to the volunteers themselves is important as, apart from their vehicles' expenses, there is no financial motivation.

However, in recent years, what had been a valuable and pleasurable activity has become, at times, a stressful, highly skilled environment in which to volunteer, relied upon by passengers who have no other transport choices.

Where there are paid co-ordinators of schemes, who are often part time and low waged, they are also finding that job satisfaction managing schemes is reducing due to increased work-related stress; Devon Access to Services (DAS) has noticed an increased churn of co-ordinators in the last two years; out of 55 members 13 schemes (24%) have new managers.

In the same period schemes have noticed that the profile of their passengers is changing. They are older and increasingly frail, often living with multiple conditions. For example, they have reduced mobility and/or memory loss, often causing considerable concern to drivers.

The drivers are themselves also becoming older and more frail. They report finding the stress and effort involved with helping passengers attend medical appointments, often at busy main hospitals, is increasing to almost intolerable levels. Volunteers are reporting journeys that entail, for instance, getting up at 5.00am to drive a stressed passenger to a 7.30am admission only for the procedure to be delayed so long that the driver receives a penalty parking ticket from the hospital.

Some schemes are also finding it increasingly difficult and time consuming to recruit volunteers; removing the sense of personal fulfilment and fun from being a driver is making this much more difficult.

Community Car Scheme activity contributes considerable economic benefit to Devon. Schemes spend **£1,150,595** on expenses and running costs across the county. They are run with commendable efficiency, with schemes unable to meet only **2,253 (1.5%)** of requests. The notional value of their volunteers, even when valued at just the minimum wage is a staggering **£1,035,360**.

The main beneficiary of these services, apart from the passengers, is the NHS. Schemes provided **98,044** journeys enabling people, who might otherwise not have been able to do so, to attend non emergency health appointments. If car schemes did not do this there are several ways in which both primary and secondary health providers might incur costs amounting to, potentially, just under **£6.7 million** (see Section 6.1):

- 45% (approx) of journeys are to primary health care. If half of these appointments were missed with no cancellation, the cost, at £108 per missed appointment would be **£2,382,480** (<http://www.england.nhs.uk/2014/03/05/missed-appts/>).
- 55% (approx) are to secondary care. If half were missed with no cancellation, the cost, at £160 per appointment would be **£4,313,920** (Barts NHS Trust 2017).

However, in these difficult times, when schemes are reporting an unprecedented rise in demand for their services, they are also reporting a worrying operational deficit of **£83,534**.

For a number of years now, some schemes have been reporting mounting levels of frustration and strain caused by the growing difficulties in raising funds and finding volunteers. This is now being compounded by the numerous stress points of running an organisation that is already running to or over capacity. They have also reported that many of these stresses could be relieved by better communication with health service providers; these are outlined in DAS's 2017 report; see: <http://www.ndvs.org.uk/services/devon-access-to-services-project-dasp>.

As a result of the work done by DAS and the Forums in preceding years, and following the publication of DAS's 2017 report, there have been considerable improvements in communication with some elements of the NHS during 2016-17. However, at the same time, funding to a number of schemes across Devon has been reduced or cut by the CCGs with little or no notice. At least one surgery based scheme has been forced to close, putting immediate pressure on other providers on the area. Managers of schemes are finding such lack of consultation, and of investment, increasingly frustrating.

During 2017-18 the Northern, Eastern and Western Devon Clinical Commissioning Group (NEW CCG), Devon County Council (DCC) and DAS worked together to explore the potential for car schemes and local taxi firms to participate in NHS contracted transport via the Patient Transport Advice Service (PTAS). Whilst this has been welcomed, and made to work, by taxi companies, most Car Forum members have concluded that contract work is not compatible with the voluntary nature of their service and presents organisational risks that Trustees are unwilling to accept.

Schemes are also reporting a rising expectation amongst hospital staff that they can provide an increasing range of services at very little notice. They report that many NHS staff appear to have no knowledge of the role, purpose or motivations of car schemes and do not understand that they are not there to provide an immediate, on demand, taxi service.

It is hoped that this, and previous papers, will help to improve NHS and other providers' knowledge of Community Car Schemes. Devon Access to Services wishes to thank Devon County Council for its continued support and funding, without which this report would not have been possible.

2 Introduction

Community Car Schemes are based in their community. They take people safely to medical and other appointments. They help to meet the challenges presented by an ageing population, reductions in local public transport and the centralisation of services. Their passengers have no viable alternative and, without the schemes, would be unable to access the services they need, both medical and for their social wellbeing. The unifying characteristic of these schemes is that the passenger is asked to pay no more than the running costs of the vehicle on their journey.

Schemes often grow out of the recognition that a community needs more than the arranging of lifts between friends and neighbours. In order to ensure people's needs are met, schemes offer a third party booking system, linking passengers with drivers. This creates extra responsibilities, including the requirement to have:

- Public and employee liability insurance
- Disclosure and Barring Service (DBS) checks for drivers providing journeys to medical appointments
- Contact and booking systems
- Financial procedures to account for drivers' expenses
- Systems to protect data and confidentiality
- Potentially, the need to rent office space and possibly employ staff
- And, if staff are employed, the need to administer their salaries and pensions.

Though not directly mentioned, Car Schemes operate under car sharing rules laid out in the Public Passenger Vehicles Act 1981. To ensure that they do not operate as a business the legislation lays out certain conditions including:

- The journey must be arranged in advance.
- The charge must be agreed in advance.
- No profit can be made on any journey. The aggregate charge (for all passengers) must be no more than the running costs of that vehicle on that journey.

This makes the running of car schemes challenging. Their operation is based on "social kindness" and, because they are unable to charge the full costs of providing a journey, they are always going to be dependent on some form of additional funding.

However, the services of car schemes have become vital in communities with dwindling or non-existent public transport provision and ageing populations. In addition, many schemes have found it necessary to employ paid staff to book and co-ordinate their volunteer driver journeys, often working a few paid hours a week, usually on week days only.

Such volunteer provided transport is also offered by community organisations that were set up to offer befriending, advice services, lunch clubs and/or home support to support local healthcare services. They have found that transport is crucial to the delivery of their services and many have started up their own volunteer transport services, either using drivers' cars or the scheme's own vehicles, often with vehicles adapted to carry people seated in their wheelchairs.

Other schemes provide transport for cancer or other specific treatments, providing the service with paid drivers in scheme owned vehicles. The passenger is asked for a nominal sum or is provided with journeys at no cost. Using paid drivers has the advantage of providing on-demand continuity of service with trained staff.

Since January 2014 Devon Access to Services (DAS) have published a series of reports into the activity of Community Car Schemes across Devon. They now have three years of data detailing the work done, the finances involved and the benefit conveyed by car schemes who are full members of their Car Forums. This year's report will:

- Describe the work carried out by schemes in Devon in the financial year 2016-17.
- Detail some of the external factors that affect their ability to run effectively.
- Outline the added value car schemes bring to their work, and the substantial benefit they bring to their communities.

A list of car schemes who have contributed to this report can be found at Appendix 3. It should be noted that there are further schemes working in the county, some of whom are Associate members who contribute to the Forums but who do not supply data.

A list of all DAS's reports into Community Car Scheme activity in Devon 2012-present day can be found in Appendix 1. These can all be found online at:

<http://ndvs.org.uk/services/devon-access-to-services-project-dasp> .

3 Methodology

DAS and the Car Forums collect and collate the data cited in this paper through standard quarterly returns submitted by all participating schemes. Considerable work has been undertaken to ensure the questions asked deliver the information required and that the figures collected are consistent.

The figures cited in this paper are considered indicative as the method is still being developed, however participating schemes and DAS feel they give as good a representation of the activity of member schemes as is currently possible. Such is the nature of voluntary work, which is often under-reported, it is likely that the figures are low in respect of:

- Actual work carried out.
- Hours given by volunteers.
- Costs incurred.

4 Membership of the Devon County Car Forum

Membership of a the Devon County Car Forum, and the appropriate Regional Forum, is available to any constituted car scheme that carries out enhanced DBS checks for all its drivers. There are two levels of membership:

- **Associate:** giving access to all the shared learning and networking opportunities provided by the Forum, and eligibility for Devon NHS Hospital Parking Passes.
- **Full:** giving access to all the above and a small amount of funding provided by Devon County Council in return for the quarterly statistics (approximately £500 for each scheme to a total of £22,000 in the 2016-17 financial year)

5 Community Car Scheme Activity 2016-17

151,860 total passenger journeys of which:

- 53,816 passenger journeys to social and welfare activities (35% of total journeys)
- 98,044 passenger journeys for health (65% of total journeys) of which:
 - 44,120 (45%) of Journeys were to and from primary care
 - 53,924 (55%) of Journeys were to and from secondary care
- 6,506 of all health journey costs were claimed for by passengers under the Healthcare Travel Costs Scheme (HTCS)*
- 17,770 journeys for passengers travelling in wheelchairs
- 9,490 cancellations (equivalent to over 6% journeys provided), mostly health appointments costing schemes £34,923 in admin or 6.25% of their operating costs.
- 2,253 requests for journeys unable to be met by Schemes (equivalent to 1.5% of journeys provided)
- At least 47,867 paid staff hours
- At least 143,800 volunteer hours with a notional contribution to society of nearly £1,035,360 (at the national minimum wage in 2016-17 of £7.20 per hour),
- 1,475,713 miles travelled, by approximately 2,100 drivers.
- Average journeys cost £1.28 a mile
- Average return journey distance - 19.5 miles
- Average return journey cost - £8.75

Costs

- £1,150,595 to deliver schemes' outcomes, including drivers' expenses:
 - £591,124 reimbursed to drivers (51% of costs)
 - £559,471 operational/running costs (49% of costs)
- £3.68 Average administration cost per one way journey excluding driver expenses.

Income

- £1,067,061 total income, including contributions from passengers:
 - Passengers provide £737,161 (64% of total costs, or 69% of total income)

Deficit

- Reported funding deficit of £83,534.

6 Three years of Data

Data has been collected since April 2014. DAS continue to work with schemes to develop systems and ensure the accuracy of the data. Some of the quality, particularly of financial data in the first year, cannot be considered completely representative. Three years of data cannot provide trends, however, some of the movement in the figures confirms what car schemes across the county have been reporting anecdotally for some time, eg:

- Total passenger journeys up by 22% from 124,794 to 151,860.
- Journeys for people travelling in their own wheelchairs in Wheelchair Accessible Vehicles (WAVs) up 110% from 9,187 to 17,770.
- Journeys booked, then cancelled by hospital or other provider, up 22% from 7,781 to 9,490. This costs schemes £34,923 in wasted administration.
- Funding provided by the NHS or CCGs down 34% from £24,915 to £16,353
- At the same time journeys to health appointments have grown by 15%.

Data April 2014 - March 2017:

	Apr 16-Mar 17	Apr 15-Mar 16	Apr 14-Mar 15
Total mileage	1,475,713	1,391,699	1,432,063
Total passenger journeys	151,860	144,360	124,794
of which health	98,044	96,252	84,971
of which social	53,816	48,108	39,823
Total in Wheelchair Adapted Vehicles	17,770	7,203	9,187
Claims re Hospital Transport Claim Scheme	6,506	6,093	4,686
Number journeys cancelled by hospitals etc	9,490	9,248	7,781
Number of journeys not met by schemes	2,253	3,500	1,485
Passenger contributions	£737,161	£683,661	£608,966
Paid to drivers	£591,124	£538,763	£538,809
DCC Funding	£46,834	£80,310	£44,346
Health Funding	£16,353	£14,337	£24,915
Other funding	£266,713	£193,244	£190,320
Total funding	£329,900	£287,891	£259,581
Total cost of running scheme	£559,471	£562,064	£483,097
Surplus/Deficit	-£83,534	-£119,973	-£153,359
Average cost per mile	£1.28	£1.26	£1.40
Average administration cost per journey	£3.68	£3.89	£3.87
Average journey cost	£8.75	£8.68	£10.33
Staff hours	47,867	31,917	30,765
Volunteer hours	143,800	137,188	111,668

Observed Variation in the Data April 2014 - March 2017

Total mileage up	43,650	3%	
Passenger journeys up	27,066	22%	
Health journeys up	13,073	15%	
Social journeys up	13,993	35%	
WAV journeys up	17,770	110%	(mainly from two orgs)
HTCS claims up	6,506	39%	
Hospital cancellations up	1,709	22%	
Not met by schemes up	768	51%	
Passenger contributions up	£128,195	21%	
Paid to drivers up	£52,315	10%	
DCC funding up	£2,488	5%	(on first year)
Health funding down	-£8,562	-34%	
Other funding up	£111,444	58%	
Total funding up	£105,370	41%	
Overheads up	£112,537	23%	
Deficit down	-£68,713	-44%	
Average cost per mile down	-£0.16	-12%	
Average admin cost per journey up	£0.05	1.3%	
Average journey cost down	-£1.58	-15%	
Staff hours up	17,102	36%	
Volunteer hours up	32,132	22%	

NB. Variation in fundraising, overheads, staff and volunteer hours are all due to better reporting methods being developed and the validity of these figures is expected to continue to improve.

7 Economic Benefit

Community Car Schemes enable the contribution of significant economic benefits to Devon:

Drivers

1.47 million miles are travelled every year that would not take place without car schemes. Drivers receive **£591,124** in expenses for these journeys. These expenses are spent locally on fuel and on the running, servicing and eventual replacement of vehicles that would not otherwise have done this mileage.

Passengers

Passengers are enabled to purchase goods and services at destinations that they would not have been able to access without transport. When last surveyed in 2014 approximately 90% of Torridge Community Transport Association passengers did not have access to the internet to make such purchases.

Almost 10% of adults have never used the internet. Older, disabled and more vulnerable people are disproportionately represented in this figure; for instance 22% of disabled adults have never used the internet (ONS 2017).

Schemes themselves

Community Car Schemes spend just under **£560,000** on services, phones, rent, heat, light, stationery etc including providing over **47,800** hours of paid employment.

7.1 Financial benefit to the NHS from the activity of car schemes

Besides the overall economic benefit that car schemes bring to the area they operate in, their work also has financial value to the NHS, for example:

The benefit of preventing did not attends

45% of health related journeys provided by car schemes are to primary health care. If only half of these appointments were missed with no cancellation, the cost, calculated at £108 per missed appointment would be **£2,382,480**. In addition these appointments might have to be replaced with more costly home visits by a doctor, community nurse, ambulance or paramedic. (<http://www.england.nhs.uk/2014/03/05/missed-appts/>).

55% are to secondary health care. Again, if only half were missed with no cancellation, the cost, calculated at £160 per appointment would be **£4,313,920** (Barts NHS Trust 2017): <https://www.gov.uk/government/publications/reducing-missed-hospital-appointments-using-text-messages/a-zero-cost-way-to-reduce-missed-hospital-appointments>).

This amounts to **£6,696,400** notional value of support given to the NHS by community car schemes balanced against **£16,353** financial support given by the NHS to Car Schemes in the same period.

As has been widely evidenced, missed medical appointments have the potential of leading to a worsening in someone's condition, leading to visits to A&E with all the attendant costs, including the possibility of hospital admission. By helping people stay well in their own homes for longer and thereby reducing the number of emergency and unplanned admissions, community car schemes help to relieve pressure on A&E departments.

*** Healthcare Travel Costs Scheme (HTCS) - further savings to the NHS**

Car Schemes carry qualifying passengers at a considerable saving to the NHS. If passengers with no other available transport used a taxi (and in some areas no local taxi service is available), it would be more expensive than using a community car scheme:

Community Car Schemes			
No: of journeys	Average miles	Average cost	Est. cost to HTCS
6,506	19.44	£8.75	£56,927

Taxi (as the closest alternative)			
No: of journeys	Average miles	Average cost by taxi	Est. cost to HTCS
6,506	19.44	£48	£312,888

Estimated extra financial burden on the HTCS without Car Schemes (ie. the difference)	£255,388
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8 Added Value achieved by Community Car Schemes

Car schemes bring added value to the act of giving someone a lift, enabling people to:

- Remain healthier for longer.
- Maintain their independence.
- Stay in their own homes for longer.
- Feel happier and less lonely and isolated.

(Please see Appendix 2 for some examples)

In addition the volunteer drivers themselves benefit (see <https://www.ncvo.org.uk/ncvo-volunteering/why-volunteer>) by:

- Keeping active and therefore healthier.
- Feeling valued as they contribute to and strengthen their community.
- Feeling happier, less lonely and less isolated.
- Maintaining their independence through being helped to keep their cars on the road.

Through all of their work Community Car Schemes contribute to the objectives of the NHS and Devon County Council by helping to keep people happy and living healthy lives in healthy, well connected and resilient communities.

Car schemes often provide regular journeys for their elderly and frail passengers, who often live on their own or with their equally elderly partner. This means they are well placed to enable early intervention in a number of ways that prevent people falling into further crisis or ill-health, for instance by:

- Highlighting changes or deteriorations in the health of their passengers, some of whom they know very well.
- Spotting potential safeguarding issues (training and guidelines have been provided).
- Intervening in many different ways in times of emergency by being in the right place at the right time.
- Encouraging and supporting volunteering and community participation.

9 Stress points for Community Car Schemes

There are a number of issues that are currently having an effect on the operation and morale of Community Car Schemes, including:

- Rapidly increasing demand for their services, particularly for transport to and from medical appointments (and on discharge from hospital).
- Passengers growing older and increasingly frail, and rising numbers of people with complex needs, mobility issues, memory loss and dementia.
- Their drivers are also growing older and increasingly frail.
- In some areas, it is proving to be difficult to recruit and retain volunteers; drivers, co-ordinators and Management Committee members or Trustees.
- Hospital visits are often longer and more involved, requiring drivers to take a proactive role on behalf of their passengers within the hospital. This means extra stress for them and is changing the nature of their volunteering. For example, they may no longer have time to combine volunteer driving with a visit to the shops.
- A competitive, contract, business based culture is having the consequence of making the value of other service delivery solutions that are trust (grant) based difficult for commissioners to consider.
- Grants are harder to find, compounded by the emphasis of funders on supporting new or capital projects, working against the survival of tried and tested services.
- Small schemes find it difficult to expand their services.
- Large schemes are sometimes forced to expand too quickly and are vulnerable to sudden reductions in funding.
- There is a suspicion that the NHS wants to get further services from car schemes without having a clear idea or understanding of what schemes are already providing.
- The stress of saying no to distressed people asking for journeys that are inappropriate for the scheme to undertake, or that they do not have the capacity to provide, is taking its toll on co-ordinators and drivers.
- Trying to keep the fun and personal satisfaction element of volunteering alive and well is becoming increasingly challenging.

Devon County Car Forum has noticed an increased churn of scheme co-ordinators; out of 55 members, 13 (24%) have had new managers in the last two years. Members feel this is due to the increased stress and reducing levels of job satisfaction that co-ordinators report. This is of concern, although some of the effect of this is offset by the Car Forum itself which, DAS have been told, is invaluable to new appointees, helping them with the many challenges they face.

Community Car Schemes are also reporting increased stress and pressure on capacity caused by the way, for instance, NHS appointments are allocated. Many of these were outlined in the DAS paper published at the beginning of 2017: "Report into the impact of NHS policies and practices on the ability of patients in Devon to access health appointments". The report can be downloaded from:

<http://www.ndvs.org.uk/services/devon-access-to-services-project-dasp>

The issues reported in DAS's NHS paper have, if anything, increased, and include:

- Sudden surges in demand, with or without an obvious cause.
- Short notice appointments leading to anxious passengers wanting next or even same day journeys when schemes usually need 48 hours to find and book a driver.

- Appointments made for early in the morning for elderly passengers who have to travel at least an hour and half. This often necessitates them getting up at 4.00am. The drivers are often elderly themselves, struggling with the same issues and not keen to provide such journeys.
- Week end appointments when volunteer drivers are often unavailable, meaning the passenger has no access to transport.
- Last minute cancellations of appointments leading to extra bureaucratic burden.
- Funding the estimated £35,000 cost of managing the administration of these cancellations.
- Increased numbers of calls directly to schemes from hospitals who do not understand the way they work, including demands for transport in the middle of the night.
- Increased demand for long distance journeys.
- Considerable and continuing difficulties with parking at hospitals.
- Difficulties in communicating with health providers, although this has been improving through the work of DAS and the Forum during 2017.

It should be noted that a small number of full members tell DAS they are quite happy in what they do, with sufficient funding and enough drivers. These schemes account for approximately 8% of the passenger journeys that are reported to DAS.

10 Future Challenges

As with all successful organisations, Community Car Schemes try to adapt to meet the changing needs of their passengers. In addition to the issues listed above, current challenges include:

- Working to reduce the £84,000 deficit in operating costs.
- Working to reduce the £36,000 wasted on cancelling booked journeys.
- Increasing the use of technology without losing the personal interaction that gives community based services their extra value and without excluding the, still significant, numbers of passengers with no access to the technology.
- Challenging the often unrealistic expectations of statutory organisations that services previously provided by the public sector can be replaced by the voluntary sector at little or no cost or risk.
- Providing robust evidence of the cost and benefit of providing voluntary services.
- Keeping the fun in volunteering and the job satisfaction for co-ordinators and drivers.
- Adapting volunteer recruitment strategies to the changes in demographics, work patterns and how people engage for example by:
 - Using social media.
 - Tackling people's reduced desire to engage with traditional committee structures.
 - Overcoming the fear of potential litigation.
- Not being seen as a competitive (cheaper) commercial alternative to taxis.
- Learning to say no to inappropriate requests whilst at the same time developing strategies to enable schemes to be able to manage some of these requests, e.g:
 - Helping people travelling in wheelchairs negotiate steps and slopes.
 - Very short notice requests.
 - Discharge from hospital.
 - Passengers with additional and challenging needs e.g. more advanced dementia, poor mental health, decreasing mobility.

11 The Future of Community Car Schemes

The need for the services provided by community car schemes continues to grow, whilst the demand to respond quickly with increased flexibility is forcing them to adapt or fold. Smaller schemes are finding this increased demand is compelling them to consider, for instance, hiring a paid co-ordinator with all the costs, risks and responsibilities this represents.

Schemes are also being forced to consider increased use of technology which, though it may increase efficiency, needs trained and skilled staff. The costs of both the technology and staff are difficult to fundraise for and many schemes do not have the capacity to do so.

Schemes are finding it increasingly difficult to recruit Trustees, leading to some folding due to lack of key post holders e.g. Treasurers. Previously, drivers from such schemes were passed to adjoining schemes to administer, however this is not sustainable as it increases the time and cost pressure on larger schemes who are often struggling themselves.

Car schemes are facing an uncertain future. Voluntary services are never free and many lack the essential pool of volunteers and/or investment needed to keep them going. When schemes go under, it takes particular effort to replace the lost, vital, volunteer activity.

12 Conclusion

Car Schemes provide large numbers of journeys across Devon, helping vulnerable people live as happy and healthy lives as possible. Schemes report high levels of passenger satisfaction and receive very few complaints. They have responded successfully to a 10% increase in demand for their services year on year, and are part of an efficient, successful sector. However, these are difficult times, with more being asked of them, funding more difficult to find and changing demographics reducing the available pool of volunteers.

It is tempting to see car schemes as continuing to move towards a more streamlined style of administration, perhaps managed by mobile phone apps with co-ordinators at a remove from their passengers and drivers. Though some may see this as a valid efficient operating model, there are many risks, including an unintended slide into operating as businesses. This would miss the point of community based solutions and volunteering, and misunderstand the vital role of skilful volunteer management.

Drivers and other volunteers do so as much to help themselves as their passengers: ie. because they want to. The more volunteering becomes an unpaid job, with the rules and stress that this implies, the more likely they are to stop doing it.

For car schemes to flourish, and their strategic value to be fully realised, they are asking that their contribution be recognised with more than warm words of thanks. Thanks do not pay their bills and, for instance, just administering NHS cancellations in the last year cost the sector an estimated £35,000.

The NHS is going through unprecedented change and needs the voluntary sector in ways that could not have been imagined a few years ago. As the largest financial beneficiary of car schemes (c.£6.7m), DAS and the Forums ask that the NHS continues to work with them to find funding solutions that will secure the long term sustainability of the sector.

As one scheme manager said recently: "Find me the money for a top flight volunteer manager and you will be astonished by the results".

13 Appendix 1 - Achievements of Devon Car Forums 2012-17

The Devonwide County Car Forum and three Regional Forums administered by Devon Access to Services developed into their current structure at the end of 2012. In the last five years DAS and the Forums have realised considerable achievements including:

- Bringing together disparate, often strongly independent, car schemes to work in partnership to achieve the best possible service for their passengers.
- Establishing effective systems for:
 - The distribution of Hospital Parking Permits, produced by Devon County Council.
 - The equitable distribution of grant funding to eligible Community Car Schemes.
 - The collection and collation of data from the schemes in receipt of such funding.
- Demonstrating, for the first time, the enormous value of the work car schemes do through the collection and collation of this numerical data, and the collection of stories and case studies.
- The production of reports outlining this value, as follows:
 - North Devon & Torridge Social Kindness paper - 2014.
 - Exeter, East & Mid Devon Social Kindness paper - 2014.
 - Southern Area Car Forum Social Kindness paper - 2015.
 - Social Kindness in Action - Report into the financial and social benefit of supporting Community Car Schemes in Devon - 2016.
 - Report into the impact of NHS policies and practices on the ability of patients in Devon to access health appointments - 2017.
- Working to establish effective communication for all Forum members with Devon County Council, CCGs and NHS providers across the county.
- Liaising between schemes and health providers, both when problems have arisen and in working to ensure best practice, acting as an “honest broker” and endeavouring to find sustainable solutions.
- Working with schemes, the NEW CCG and Devon County Council to try to find a manageable way for Community Car Schemes to tender for contract work. This has not been achieved as the added bureaucracy and attendant risk was considered by schemes to be too great.
- Working to ensure the residents of Devon continue to have access to the essential services provided by Community Car Schemes, particularly when accessing medical appointments.

14 Appendix 2 - Added value - some examples

The kind of stories that are related at Forum meetings include:

- A driver arriving at a passenger's home to receive no answer when they knock. On investigation they find that their passenger has collapsed. They call an ambulance and wait for it to arrive. In such situations schemes are delighted that they have managed to avert what could have been a much worse crisis in this way.
- Schemes being contacted by concerned family members who do not live locally. For instance, where one half of an elderly couple is the primary carer for the other, but has is taken ill themselves and has to go into hospital. In one instance, with consent, the scheme liaised with the local GP, leading to them being visited at home by the District Nurse until their partner came out of hospital.
- Some schemes report passengers being told by their GP to attend their nearest A&E immediately due to concerns about their eyes. Most car schemes need at least 48 hours notice to provide a journey, but will do all they can to transport someone in such circumstances, but, as one scheme put it, "eyes are so important we always pull out all the stops to ensure our passenger attends as soon as possible".
- Car schemes also take people to vital social activities that contribute to their health and wellbeing, for example:
 - Taking a passenger weekly to play scrabble with their sister.
 - Lunch clubs.
 - Whist drives.
 - Outings.
 - Visits to the theatre.
- Some schemes will also help passengers if their animals need to go to the vet, believing that companion animals are important in preventing loneliness and preserving people's health and wellbeing.

15 Appendix 3 - Acronyms used in this paper

A&E	Accident and Emergency Department
CCF	County Car Forum
CCG	Clinical Commissioning Group
CVS	Council of Voluntary Service
DAS	Devon Access to Services
DBS	Disclosure and Barring Service (formerly the Criminal Records Bureau)
DCC	Devon County Council
EEMD CF	Exeter, East & Mid Devon Car Forum
GP	General Practitioner (Doctor)
HTCS	Healthcare Travel Costs Scheme
ND&T CF	North Devon & Torridge Car Forum
NEW CCG	Northern, Eastern and Western Devon Clinical Commissioning Group
NDVS	North Devon Voluntary Services
NHS	National Health Service
ONS	Office of National Statistics
PTAS	Patient Transport Advisory Service
SACF	Southern Area Car Forum
WAV	Wheelchair Accessible Vehicle

16 Appendix 4 - Community Car Forum Members

Schemes that contributed data and/or other information used in this report

16.1 North Devon & Torrridge Car Forum

Age Concern Barnstaple & District 01271 324488 Also offer many other services for older people in a 5 mile radius of Barnstaple
Braunton Volunteers 01271 815222 Braunton and surrounding parishes
Combe Martin & Berrynarbor Car Scheme 01271 882050 For members of the Waterside Practice Combe Martin, covering Combe Martin, Berrynarbor and surrounding parishes
Go North Devon Ltd 01271 328866 Offering car journeys in North Devon & Torrridge for patients needing to travel to North Devon District Hospital for oncology or chemotherapy treatment, or other cancer related appointments at local hospitals..
Holsworthy Rural Community Transport 01409 259001 Holsworthy and surrounding parishes
Ilfracombe Community Car Service 01271 855300 Ilfracombe and surrounding area
South Molton Volunteer Bureau 01769 573167 South Molton and surrounding parishes
Torrige Volunteer Cars 01237 237200 Whole of Torrige, and parts of North Devon including Barnstaple

16.2 Exeter, East and Mid Devon Car Forum

Axminster Care Services 01297 35550 Also lunch club, befriending and small grants.
Blackdown Support Group 01823 681036 Community Car Scheme and other community care services, covering the Blackdown Hills
Budleigh Salterton and District Voluntary Car Scheme 01404 46529 (Bookings taken by TRIP) Budleigh and district
Clyst Caring Friends 01392 464940 Based in Pinhoe and Broadclyst Surgeries. Offering many other community care services
Colyton Link 0300 123 3345 And community support network, Colyton parish

<p>Crediton Community Transport 01363 773303 Including Wheelchair Accessible Vehicle and other services Crediton and surrounding area</p>
<p>Culm Car Service 07546 525683 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. Devonwide.</p>
<p>Estuary League of Friends 01392 879009 Offering transport and many other community care 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>Heavitree Health Centre - Friends of 01392 277409 For patients registered at the Heavitree Health Centre, South Lawn Terrace, Exeter</p>
<p>Ide Lane Surgery - Friends of 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 Offering transport and many other community care services. Ottery St Mary and area</p>
<p>Sampford Peverell Caring Friends 07954 081705 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 Offering transport and many other community care services in the Sidmouth area.</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 01884 242099 Offering transport and many other services including Wheelchair Accessible Vehicle. Tiverton and district</p>
<p>TRIP Community Transport (including Honiton and Lower Axe Valley Schemes) 01404 46529 Co-ordinating Community Car Schemes in the Honiton, Seaton and Lyme Regis areas, and offering many other community care services. Covering in East Devon and Exeter, and also West Dorset and South Somerset.</p>

16.3 Southern Area Car Forum

<p>Acorn Community Support 01647 252701 Offering 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 01803 835384 Also offering many other service in 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 07914 853726 Those living in Chagford, Drewsteignton, Gidleigh, Hittisleigh, Spreyton or Throwleigh, or registered at Chagford Health Centre.</p>
<p>Morecare Moretonhampstead 0800 6226245 Patients of Moretonhampstead Health Centre and Hospital</p>
<p>Newton Abbot Community Transport Association 01626 335775 Also offering many other community care services, and wheelchair accessible vehicles, Newton Abbot and surrounding areas, and West Teignbridge</p>
<p>Norton Brook 01548 855128 Members of Norton Brook Surgery, Kingsbridge</p>
<p>Okehampton & District Community Transport Group 01837 55000 Other services including disabled transport Okehampton and surrounding area</p>
<p>Paignton Karing 01803 524799 Providing transport, social activities, support and information</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

South Brent & District Caring

01364 700282

Many other services

South Brent and area

TASS (Tavistock Area Support Services)

01822 617525

Many other services.

Serving 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 771695

Many other services

Teignbridge area