



## Community Car Schemes in Devon: Covid-19 Community Resilience in Action 2020-21



Photo: Tim Lamerton

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## Introduction

This report tells the story of an extraordinary year for community car schemes in Devon. After the disruption of the pandemic and the nature of the local “let’s get it done” response this report can only give a flavour of what happened, and we apologise if we have not given full recognition to everyone’s response.

It is a story that deserves to be told and if we have missed anything, please get in touch to help us put that right.

## Covid-19 and Community Transport

Community Transport responded magnificently to the challenge of Covid-19. They demonstrated imagination and initiative, and acted with care and compassion. They have proved their role as key workers and vital community supporters.

The sector was dramatically affected by the effect Covid had on older and shielding volunteers (they very sensibly stayed home and well). However, those that could help put themselves in harm’s way and responded to the acute needs of their passengers. They provided vital services to people who would have struggled without their help. It is to the schemes’ great credit that they kept themselves and their passengers safe.

Years of hard work, constant development of their services and networks, plus exemplary staff, volunteer, and vehicle management paid off when it was needed the most. They acted independently and locally making their own decisions about providing safe and appropriate services to their drivers and clients.

Service provision was not universal, and some areas struggled. It is our hope, however, that networks established over years enabled information to be shared and that everyone who needed transport was able to find a lift.

## Summary of observations and recommendations

- Local organisations proved their worth and they deserve continued encouragement and financial support to develop their existing services. This may include expanding into other areas of activity and/or location (it is difficult to find the Trustees to create brand new voluntary organisations).
- The role of volunteer managers was vital. It’s a steep learning curve in a crisis and it is advantageous to have people in place who already know best practice and have extensive local knowledge and contacts.
- Networks established over years enabled information to be shared. These networks should be continued, encouraged, funded and where possible expanded.
- Closer cooperation developed between the voluntary sector and the NHS, and some General Practices. This was of huge benefit to communities and must be encouraged into the future.
- Demands on the voluntary sector will increase. However, there is growing concern about the availability of volunteers and sustained work will need to be done to recruit, train and retain volunteers into the future. Funding will be required to build capacity.
- Covid is still with us, who knows what will come next and the good that came out of Covid must not be forgotten in the desire to return to normal.

## **Covid-19**

2020- the year Covid changed everything. The first signs of concern were noticed and increased during the February round of Devon Community Car Forum meetings.

### **Covid-19 timeline**

- 23<sup>rd</sup> March 2020: Lockdown 1 and Shielding for the Critically Extremely Vulnerable
- 18<sup>th</sup> May: gradual easing
- 5<sup>th</sup> July: Four stages of the Road Map published
- 1<sup>st</sup> August: Shielding paused
- 14<sup>th</sup> October: Tiers introduced
- 5<sup>th</sup> November: Lockdown 2
- December: Preparation for Vaccinations
- 24<sup>th</sup> December: Christmas easing
- 5<sup>th</sup> January 2021: Lockdown 3 Shielding reintroduced
- 8<sup>th</sup> March: gradual easing
- 12<sup>th</sup> April: National Haircut Day!

At all times car share was allowed for essential purposes and the gov.uk Coronavirus web pages became essential reading.

### **What happened to car schemes?**

Some car schemes kept going throughout (about a third), however most stopped and resumed at various times during the year when they felt confident about their ability to respond safely to passengers asking for journeys. In September 2020 there were approximately 670 active volunteer drivers (approximately 1900 drivers 2019-20).

Only essential medical journeys took place and many volunteers over 70 stopped driving passengers, though many continued to help in their communities, for example by delivering prescriptions and shopping. About 50% of schemes repurposed their activities in this way.

### **Journeys stopped (almost)**

The year was quite extraordinary in terms of journeys. It started with the near-collapse of an entire sector, an extraordinary repurposing of activity and then a gradual and very cautious recovery.

Most car scheme passengers are over the age of 70, many were in the Extremely Clinically Vulnerable category and required to shield at home. Passengers were extremely nervous about leaving home, and most elective appointments were cancelled anyway. There was also an increase in the number of NHS telephone consultations (up 40% from pre-pandemic).

A small number of patients still needed to attend vital appointments, mostly to eye departments, cancer treatment and pregnancy scans. Some of these people were new to car schemes (pregnant mums).

## The two-metre and one-metre + rules

In the early days most transport was carried out by schemes who had access to minibuses and were able to rapidly adapt their services to provide safe journeys to urgent medical appointments. They used the two-metre social distancing rule to give enough space to carry individuals plus the driver. Some schemes with minibuses invested in professionally fitted driver/passenger protection screens (and one bought a disinfectant fogging machine).

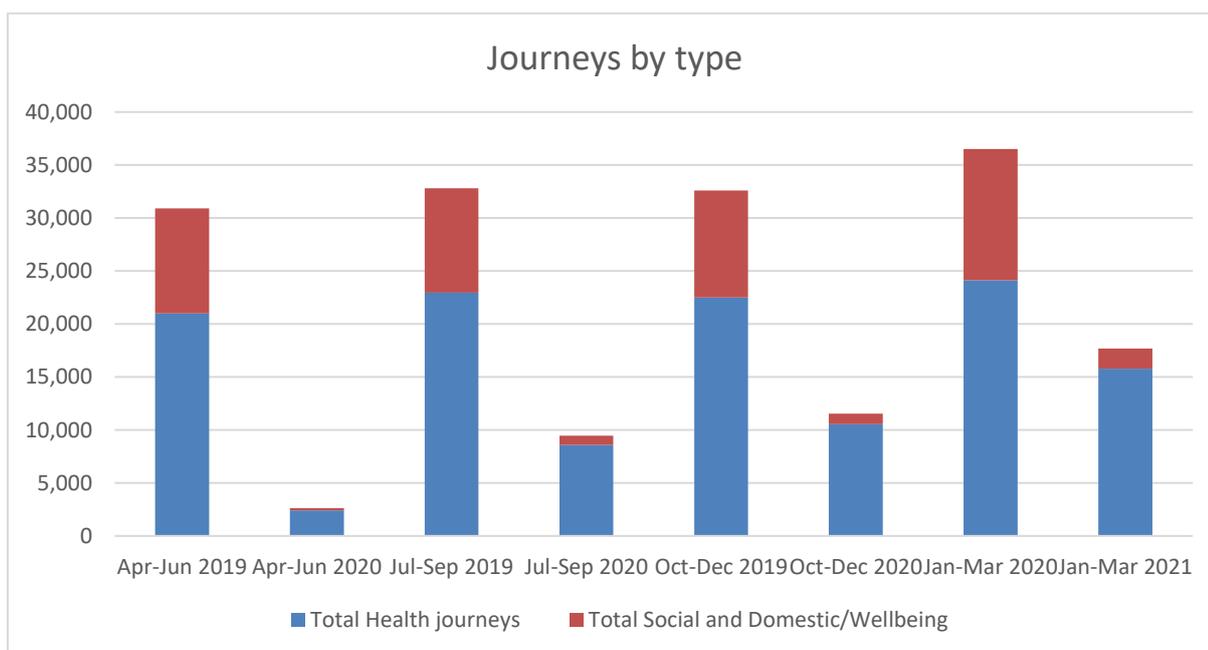
From June 2020, as infection control protocols were developed, schemes were able to adapt to the one-metre + rule and make more use of cars for journeys.

## Journey comparison by quarter between 2019/20 and 2020/21

Although demand for journeys began to recover during the year, by Jan-Mar 2021 schemes were still only doing 55% compared to a 'normal' year.

The graph shows

- Total passenger journeys
- Medical journeys
- Social welfare journeys



## Isolation, household bubbles and shielding

2020 was the year of the bubble and of shielding. Government advice encouraged the restriction of social contact to a known few, called bubbling (during the lockdowns this was required by law). People who were viewed to be Clinically Extremely Vulnerable (CEV) were contacted directly by the NHS and required to isolate from as many people as possible.

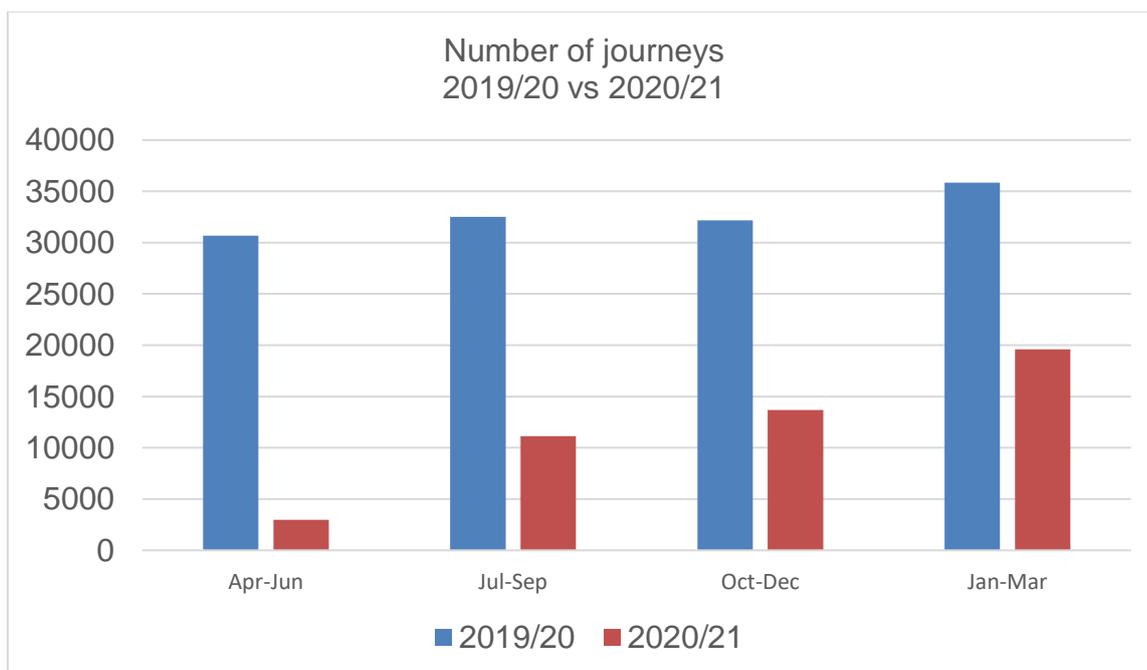
Unnecessary travel was actively discouraged, however travel to medical appointments and driving as a volunteer was allowed. Some drivers formed an ad hoc transport bubble with one passenger. It is possible that journey numbers were further reduced because

passengers were able to make more use of families who were now working from home to provide safe transport to medical appointments.

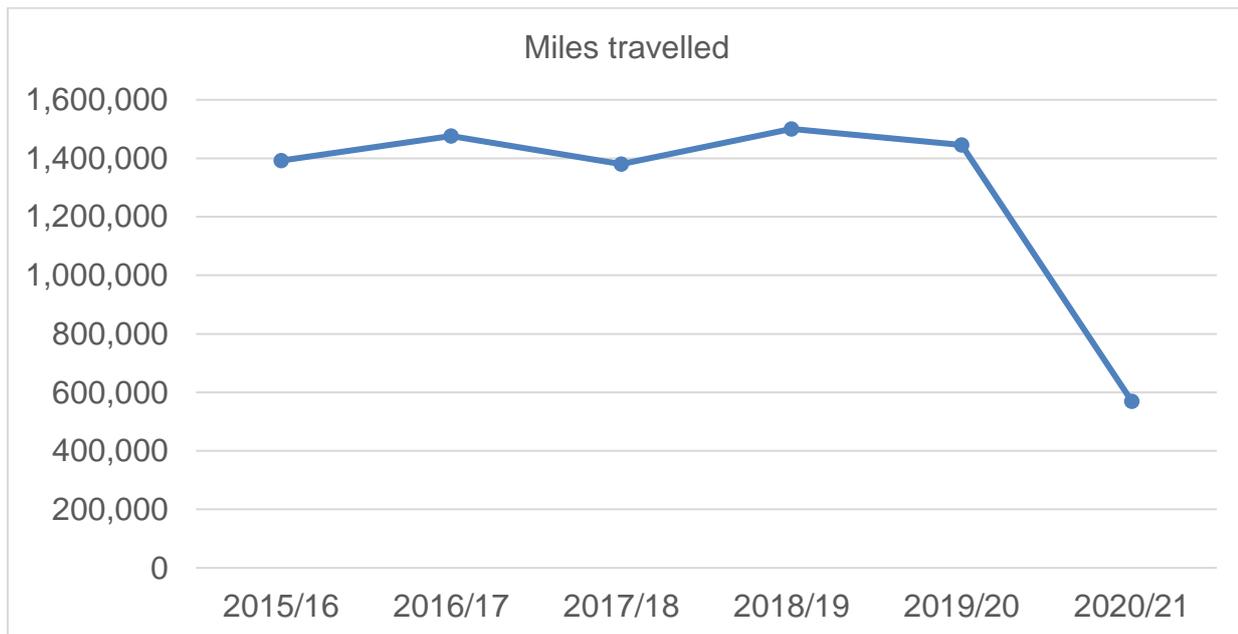
### Emergency help with transport to medical appointments

- The Patient Transport Advice Service (PTAS) suspended its normal criteria and helped people with hospital transport for humanitarian reasons. They were able to access taxis, many of whom adapted their vehicles to provide a barrier between driver and passenger. They were also very helpful working with car schemes when a passenger was struggling to find appropriate transport. We would like to develop this kind of cooperation into the future.
- Local authorities created Covid Response Funds and, for example, North Devon Council would hire the private company Driving Miss Daisy on the passenger’s behalf at no cost to the passenger. This service was suspended in September and restarted during lockdown 2.
- Two groups in South Devon, a Covid Response Group, Moorlands in South Devon and Kingscare (Newton Abbot) both bought second-hand London taxis because the bulkhead between driver and passenger made them a safer alternative to other vehicles. The vehicles proved popular with the drivers and journeys continued (provided for free).
- The Good Sams App, which generated a huge response when launched, was effective for prescription deliveries but appeared to have been not so useful for medical transport in Devon. It was not until September 2020, when drivers had been vetted and trained, that passenger journeys took place. It may, however, have been a helpful recruiter for other car schemes as unused volunteers found local alternatives for their offers of help.

### Number of journeys and miles travelled



Miles travelled fell from over 1.4 million in 2019/20 to less than 600,000 in 2020/21.



## Changing needs

Car schemes adapted their services depending on local need. Rather than taking people from their homes to services, they began delivering services to them at home.

### Prescriptions and food deliveries

Schemes delivered over 20,000 prescriptions and made over 40,000 shopping/food deliveries during the year. Prescription deliveries reduced as the large pharmacies developed their systems and increased their capacity to meet the demand of home delivery.

Mid Devon Mobility converted part of their building into a kitchen to make and deliver hot meals to people who needed them.



## **Loneliness**

This has been a significant issue for many years, and one which Covid brought into stark relief. Social connections have always been an important part of car schemes work, for example passengers and drivers have always said how much they love the chats in the car.

With medical journeys reduced and journeys for social reasons stopping completely, schemes responded by phoning vulnerable passengers (and drivers) to keep up human contact. Many schemes have developed phone befriending services.

## **Local advice and support**

Many schemes found themselves developing their long-standing role as local hubs of information and support, signposting to other local services. This often happened in cooperation with local Covid response groups and has continued as the Covid groups dissolved.

Local Councils for Voluntary Services (CVS), Devon County Council, local councils and One Northern Devon worked as part of these same networks and were a vital part of linking people to services and accessing funding.

## **Digital connections**

People had to remain at home and reliance on the internet increased. However, according to the Office of National Statistics, in 2020 approximately 18% of people over the age of 65 did not use the internet. Funding became available to encourage digital inclusion and some schemes took advantage of this to help their clients.

Mid Devon Mobility developed their Keep Connected Service with loans of tablets (and training) for those with no access to the internet and TRIP in Honiton have done something very similar.

## **What enabled schemes to keep going?**

The desperation of a few passengers needing to get to treatment and scans demonstrated need and those who could do so responded.

## **Determination, and years of hard work paid off**

Very simply, they decided they would and those who were able to mitigate risk kept going! Every scheme has its own character, and local circumstances make it difficult to generalise how this was achieved.

However, it is possible that schemes with a combination of the following were able to do more - and quicker – and these are important lessons for the future.

Potential factors (in no particular order):

- A wider age range of staff and volunteers
- Effective volunteer management systems
- Integrated in and supported by their communities, especially local GP practices
- Had financial reserves and robust management systems

- Existing pool of safety checked, trained and legal staff and volunteers – Enhanced DBS, vehicle insurance etc

### **Infection control - access to help and advice**

Access to practical infection control advice and support was essential. It proved difficult however to be sure of how to find this information. Government advice was frustrating, good at setting the tone but lacking in practical detail. There was a lot of opinion in the outside world, much of it wildly speculative and an early decision was to ignore advice from social media.



### **Sources of advice and information**

DAS was able to access advice because of long-term relationships with:

- Devon Community Car Forums
- Clinical Commissioning Group/Patient Transport Advice Service (PTAS) and DCC Transport Teams
- Northern Devon Healthcare NHS Trust

These conversations resulted in honest conversations based on trust. The pre-existing network of the Devon Community Car Forum enabled information, best practice, and warnings to travel quickly between the schemes. This is another important lesson for the future.

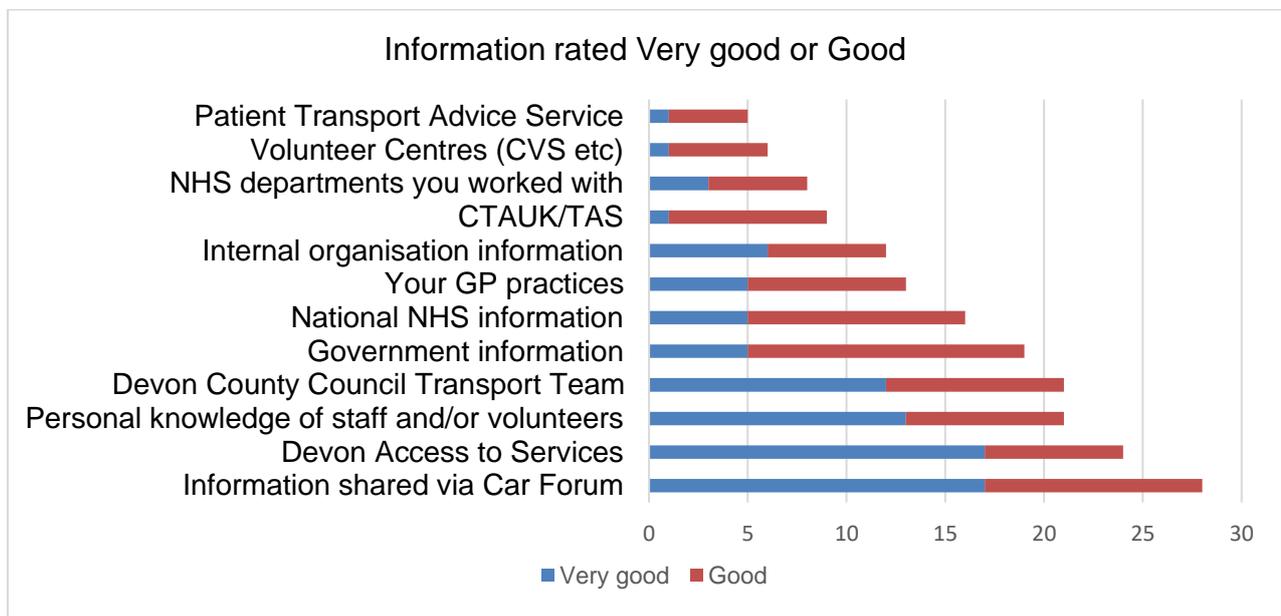
This was essential to the safe provision of transport and reliable information was crucial.

A survey of car schemes (just over 50% response rate) indicates where car schemes found useful advice. Talking to schemes it is reasonable to say there was a mix of information used. DAS certainly used many sources and often depended on contacts made before the pandemic.

I am indebted to Moses Warburton, CCG Lead Commissioner of Unplanned and Urgent Care, and Lynn Thornton, manager at Patient Transport Services for their candour and willingness to share advice. Karen Rose at the DCC Transport Team was a constant source of information and shared advice. At the Northern Devon Healthcare NHS Trust, I am grateful to both Jess Newton for keeping open the Involving People Steering Group (via Teams) and Sarah Delbridge who helped us find high quality practical advice from Dr David Richards, Consultant Medical Microbiologist, and Infection Control Doctor (thank you).

DAS was able to research and produce regular and evolving practical infection control information which was shared with members of the car forums. This enabled schemes who were unsure to make their own assessment of risk.

Car schemes were asked about the usefulness of sources of information available to them.



### Face coverings or facemasks?

We decided early on the face coverings were not reliably safe in the confines of a car and medical grade facemasks were the best way forward. This also protected trustees as facemasks are made to established standards and demonstrated due diligence. This led to the need to find and distribute effective PPE.

Prior to that, groups that had access to minibuses adapted the vehicles to create physical barriers and carried individuals to medical appointments. Although done at great financial cost to the schemes, this was the only way of ensuring at least two metres' social distancing on the vehicles.

These efforts at infection control were successful as we are aware of only one instance where someone was infected in a vehicle.

“Our passengers are relieved that we have been able to continue throughout the pandemic to transport them to their appointments as they had no alternatives available to them. They trust our volunteer drivers and have felt safe with the measures we have put in place.”

Okehampton & District Community Transport Group

## Access to PPE

In the early days finding PPE was a struggle, this quote sums up the frustration.

“We acted very quickly in obtaining PPE equipment unfortunately we found this very costly. On reflection it was very annoying to be in a position working with Government Regulations to be in service to the community that we were victims of commercial opportunists.”

Age Concern Barnstaple and District

The advice DAS received enabled us to decide that the best PPE for car drivers was

- Type IIR medical grade facemasks
- Wipes to clean the car before and after journeys

DAS sourced a reliable supply of medical grade facemasks and was able to take advantage of the DCC Rapid Covid Response Fund to pay for them. £5,000 went a very long way and we distributed to 33 community car schemes:

- 3950 IIR fluid resistant medical quality masks
- 1036 packs of sanitising wipes

This helped boost confidence when it was needed. We have included some of the end of project feedback from the car schemes

“Many passengers feel having the continuity of the same driver has given them confidence to make the trip. Also, the drivers have a supply of masks in their cars and hand gel which they offer the passenger makes them feel they are in safe hands. The volunteer drivers are very pleased to be given a supply of masks, wipes and gel. This enables them to make sure the passengers follow the guidelines, and they feel more confident in offering the service and knowing the organisation feels their health and wellbeing is important.”

Torrige Volunteer Cars

“Passengers have felt reassured that their safety is a priority.”

ELF (Exeter Leukaemia Fund)

“Delighted the scheme is up and running again.”

Lustleigh Association of Drivers

“Both drivers and passengers feel MUCH safer with masks and wipes. Passengers are so relieved that WoodaPlus is still able to do journeys as they are fearful of taking taxis.”

Wooda Plus

“Passengers & drivers are happy with the provision of the PPE we supply & feel reassured we are following the guidelines to provide the safest & most secure transport for them. Our passengers are elderly & this has enabled them to attend their appointments feeling reassured every precaution is being taken. As we have seen a much higher percentage of trips to hospitals in Exeter, Plymouth & Taunton for operations & consultations for either cancer or heart surgery, the supply of facemasks & wipes has been particularly important & very much welcomed.”

Braunton Volunteers

“All our passengers have been extremely grateful that the service is now up and running again and that our drivers are adhering to the government guidelines, They feel confident using our service and relieved that they can now attend appointments.”

Exmouth Community Car Service

“Passengers have been very relieved that they can now attend their medical appointments and are confident that we have taken every precaution to keep our clients and drivers safe. All drivers have been issued with PPE and are happy to be driving for us again and helping the community.”

Totnes Caring

### **Professional recognition of community organisations**

There was suddenly a greater willingness to work with the voluntary sector. As the needs of vulnerable people become more apparent, transport become high on the priority lists for councils and health care providers.

This maybe an oversimplification, but many Covid response groups trying to arrange lifts realised the complications, costs, duty of care and legal responsibilities of providing journeys.

Established community organisations, who have been helping vulnerable and frail people for many years, had the resources and expertise to provide safe and consistent help.

It is now a two-way relationship rather than them calling on us for last- minute help. We are now invited to their daily meetings, especially the hospital discharge team, who rely on us to provide extra care where there are gaps - shopping, transport, hot meal delivery and prescriptions.

Totnes Caring

PCC was very supportive. Doctors were very keen for us to support to vaccinations. This was interesting as we have struggled to get any response re transport from GPs in the past.

There was less duplication of services and more sharing of knowledge and signposting.

## “Spend it and hope” attitude to increasing costs

Cash flow and general income (including grants) “fell off a cliff” As a proportion of journeys, management costs increased across the region. It became more expensive to run services with the average booking cost rising from £5.29 in 2019 to £9.27 per journey in 2020.

- “We are spending what is needed to provide any service!” Newton Abbot CTA
- “The money flowing out is horrific, but it’s got to be done” Estuary League of Friends
- “The need changed and so have we – not even thinking about the cost!” Mid Devon Mobility

## A snapshot of annual activity and finance

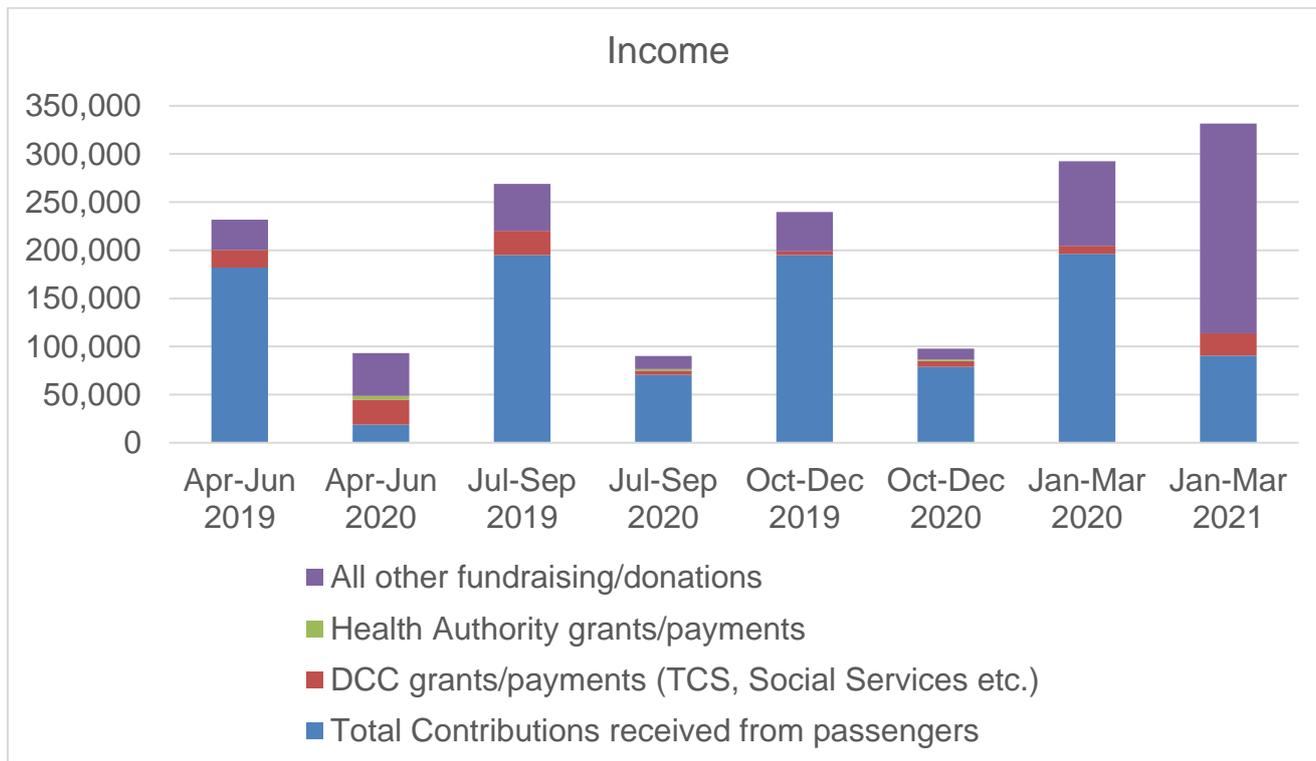
	2019/20	2020/21	change
Number of drivers	1900	700?	-36%
Miles travelled	1.4 million	570,000	-40.71%
No of journeys	131,000	48,000	-36.64%
• Health journeys (% of total journeys)	90,778 (68%)	38,234 (91%)	-42.11%
• Social Welfare Journeys (% of total journeys)	42,220 (32%)	3,916 (9%)	-90.73%
Cancellations and rebooking’s	14,493 (15.9%)	9,535 (24.93%)	-34.21%
		+9.03% as a % of journeys	
• Est cost of health-related cancellations and rebooking	£52,341 (£5.29 per booking)	£80,156 (£9.27 per booking)	+75.24%
Journeys requested and not met	3,027 (2.31%)	744 (1.55%)	-75.42%
Staff hours	43,732	32,081	-26.64%
Volunteer hours	133,076	77,261	-41.94%

Money in	2019/20	2020/21	% of total
Passengers	£772,103	£262,728	65.53%
DCC, etc	£56,724	£60,251	15.02%
Health	£0	£7,006	1.74%
Other	£211,934	£70,887	17.68%
<b>Totals</b>	<b>£1,040,761</b>	<b>£400,872</b>	<b>-38.51%</b>

Money Out	2019/20	2020/21	Change
Drivers’ expenses	£582,471	£206,172	-64.60%
Operating costs (overheads)	£703,703	£390,628	-55.51%
<b>Totals</b>	<b>£1,286,174</b>	<b>£596,800</b>	<b>-46.40%</b>

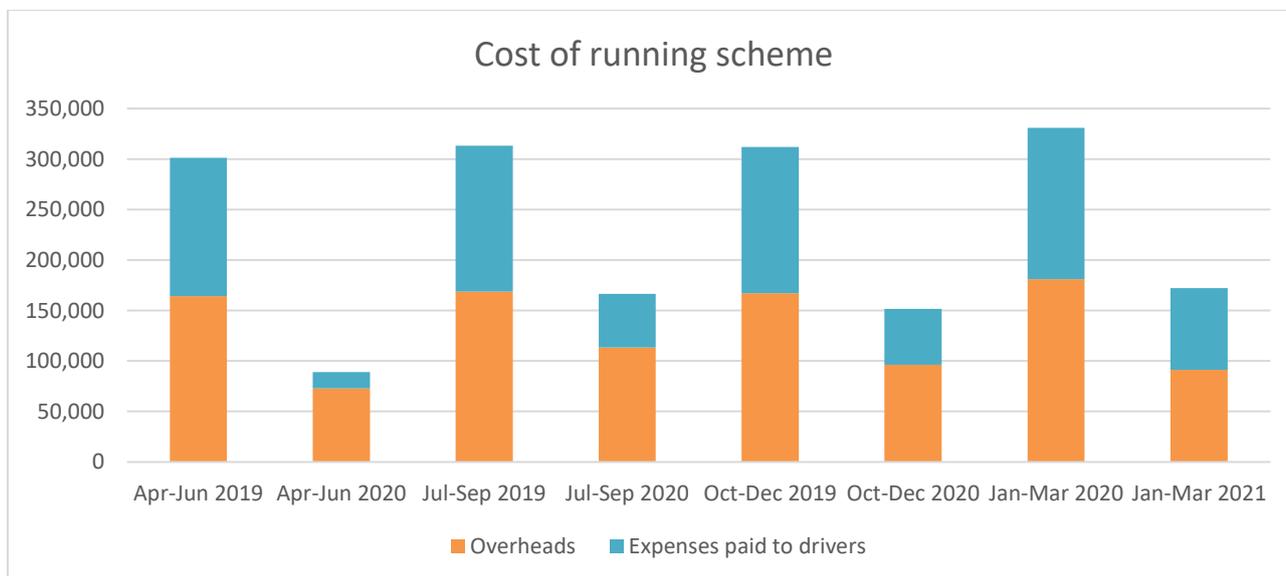
<b>Operating Deficit</b>	<b>£245,413</b>	<b>£195,928</b>	<b>-20.17%</b>
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## Income – comparison by quarter 2019/20 – 2020/21



Note that £195,000 of 'other' income for 2021 and £65,000 for 2020 were bequests/donations to Estuary League of Friends.

## Expenditure - comparison by quarter 2019/20 – 2020/21



## Covid funding

As day-to-day cash flow reduced, access to Covid response funding made a huge difference. There were simple criteria, short questions, fast turnaround, and a laudable amount of trust that groups would spend the money well. These are lessons to be learned for future funding.

The DCC Covid Response Fund was particularly notable for its efficient delivery of much-needed funds, and for example enabled DAS to buy and distribute PPE to car schemes.

### **Devon County Council transport grants**

Devon County Council transport team made sure established funding for car schemes and Ring and Ride services was paid very early in April 2020. This provided a boost to confidence and an excellent opportunity to establish early contact with the schemes and the money really helped.

### **Furlough (or not to furlough)**

This was a flexible and invaluable lifeline to many schemes. It allowed money to stay in reserve ready for the recovery phase. 35.5% of paid staff were furloughed at some point.

Many staff are paid directly from public money via grants or small contracts (Ring and Ride drivers for example) and were not eligible for furlough payments. This had the advantage of making them available to be redeployed all through the pandemic.

In one example drivers and minibuses were loaned from one organisation to a local Covid response group in Holsworthy to provide safe medical journeys to individuals with the costs paid for by the response group.

Many of the Ring and Ride providers carried on in a similar way using their minibuses to provide individual transport because it was possible to meet the two-metre social distancing rules and safely clean the vehicles. Running minibuses for one person at car scheme mileage rates (or free) was a fantastic short-term response, but unsustainable beyond the immediate crisis.

### **Covid-19 vaccinations from December 2020**

Brilliant cooperative work in December 2020 between Devon County Council, Sustainability and Transformation Plan, Primary Care Networks (PCN), DAS and the Devon Community Car Forum linked car schemes to the Devon-wide system for vaccinations.

Within 48 hours of the request, 34 schemes had signed up as able to transport people to their vaccinations, and were posted on the [DCC website](#).

Community Transport groups were also proactive at a local level. For example:

Okehampton and District Community Transport Association were one of the first to be involved with their PCN bringing frail and elderly passengers to the vaccination centre. They helped develop the process for vaccinating people sitting in their wheelchairs while still in the minibus and redesigning the flow through carparks to ease congestion.

Over 1,800 people (many shielding) were taken to their vaccinations between December 2020 and March 2021. It is reasonable to suggest that these people would not have got their vaccinations without car schemes.

*Thank you so much for organising my vaccination appointments and organising the minibus. It was all very kind and efficient and couldn't have gone better. I had got so anxious about it all.*

*I just want to say a huge thank you, for taking me to Newton Abbot racecourse for a Covid test, and to Exeter for an eye op. Without your help and not having transport or any family and friends I could ask for a lift I would have struggled big time, to get to both of these important appointments!*

### **Vaccination of volunteer drivers**

Early vaccination of drivers was a significant boost to morale. CCG and DCC recognised their importance as key workers and convinced STP. 300 volunteer drivers were vaccinated, plus many others arranged locally. There was an inconsistent response from GP practices which was heart-warming or frustrating depending on their decision.

There were schemes that decided not to accept the offer. Either they were not ready for potentially large numbers of requests, had not restarted their services or made a principled decision not to jump the queue (there was a national debate about police officers not getting priority for example).

### **Difference of opinions**

The example about not accepting vaccinations for drivers highlights that scheme's made their decisions based on their own information, local expertise, and points of view.

For example, some GP practices worked closely with their car schemes and others made the decision that it was not safe to provide journeys and shut them down for the duration.

### **The recovery**

Though these were still difficult times, there was a feeling of optimism looking towards spring 2021. The February round of car forum meetings were still online via Teams, however car schemes had survived and those that had not returned to providing lifts were beginning to consider that it was possible.

The ongoing concentration of their efforts was on healthcare journeys, as the NHS tried to reduce its backlog of appointments due to Covid. Demand was largely matched by volunteers returning, but this was not guaranteed and caused (and continues to cause) coordinators concern.

## Return of volunteers (or not)

There has been a return of volunteers to driving, and they were generally able to meet the demand. The rate of journeys that could not be met remained low at 1.5% of all journeys.

Many drivers were keen to return as soon as possible, but not as many came back as hoped. This has been noticed across all the voluntary sectors, not just transport. It will be interesting to see how this develops.

Results of our survey of car scheme coordinators asking why drivers were not returning made for interesting reading:

- “Vulnerable partners.”
- “One of our drivers didn't want to return as they felt they might potentially be putting more pressure on the NHS. The other driver felt he had reached an age where he should step down from volunteering.”
- “They are not happy driving.”
- “Reduction in availability due to increasing age.”
- “They do not feel safe.”
- “Have been made aware of their vulnerability.”
- “Seen the light of day and decided that there was more to life than volunteering.”
- “Filled their time with other things. Now used to not driving and simply can't be bothered to do it again.”
- “Some have returned, others have retired. The ones who have retired are mostly people have been with us for 10, even 20-odd years!”
- “As they're out of the routine now, some have decided not to volunteer any more.”
- “Some of the older drivers do not feel comfortable returning to driving as their mobility has decreased and they have their own health issues. A few have now moved over from volunteer to client.”
- “Change in health, unrelated to Covid. Some have reached an age they may have stepped back by now anyway. A couple are high risk and still being cautious. One driver has a wife with cancer, undergoing treatment and therefore holding back on driving for us at the moment as a safeguard to her.”
- “Still reluctant while there is significant spread of Covid generally.”
- “Reduction in availability due to increasing age.”

As ever in the diverse world of volunteering, one size does not fit all.

- “We continue to choose to not take the risk and protect them instead.”
- “Our older drivers are keen to return soon.”
- “All our drivers were vaccinated as part of the DCC initiative. Those that have not returned have either been supporting shielded family or were close to giving up volunteering prior to the start of the pandemic.”
- “Still nervous, but they haven't yet been asked to return. 3 have offered their services now they have been vaccinated.”
- “Still slightly worried but will return soon I think.”

## Time for a break?

It is possible that over time, the role of a volunteer driver has subtly altered. In recent pre-pandemic years, the increased age and numbers of passengers with a range of health conditions, combined with the reduction in public and hospital transport, meant it had changed from being “nice to do” to an essential service. The Covid lockdowns suddenly removed all that pressure and stress and gave people time to reassess what was important to them. Sometimes the answer was ‘me-time’.

This has been noticed across the voluntary sector and planners need to be aware that volunteers are not an endless or cheap solution to problems.

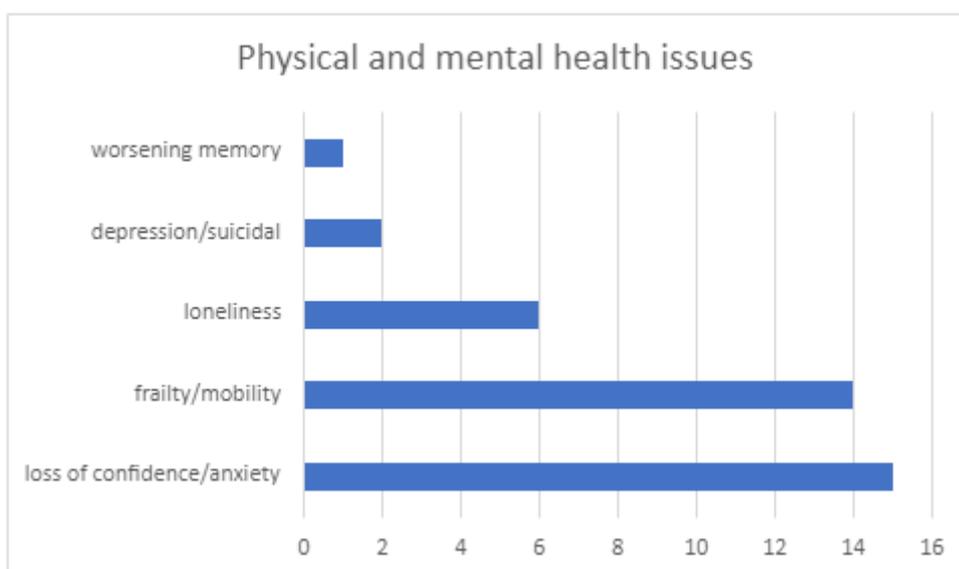
## Cost of rescheduling journeys

Health appointments were in flux and the increase in last-minute health bookings risked overstressing car schemes and increasing levels of stress for already exhausted coordinators. The increase in rescheduling of already booked journeys is time consuming and expensive. This cost the sector £52,000 rebooking journeys in 2019/20 and increased to £80,156 in 2020/21.

Coordinators noticed longer journeys to medical appointments and an increase in last-minute cancellations. This leads to higher mileage costs and uncomfortable journeys for already frail people. This in turn makes it harder to attend healthcare and in the long term causes greater environmental damage, which, though not the subject of this report, will need consideration in the future.

## Increased passenger frailty

Car schemes are reporting that some passengers are much frailer. Covid has had a detrimental effect on their health, mobility and feeling of loneliness. The results of our 2020 survey, though small, suggests the issues facing passengers and car schemes.



Though the needs of people to get to appointments still exist, many of the short-term responses have not been sustained. By March 2021:

- Free journeys supported by PTAS and District Councils have stopped
- Vehicles brought in as an emergency response (black cabs) are no longer running
- Volunteer availability has reduced as furlough ends and the need for Covid Response Groups is over.

## **Recruitment of volunteers**

Covid highlighted how dependant the sector is on older volunteers. There is going to be a need to recruit more volunteers and it is going to be a challenge as every voluntary organisation is facing similar problems, not just transport schemes.

Based on experience, the most likely reaction will be to produce region-wide recruitment publicity. However, if this response comes before capacity has been built, a successful response overwhelms schemes who do not have the capacity to respond. Potential volunteers then go “cold” and find something else to do.

It is better to share best recruitment practice and support organisations to build capacity so they can do what they have always done and recruit locally, often by word of mouth.

## **Training**

Increased passenger frailty is also likely to have subtly changed the volunteer role. After such a long time away from the role and with a hoped-for influx of new volunteers, training for drivers will be essential to help keep drivers and passengers safe. The Community Transport Association minibus and passenger assistance training would be a good response. CTA UK provides nationally-recognised certificated training which may be of benefit to people looking to return to work.

With potentially high volumes, external funding to pay for training and build capacity will be vital to success.

## **The future**

### **Looking ahead- what can be done?**

The needs of this cohort of passengers benefit from greater consideration when planning services, if it is easier for them, it will be easier for all of us. Providers of Health and Social Care can reap the benefits of car schemes’ expertise in transport and helping patients access preventative health care. Long-term investment and cooperation help solve a range of issues affecting people’s ability to lead long, healthy and happy lives.

- We must not forget the good that has come out of Covid and with that in mind, encourage long-term collaboration with car schemes, social prescribers, community connectors and GPs/NHS Trusts/local government.
- 68% of car scheme journeys are to health, cancellations and rebooking of journeys cost the sector over £80,000 and the NHS should replicate the existing DCC process for funding car schemes and infrastructure support.

- Local Health Partnerships may be an excellent opportunity to replicate the Northern Devon Healthcare NHS Trust Involving People Steering Group (IPSG) across Devon. This has given amazing (two-way) access to the NHS and community groups including transport.
- Reduce need for journeys by encouraging continuation of NHS remote consultations (target 25% NHS England, 40% 2020). To this end some schemes are already supporting people with digital consultations.
- Specialist health teams should restart local consultations before procedures. Multiple journeys to Shepton Mallet for hip operations including a Covid test is not good for frail passengers.
- Value and fund infrastructure support given by the Voluntary Sector, in particular Councils for Voluntary Services (CVS), to small local organisations. They help support local solutions and make communications with a multitude of small groups possible.
- Develop the excellent cooperative work between PTAS and Community Transport to find the most appropriate transport for people travelling to secondary care appointments.

## Conclusion

A continuing theme of our reports over the years is the growing risk to the society of our reliance on an ageing pool of volunteers to get even older and frailer people to essential preventative and elective medical care.

No one would have expected this to be so emphatically proved by Covid-19 when the sector essentially collapsed. This cannot be viewed in isolation as the entire country also went into lockdown, however the recovery may be slower for the voluntary car sector as many drivers, especially those over the age of 70, are reluctant to return to driving.

However, there are many positive messages to take from the year.

Local communities demonstrated how quickly and imaginatively they could respond to a national emergency and how well they could care for the most vulnerable people in their communities. Covid response groups realised that transport is complicated and not as straightforward as simply giving a lift, hopefully that lesson will be remembered into the future.

Volunteer car drivers showed they are key workers providing a vital role supporting frail and vulnerable passengers. They did so safely and within their existing systems, following the rules, laws and best practice set up over many years.

Patient transport, Devon County Council, GPs and the NHS were able to act flexibly and worked cooperatively with community transport to solve individual issues, and this attitude and resourcefulness cannot be praised enough.

Funders acted fast to make money available with simple application processes that allowed groups to remain open and move forward with as much confidence as possible in an astonishingly difficult situation. Easy access to funding produced amazing results.

Community transport was involved from the beginning of the vaccination programme.

As a nation we realised just how many vulnerable people there are in this country, that going digital is not suitable for everyone and just how much difference a simple phone call can make.

Huge strides were taken developing digital solutions that may relieve long term stresses on transport. Transport, however, is still essential and requires great effort and personal responsibility to make it effective and safe.

There is a considerable unacknowledged debt owed by the CCG and NHS towards older volunteers for providing help to even older and frailer patients to get to medical appointments. The car schemes should be very proud of their work and contribution towards the region's health and wellbeing, especially during this time of crisis.

## Appendix 1 A review of activity and impact 2020/21

The statistics and information were provided by the 45 Full Members of the Devon Community Car Forum (DCCF) and collected and collated by Devon Access to Services (DAS).

In Devon during 2020-21:

2020/21 has been an extraordinary year and where possible we have included comparisons with 2019/20

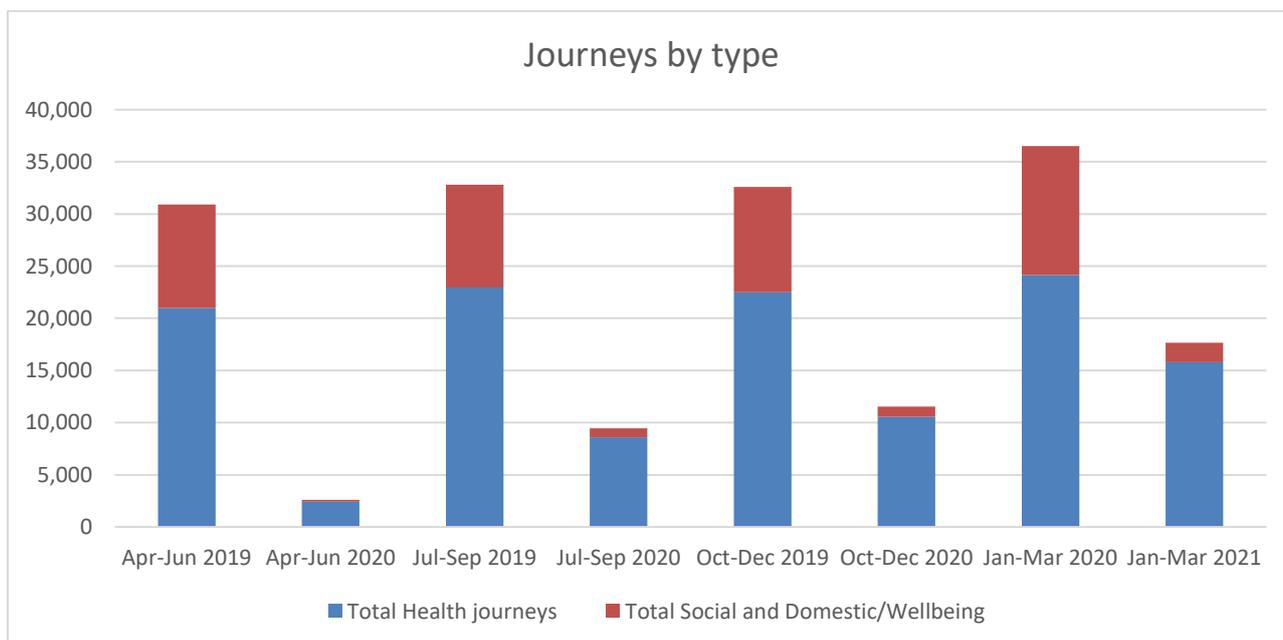
### Comparisons 2019/20 – 2020/21

To compare like with like, figures are only included for the 45 schemes that were Full Members of the Devon Community Car Forum during both 2019/20 and 2020/21.

#### Journey numbers by type

Comparison by quarter 2019/20 – 2020/21

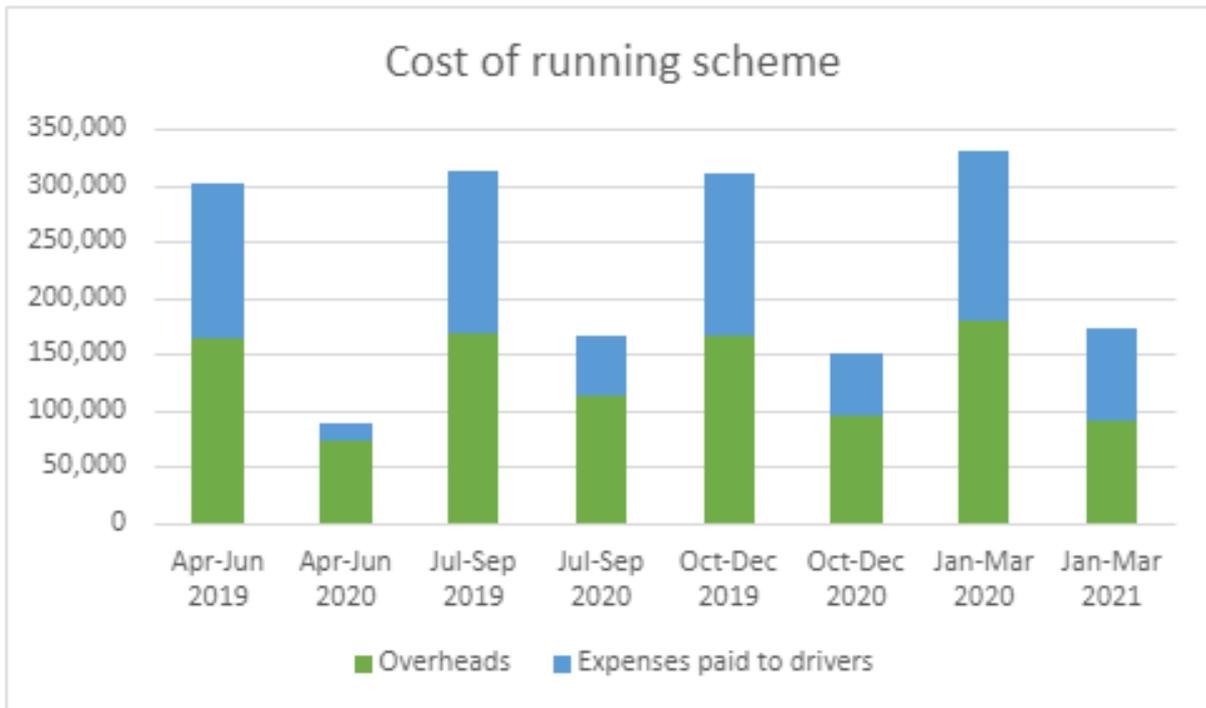
- Total Passenger journeys
- Medical journeys
- Social journeys



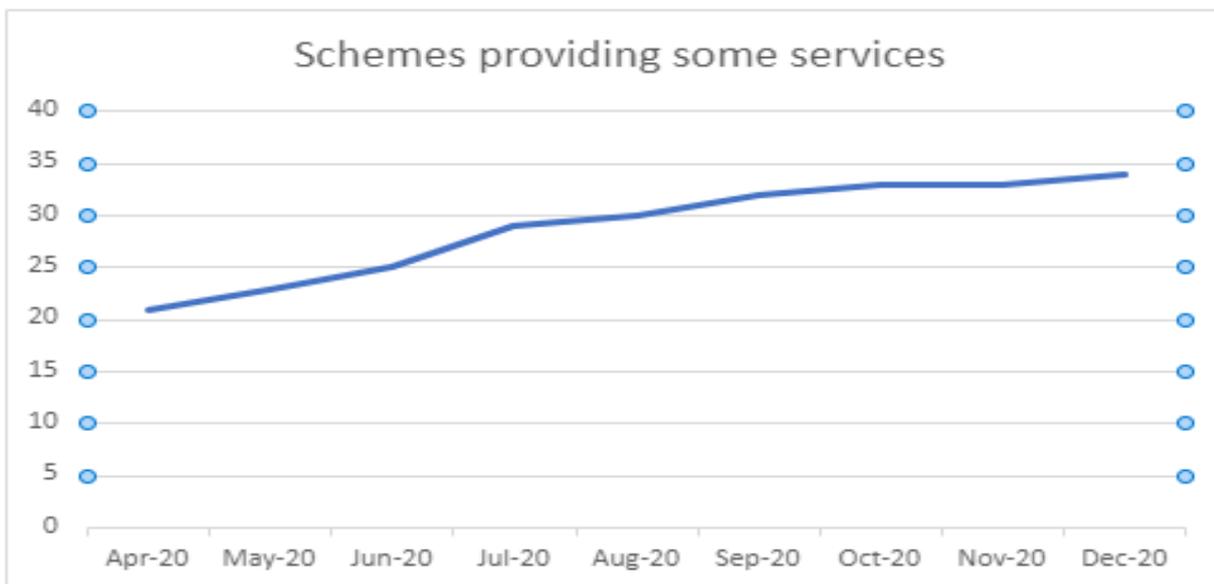
#### Costs

Comparison by quarter 2019/20 – 2020/21

- Driver costs
- Operating costs



### Number of schemes providing services



Based on responses to survey from 34 schemes

## Appendix 2 Case Studies

### **Ilfracombe - Sarah Maddocks**

In early March the Ilfracombe Town team saw what potentially might happen in a lockdown and began planning a response. They divided Ilfracombe into areas and called for area champions via Facebook and produced leaflets to make sure every resident knew who to phone if they had any problems.

The Ilfracombe Town Council Community Car Service, after writing protocols and risk assessments, repurposed its services to provide prescription delivery and shopping (638 provided). The few passenger journeys they had were referred to North Devon Council who set up an arrangement with Driving Miss Daisy. They have close working relationships with their local GP practice and local pharmacies and were able to react to local individual circumstances very quickly.

Driving passengers started up again later in the year with a Facebook campaign, using the photo on the front of this report.

Their paid coordinator was able to work from home with a dedicated mobile number to take bookings and enquiries. Her hours were increased to help her manage the demand

The scheme used the money available from The DCC Covid response fund to pay for

- PPE
- Enhanced DBS checks, ID and badged clothing for new drivers
- Drivers' mileage when taking people to vaccinations.

Why did it work? The Town team acted early to enable remote working and planned local support.

<http://www.ilfracombetowncouncil.gov.uk/community-car-service/>

### **Blackdown Support Group – Elizabeth**

BSG have a close working relationship with their local surgery and provided a range of services before the pandemic. They were able to repurpose services to local response work, mainly prescription deliveries (over 5300 delivered). They were able to work with the surgery to provide safe passenger transport when needed. They successfully recruited new volunteer drivers, including some who had volunteered for the Good Sams national programme, but had not been called upon.

They rewrote their policy and protocols to take account of Covid which they generously shared with the other members of the forum.

They have a paid coordinator.

They found funding from various Covid support funds to pay for PPE.

Why did it work? Established services, well known locally, able to act as a centre of coordination with excellent staff and close support from their GP Practice.

<https://www.blackdownsupportgroup.org.uk/>

### **Ottery Help Scheme – Emily Lezzeri**

Well established in their community, they provide a range of home support services including transport. In the early days of the pandemic they set up telephone befriending support and other services.

They worked with the new and enthusiastic Covid Support group to meet local needs and ensure that help to already vulnerable people was provided safely and within the required legal frameworks.

Why did it work? Established networks and systems, extensive knowledge of the needs of their clients. Professional team with a culture of cooperative working.

<https://www.otteryhelpscheme.org.uk/>

### **East Teignbridge Community Transport – Sally Preston**

They kept going throughout and due to having a high proportion of accessible vehicles and skilled staff became the local go-to organisation for people with higher mobility needs.

They have a higher proportion of scheme-owned vehicles which they were able to adapt. At all times they were welcoming and affordable.

<https://dawlish-mobility.co.uk/>

### **South Brent and District Caring**

Please follow the link to see an excellent example of local effort in the first lockdown from South Brent and District Caring

<https://sbadc.org.uk/welcome-to-south-brent-and-district-caring/our-covid-19-response-first-round-how-we-faced-it-together/>

### **Northern Devon Transport Task Group**

A small transport task group was set up across North Devon and Torridge to help people in need find suitable transport. The group included members of One Barnstaple, One Northern Devon, North Devon Voluntary Services, Torridge CVS.

Regular online Teams meetings helped us discuss local concerns and the availability of vehicles and drivers.

I found this group of particular value as there was personal contact with people all working to the same end and gave me small but immediate problems to solve. I have never worked harder than I did through the crisis, but it took small steps to get me going.

Through this group North Devon Council created an arrangement with Driving Miss Daisy to provide free transport to medical appointments which carried on through the lockdowns.

Community organisers were able to use the group for advice and support. Sometimes this would be to find ways to discourage overly helpful people putting themselves and passengers at risk.

A long-term result was a recognition that safe transport has its own complications. Though the attitude was to give help where needed, organised transport to health is a regulated activity and the rules were not suspended, for example: Enhanced DBS checks, vehicle insurance and obligations under the Health and Safety at Work Act. There was also the complete dominance of infection control to understand and implement.

Tim Lamerton – Devon Access to Services

## **Devon Access to Services**

### **In the beginning**

During the first two weeks of lockdown, it was shocking to see how quickly the sector almost ceased to function and it was difficult to see what purpose DAS had. However thanks to requests for information and help with transport this soon changed and we were able to do good and useful work throughout the year.

Due to family health concerns the DAS team's last day in the office was 18<sup>th</sup> March, a week before the first National Lockdown on 23<sup>rd</sup> March and we were working from home from the 19<sup>th</sup>. I confidently predicted that we would be back in 3 weeks. DAS returned to the office on 9<sup>th</sup> September for one day a week. One of the team received a track and trace call on 28<sup>th</sup> October while in the office, which shut us down again a week before the second National Lockdown started on 5<sup>th</sup> November. The team worked from home for the rest of the year.

### **Use of technology and working from home.**

At the end of 2019 NDVS (and DAS) had converted to Microsoft Office 365. This allowed us to effectively work as a team from our homes. We regularly contacted Car Forum members by email and developed the use of Microsoft Teams for video conferencing.

- We used online Teams meetings with the three Car Forums to replace our planned in-person meetings at our regular venues across the county. This took a lot of getting used to as we soon realised people's access to Teams (or not) comes with a wide variety of subtle variations depending on the device used. Our Project Administrator put in a lot of time helping people make practice calls to see how it would work best for them and everyone who wanted to attend was able to.
- The phone became increasingly important for immediate concerns and questions and to keep up personal contact.

### **Information**

In the early days of the crisis there was, understandably, little information available and though the basic rules were clear there was an absence of detail that could be used by community car schemes.

- Via NDVS, our host organisation, DAS worked with the One Northern Devon Transport Team made up of local organisations, the NHS and Covid response groups to solve specific transport needs as they came up.
- Initially there were individuals who needed to get to vital medical appointments, in particular eye departments and for cancer treatment.
- Prescription and food deliveries became an important part of car schemes' work.
- The networks formed by DAS over the years were essential for working out what was possible and safe across Devon. The questions asked at this time were vital to our understanding of the problems faced by volunteer drivers.

I am particularly grateful for the calm and common-sense advice offered by Lynn Thornton at PTAS, Moses Warburton from the CCG, Karen Rose at Devon County Council and Karen Evans, Chief Officer at NDVS. Jo Turnbull, who had only just joined the team in February, stepped up to the challenge and was an invaluable part of the team.

Being able to concentrate on the immediate needs of individuals, was personally a great help in providing me with a sense of purpose and overcoming my feeling of powerlessness.

Key activity for DAS was researching best practice government advice to develop our Infection Control Information document. We used authoritative sources such as Gov.uk, CTA UK and contacts with PTAS, CCG and the NHS, in particular the specialist knowledge available via the Northern Devon Healthcare NHS Trust. The document was updated with every change in government rules and as increased knowledge of the virus became available and shared with the schemes.

In May we distributed the annual DCC grant to full members of the Devon County Car Forum. This was an excellent opportunity to make contact about something positive and to practice the use of technology to gather and collate information quickly and effectively.

We put together a template Coronavirus Risk Assessment document for car schemes based on information supplied by CTAUK and the Health and Safety Executive.

After a survey of schemes in June 2020 and careful research into the required specification of PPE and suppliers we made a successful grant application the Devon County Council Covid Response Fund to provide supplies of PPE to car schemes, supplying IIR facemasks and anti-viral wipes.

Working with Teignbridge CVS helped give us an idea of what might be involved recruiting a different age range of drivers and using Facebook as a main route of advertising.

In December we were able to assist the STP workforce by planning, identifying and supplying contact details for 38 car schemes willing and able to provide vaccination journeys. These schemes details are available here at [Travel Devon Travelling to your vaccination appointments](#)

## Appendix 3 Statistics – Activity, income and spending 2020–2021

During 2020-21

There were:

- 60 members of the Devon Community Car Forum (DCCF)
- 48 Full Members of the DCCF provided these statistics as part of their annual funding agreement with Devon County Council.
- 12 were Associate Members who do not provide statistical information or receive funding from DCC via the Car Forum. These figures are therefore an underestimate of activity and costs.

All members can be part of the Volunteer Driver Hospital Parking Scheme, which is managed by DAS in cooperation with Community Car Schemes, Acute Hospital Trusts, Devon County Council and the Devon Community Car Forum.

<b>Volunteer Driver Hospital Parking Permit Scheme</b>	2019-20	2020-21
Number of CCS participating in the scheme	59	60
Number of permits issued	2222	2298

<b>Journeys</b>	2019-20	2020-21
<b>All health-related journeys</b> (% of all journeys)	90,778 (68%)	38,234 (91%)
<b>Social welfare purposes</b> (% of all journeys)	42,220 (32%)	3,916 (9%)
<b>Total of all passenger journeys</b> Including journeys for people who travelled in their wheelchairs.	132,998 5,435	42,150 1,633

<b>New Covid Response</b>	2019-20	2020-21
Total number of prescriptions delivered	n/a	21,150
Total number of shopping/food deliveries	n/a	40,291
Number of vaccination journeys	n/a	1,861

<b>Journeys cancelled or not placed</b>	2019-20	2020-21
Journeys cancelled	14,493	9,535
Journey requests not able to be placed	3,027	744

<b>Income</b>	2019-20	2020-21
Passenger contributions	£772,103	£262,728
DCC Car Forum funding, social services etc.	£56,724	£60,251
Health funding	£0	£7,006
Other fundraising	£211,934	£70,887
Total income generated by car schemes	£1,040,761	£400,872

<b>Spend</b>	2019-20	2020-21
Cost of organising these journeys (overheads)	£703,703	£390,628

Reimbursing drivers' vehicle mileage costs	£582,471	£206,172
Total spent by schemes providing their services	£1,286,174	£596,800

<b>Deficit</b>	2019-20	2020-21
Total income less total spend	-£245,413	-£195,928

	2019-20	2020-21
<b>Total miles travelled</b>	1,446,161	569,763
<b>Volunteer hours and contribution</b>	2019-20	2020-21
Number of volunteer hours gifted to the car schemes	133,076	77,261
Notional value at National Minimum wage (£8.21 from April 2019, £8.72 from April 2020)	£1,092,554	£673,716

<b>Average journey distance</b>	2019-20	2020-21
Average return journey (miles)	21.75	27.04

<b>Average passenger spend on journeys</b>	2019-20	2020-21
Average return journey x 45 pence per mile	£9.79	£12.17

<b>Average cost to organise a journey</b>	2019-20	2020-21
Overheads divided by total no of journeys	£5.29	£9.27

<b>Staff hours</b>	2019-20	2020-21
Number of paid staff hours	43,732	32,081

<b>Cost of managing cancellations/rebookings</b>	2019-20	2020-21
Number of cancellations and rebookings	14,493	9,535
cancellations x cost per journey (Most cancellations are rebooked)	£76,668	£88,389
% of operating costs	10.9%	22.63%
Number of cancellations associated with health transport	9,891	8649
% of rebookings that were health related	68.25%	90.71%
<b>Cost of managing NHS rebookings</b>	£52,323	£80,176

<b>Healthcare Travel Costs Scheme</b>	2019-20	2020-21
Number of eligible HTCS journey requests	5,447	2,121

## **Appendix 4 Devon Access to Services (DAS)**

The purpose of DAS is to research, develop and help to deliver affordable and practical solutions that enable vulnerable and isolated people to access health and welfare services across Devon.

DAS works to achieve its aims by providing infrastructure support, guidance and other practical help to community car schemes and other local groups across Devon by:

- Developing partnerships, cooperation and co-production between public and third sector service providers to improve access to services for those in greatest need, e.g. disabled, older and/or isolated people, carers and young people.
- Working to develop trust between these often-disparate groups; developing a safe environment to meet and acting as an honest broker.
- Working with all its partnerships to develop consistent evaluation and measurement systems that enable the development and implementation of a strategic overview.
- Ensuring the development and sharing of best practice within the groups it supports.
- Identifying and promoting funding opportunities for the work and groups it supports.
- Supporting with the recruitment, training and ongoing development of the role of volunteers.

DAS is a project hosted by NDVS North Devon Voluntary Services, funded by Devon County Council and now in its 14<sup>th</sup> year.

## **Appendix 5 Methodology**

DAS collect and collate the data detailed in this report through:

- Standard quarterly returns submitted by all the participating schemes
- Feedback collected during regular Car Forum meetings
- One-off questionnaires to the Devon Community Car Forum
- Research projects carried out with the Devon Community Car Forum
- One-to-one support work with individual car schemes

Due to the diverse nature of the sector the figures cited are considered indicative but do give a good a representation of the activity of member schemes.

Voluntary work, by its very nature, is often under-reported and it is likely that the figures are low in respect of

- actual work carried out
- hours given by volunteers
- costs incurred

Journeys are defined as a single journey to an appointment and a single journey returning from an appointment.

## Appendix 6 What is a community car scheme?

Community car schemes come in many shapes and sizes and work in different ways depending on local circumstances, their founding purpose and levels of funding available. They are groups of people who have come together to solve a particular problem in their local community.

- For a community car scheme or larger community transport organisation that need is local people getting where they need to go and the solution is giving them a lift.
- With other community support groups, perhaps based around a local GP practice, they run other services and find the need to form a car scheme to help people attend their activities.

Over time they can grow to be quite sizeable organisations and cover large areas (perhaps with 80 or more drivers, paid coordinators, premises, and scheme-owned vehicles). Equally they may decide to stay local, small, and easily manageable. Both approaches are equally valid as they meet the needs of the people who use the scheme and match the abilities, motivations and aspirations of the people who run the scheme.

CCS using drivers and privately-owned vehicles are limited to charging no more than the driver will receive in expenses for that journey (1981 Passenger Transport Act).

CCS that use their own vehicles under a Section 19 Community Bus Licence can charge fares to cover the full operating costs but cannot generate surpluses to support other services.

It is highly unlikely that any CCS can be fully self-sustaining on passenger contributions alone. External funding will always be required.

## Appendix 7 Who is a car scheme passenger?

Car scheme passengers are often older, frailer and increasingly have memory problems. They want to retain as much independence as possible, but have no other realistic transport options.

They can no longer drive, have no local family who can help and can't use public transport even if it was there. They are increasingly in need of a helping hand and are likely to be non-users (or lapsed users) of digital technology.

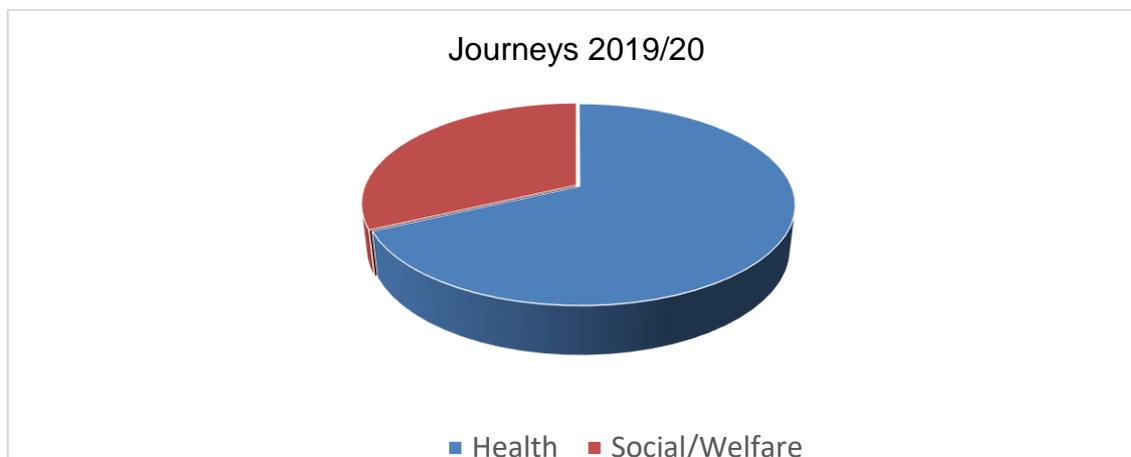
The NHS definition of frailty is as follows:

*'Frailty is related to the ageing process, that is, simply getting older. It describes how our bodies gradually lose their in-built reserves, leaving us vulnerable to dramatic, sudden changes in health triggered by seemingly small events such as a minor infection or a change in medication or environment. In medicine, frailty defines the group of older people who are at highest risk of adverse outcomes such as falls, disability, admission to hospital, or the need for long-term care.'*

### Where do these passengers need to go?

(in a 'normal' year pre-Covid April 2019-March 2020)

- 68% Health = 90,778 journeys to primary and secondary (outpatient) care
- 32% Social Welfare = 42,220 journeys
- 



## Appendix 8 Devon Community Car Forum

This report has only been possible because of everyone's active participation, and Devon Access to Services gratefully acknowledges their contribution.

The Forum is a network of independent community organisations who provide thousands of journeys each year, mostly, but not exclusively, to health appointments.

The Forum provides an insight into the astonishing amount of help that a diverse range of independent charities provide to their passengers. Is an opportunity to collect and share statistics and stories and provide mutual support. It provides a unique opportunity to ask questions and share best practice in a safe space, it has also helped reduce the sense of isolation felt by many groups.

All car schemes in Devon are welcome to join the Forum provided they are a constituted organisation, and all drivers must undertake a satisfactory Enhanced Disclosure and Barring Service (DBS) check.

### **Definition** of a Community Car Scheme (for membership of the Devon County Forum)

- Journey requests made by/for named individuals (not the public)
- More than one person involved in providing the service
- Not for profit (organisation and/or fares to passengers: e.g. not a hackney or private hire vehicle)
- Have a constitution (with a bank account for Full Members)
- Volunteer Trustees (no paid directors)
- Use vehicles with up to 8 passenger seats (a car)
  - might make use of a minibus (between 9 and 17 passenger seats) for:
    - lunch clubs
    - help passengers with disabilities attend medical appointments, etc

### **Organisations**

They come in all shapes and sizes and in most cases are based in their local communities.

- Small community groups where everyone is a volunteer
- Larger community groups with a mix of volunteer and/or paid staff
- Community Transport groups e.g., providing Ring and Ride Services with a car scheme
- Larger organisations that provide many services and have a car scheme

Community Transport groups are welcome to be members of the forum. However DAS only collects data on:

- car activity (a car is up to 8 passenger seats)
- wheelchair journeys for medical or social wellbeing (excluding Ring and Ride services)

### **Car schemes might use:**

- Volunteer drivers using their own vehicle and receive mileage expenses
- Paid and or volunteer drivers using the scheme's own vehicles:
  - Cars

- Wheelchair Accessible Vehicles (WAVS)
- Minibuses

### **Charging for journeys**

Journeys might be offered:

- Free with the opportunity to donate
- Mileage charge if in private vehicle (no more than the driver will receive in expenses)
- There may be a small fee to book the journey
- Journey and organisation cost if the vehicle is owned by the scheme operated under a Community Bus Permit (Section 19)

There are two levels of membership:

- **Associate membership** gives access to:
  - Volunteer Hospital Parking Permit Scheme
  - Forum meetings
  - information sharing and mutual peer support
  - DAS infrastructure support and advice
- **Full membership** gives all the above, plus funding in exchange for common statistics on their activity.

Reasons for schemes not being full members include:

- They are outside the DCC area and cannot receive DCC funding (Plymouth and Torbay unitary areas for example)
- They do not have the capacity or desire to complete the Car Forum data returns.
- They do not need to receive extra funding from DCC.

## **Appendix 9 - Community Car Forum Members**

Organisations that contributed data used in this report:

### **North Devon & Torridge Car Forum**

- Age Concern Barnstaple & District
- Braunton Volunteers
- Combe Martin & Berrynarbor Car Scheme
- Cancer Care Car (Go North Devon Ltd)
- Holsworthy Rural Community Transport
- Ilfracombe Community Car Service
- South Molton Volunteer Bureau
- Torridge Volunteer Cars

### **Exeter, East and Mid Devon Car Forum**

- Blackdown Support Group
- Clyst Caring Friends (Pinhoe and Broadclyst Surgeries, Exeter)
- Colyton Link
- Culm Car Service (Cullompton).
- ELF (Exeter Leukaemia Fund)
- Exmouth Community Car Service
- Estuary League of Friends (Topsham)
- Heavitree Health Centre - Friends of
- Ide Lane Surgery - Friends of
- Mid Devon Mobility (Crediton)
- Mid Devon Mobility (Tiverton)
- Ottery Help Scheme
- Sampford Peverell Caring Friends
- Sidmouth Hospice at Home
- Sidmouth Voluntary Services
- Silverton Link Up
- TRIP Community Transport Honiton
- TRIP Lower Axe Valley

### **Southern Area Car Forum**

- Acorn Community Support (Christow and surrounding area)
- Buckfastleigh Sharing
- Buckland Surgery Support Group (BUSS)
- Dartmouth Caring
- DASH (Ashburton)
- Dawlish Community Transport (East Teignbridge CTA)

- Ivybridge & District Community Transport
- Kings Care League of Friends (Newton Abbott and Kingsteignton)
- Modbury Caring
- Morecare Moretonhampstead
- Newton Abbot Community Transport Association
- Norton Brook
- Okehampton & District Community Transport Group
- Redfern - Friends of
- Riverside Surgery Befrienders - Bovey Tracy
- South Brent & District Caring
- South Hams Community Transport
- TASS (Tavistock Area Support Services)
- Tedburn Outreach (Tedburn St Mary)
- Totnes Caring
- Volunteering in Health
- YelverCare (Yelverton)

## Contact Devon Access to Services

For more information about this report, the work of DAS, car schemes in your area, or if you would like to know more about volunteering for a car scheme please contact:

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

<https://www.devonservices.org.uk/>