



Devon Access to Services
“Improving access to information, services,
representation and training”



Social Kindness and Community Car Schemes in Devon: March 2025. More Than a Journey.



Devon Access to Services

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1. Executive Summary.

Welcome to the Devon Community Car Forums annual report including Car Scheme activity April 2023 to March 2024 where we will highlight the sectors key achievements, challenges and opportunities for the future.

“Volunteer drivers make a real difference to someone's day, every day.”

Thanks to Devon County Councils continued support, for more than 10 years the Forums have demonstrated the value of Community Car Schemes to their passengers providing missing transport links. In this report we will offer you a glimpse into the Car Schemes support to other organisations also helping otherwise excluded people lead happier, healthier and more independent lives.

We live in an interconnected, complicated, and for many car scheme passengers, an increasingly confusing world. For these people car schemes are a source of great comfort.

In the light of the Darzi report <https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england> and with the government's three 'big shifts' **from hospital to community services, from treating sickness to preventing it, and from analogue to digital** we believe Community Transport is a vital link to help achieve this ambitious 10-year plan. Car Schemes are already deeply invested in the health and welfare of their local communities and provide 48,143 paid staff hours and volunteers gift their time with a notional value of £1,345,253 (See Appendix 4 Methodology)

We believe long-term partnerships are vital if these significant changes are to be achieved. If, over time for example, pressure for transport to medical appointments could be relieved, their focus could move to social and welfare journeys, greatly aiding prevention and community care.

Missed NHS Appointments.

A recent appointment reminder text message said that 7.8 million NHS appointment slots were missed last year. These numbers, and the cost of waste are increasing. <https://www.england.nhs.uk/east-of-england/2023/12/08/quarter-of-a-million-more-seen-by-gps-in-the-east-of-england-during-october-as-costs-of-no-shows-revealed/>

Car schemes actively work to reduce missed appointments.

88.9% of car schemes help reduce the number of forgotten journeys and therefore GP and Hospital missed appointments by providing a personal reminder to their passengers.

This service is delivered by phone and benefits patients who are unable to use the NHS digital reminder systems, such as text messages, notifications, or email reminders. These vulnerable people receive a verbal reminder of their appointment, and reassurance that someone is there for them. This simple act may also help promote better recovery.

£3,580,199 is the potential value of this effort helping to reduce the NHS waste of missed appointments across Devon.

This service is provided by car scheme coordinators and requires additional time, considerable experience, a desire to help, and includes, especially where the coordinator is paid, costs that cannot legally be reclaimed from the passenger.

If, for example, Health services funded 72% of the deficit, representing the 88,506 health related journeys in 2023/24 the £198,174.96 could be shared to participating schemes via the Car Forum using the delegated support system Devon County Council have developed. This could be used in return for information about currently unrecorded activity such as actual numbers of appointments to measure the shift of activity from hospital to community.

The struggle is real

£275,243 is the sectors financial deficit. The day to day running of schemes is still challenging and running costs increased by 32% to £930,000. Some organisations came close to breaking; one suffered an awful act of arson that destroyed five vehicles, Go North Devon along with its Cancer Care Car Service closed and with great sadness a local community in North Devon lost a stalwart of their car service.

£82,966 is the estimated cost to the sector managing cancellations and rebooking of journeys. This was a combination of the NHS moving appointments, often at short notice, and passengers feeling unwell on the day and rebooking another appointment. Though the cost has reduced, it is still a significant drain on car scheme budgets.

Journeys are more complicated to arrange as car scheme passengers often have multiple health conditions, and services aimed at helping them are continually adapting their offers to meet increasing demand. This is partly due to an aging demographic, their increased confusion, and the ongoing need to catch up after the pandemic, often with limited resources.

The number of Car Schemes journeys continued to increase, with an encouraging rise in the number social welfare journeys. Car scheme coordinators, however, say they are spending more time arranging these journeys and linking their passengers to other services.

The Community Transport Association UK produced their 2024 State of the sector mapping report reflecting many of these issues at a national level <https://ctauk.org/mapping-england>

Digital Solutions and the transfer of workload

“Cars and smart phones are great, until you can’t use them.”

Health services are using digital solutions to improve their productivity which may have resulted in a small reduction in the number of health journeys. Workload and cost, however, is moved to organisations helping people who do not or cannot use digital technology. Though a relatively small number of people across society (approx. 10% of the population) they represent many of the users of community car schemes and many other voluntary organisations.

The car schemes would welcome a conversation about transferring resources to them to help manage their additional workload.

Car Schemes are recognised as a vital link for their communities

In 2024 we were delighted to see the Integrated Care Board (ICB - One Devon) recognising Community Transport as a vital link between health, welfare and social services.

Devon and Torbay, Local Transport Plan 4, 2025 – 2040 See Chapter 12:

For example, the ICB worked with organisations from the VCSE sector (Voluntary, Community and Social Enterprise) on the response to the new local transport plan from a Health point of view. We look forward to developing and strengthen these links and are particularly keen to support the aims outlined in the paragraph on Page 52 of the Plan.

“Devon is also served by a network of voluntary community transport organisations that enable secluded, disabled or elderly populations to access shops and services. This community transport is particularly important for people in rural communities who may not have suitable public transport available to them. We will continue to support existing community transport operators and Fare cars. We will also explore opportunities to empower local communities to increase provision.”

<https://www.devon.gov.uk/haveyoursay/consultations/devon-and-torbay-local-transport-plan-4/>

Willing to help, though not a Taxi

Looking in from the outside it is possible to consider car schemes to be similar and expected behave like a commercial taxi service. Though perhaps understandable, this view does not match the desires and motivations of the people who run, nor reflect the legal constraints placed upon car schemes. For example, a social car scheme must not risk operating for commercial benefit and cannot simply raise its prices to meet a deficit or pay a higher mileage expense rate to drivers. Doing so may exclude the very people they were set up to help and is potentially go against passenger transport law and tax rules.

Although the offer of a lift is similar, every scheme is independent, and organisations (and their needs and motivations) are diverse and not one is the same. This is also true of the passengers, the services they access, the drivers and those who already help support and fund them.

Formal Partnerships, hopefully with significant and ongoing funding, though challenging to form and maintain, are exciting opportunities for closer working. The National Lottery being a prime example of excellent work. They can, however, risk boom and bust which can be devastating for voluntary organisations when the money runs out. The Who Do You Interact With Survey (Chapter 4) shows how less formal approaches to partnership work have the potential to be effective in the long term. We would like to further explore this potential.

The Pandemic demonstrated that given clear evidence of need and permission to respond (within safe limits) people and communities get on with it. The voluntary sector and community car schemes have been doing this for years and this is also a story of continued adaption, survival (or not) and overall success.

What can be lost without support or by overloading

Experience has shown that when car schemes show what they can do there can be negative results, as car schemes feel that stressed health authorities can overload them. This is unfortunate as car schemes operate almost entirely on good will and it can take a long time to regain trust.

At some point most groups have been told “You must provide journeys”. This does not stop car schemes from doing what they do, unfortunately it undermines good will and impedes the development of quality partnership work.

We have learned you can make astonishing asks of volunteers, and they will come forward. Demand or expect change, especially for free, and the walls go up. Ask with a smile with reasonable expectations, be supportive and warmly cooperative and you will be amazed what can be achieved. This also applies to car schemes as sometimes passions can run high.

Fortunately, there are affirmative ways of working and there are heartwarming examples that clearly demonstrate this. Please see Chapter 5

There are many positive ways to influence change within the sector. Internally, we need Trustees and please look at the Devon Connect website <https://devonconnect.org/campaign/become-a-trustee-today> and from the outside, try to do things that help reduce stress, increase communication and promote funding opportunities.

2. Variety of organisations within the sector

There is considerable variation in the size, legal structures and activity levels of car schemes. They all provide local services to people who are not able to use other forms of transport. Some, in line with their founding purpose, further define their service by age or illness. They all give an amazing service to their passengers that is safe, professional in its widest meaning and caring. They are all valued in their communities.

The range cover organisations with annual turnovers of up to £800,000 providing a diverse range of services such as lunch clubs, advice, befriending, sitting services and memory cafes this list is huge and in one instance built a library - to volunteer only groups who only provide car journeys where their main income is the £786 provided by Devon County Council's 2023-24 annual grant to the Car Forums.

There are community transport specialists with Ring and Ride accessible minibus and Shopmobility services who are experts in their field. There are schemes that provide thousands of journeys a year and groups that do a few hundred.

Some own cars, minibuses or smaller wheelchair accessible vehicles and most, but not all, use volunteers driving their own private cars.

They may have Chief Officers and paid staff or be run by a group of friends, many are charities and some a local association, with a chair, treasurer and secretary running it all.

Due to the demand for their services, they concentrate on health-related journeys. Most would, where resources permit, include social welfare in their remit.

The ability to shift to more social welfare journeys is important as we recover from the pandemic and move to a more prevention-based health care system as many activities, Memory Cafes for example, are considered to be Social Welfare.

They also vary in their ability to expand their offer and include new services. A small local group with an equally small committee may have more than enough to do providing car journeys. Larger organisations may be able to provide other support services to their clients, though without consistent funding, this is also very challenging.

One scheme is considering funding a paid driver and a scheme supplied vehicle, so they can concentrate on recruiting more volunteers instead of struggling to find the time to fill lift requests with their existing volunteers.

The financial situation also varies across the region depending on circumstances. There are schemes with good levels of funding and “are rubbing along nicely”. There are at least two funded by charity shops for example, At the other end of a wide spectrum some schemes are struggling to find the money they need for operational cost.

As members of the Devon Community Car Forums they:

- Use cars (maximum 8 passenger seats)
- All drivers undergo Enhanced DBS checks
- Are an organisation not run for commercial benefit
- Have Public and Employer Liability Insurance to the value of £5,000,000
- Have agreed policies in place

To be a member of the Volunteer Driver Hospital Parking Permit Scheme they must agree to the terms and conditions of the scheme and keep records that match driver and vehicle to a numbered permit. The permits are available to all members and are valid at NHS hospitals across all of Devon.

To receive Devon County Council funding (in exchange for statistics) they must be in the Devon County Council area. This unfortunately excludes members from the South Devon and Torbay or Plymouth Unitary Authorities and we have no statistics available for their activity. We would like to explore opportunities to make funding available to them in return for their statistics.

3. A Summary of Activity 2023- 24

Devon Access to Services worked with 59 community car schemes (of all shapes and sizes) across Devon during the year.

The statistics and information were provided by the 51 Full Members of the Devon County Car Forum (DCCF) and collected and collated by Devon Access to Services (DAS).

Membership of the Forums changes over time as does individual schemes activity, therefore comparisons over the years are not exactly like for like and these figures should be viewed as indicative of activity and an underestimate.

In Devon during 2023-24:

- The Car Schemes told us they provided 122,384 journeys up from 115,521 last year
 - 88,506 (72%) journeys were for health appointments up slightly from 88,319 (76%) 2022/23.
 - 33,878 (28%) were for social welfare activities, an encouraging increase from 27,202 (24%) 2022/23.
- 1007 of these were due to covid -19 vaccinations down from 1581 in 2022/23.
- 1228 drivers travelled 1,319,986 miles delivering those journeys (1206 drivers and 1,382,925 hours - 2022/23).

Delivery of their services required considerable resources:

- 129,103 volunteer hours (133,935 2022/23)
- 48,143 paid staff hours (43,078 2022/23)
- £930,000 cost (overheads additional to mileage expenses) to provide their services, a significant increase from the previous year (£704,806 – 2022/23)

Passengers gave £775,497 (£693,403 - 2022/23) towards this cost and schemes generated a further £379,381 (£361,529 - 2022/23) by fundraising.

Cancellations and unmet requests:

- 10,918 previously booked journeys, mostly to health appointments had to be cancelled and/or rearranged, often at very short notice (down from 12,813 – 2022/23). The schemes spent £82,966 in unrecoverable costs to manage this process, a 55.35% increase from £53,405 for 2021/22.
- 3,287 requests could not be met (3,034 – 2022/23), a 44.9% increase from 1,809 for 2021/22

Schemes saved the NHS an estimated £3,580,199 million.

- £3,518,113 million saved from “Did Not Attends” costs by patients not missing appointments.
- £62,086 saved by the Healthcare Travel Costs Scheme (HTCS)

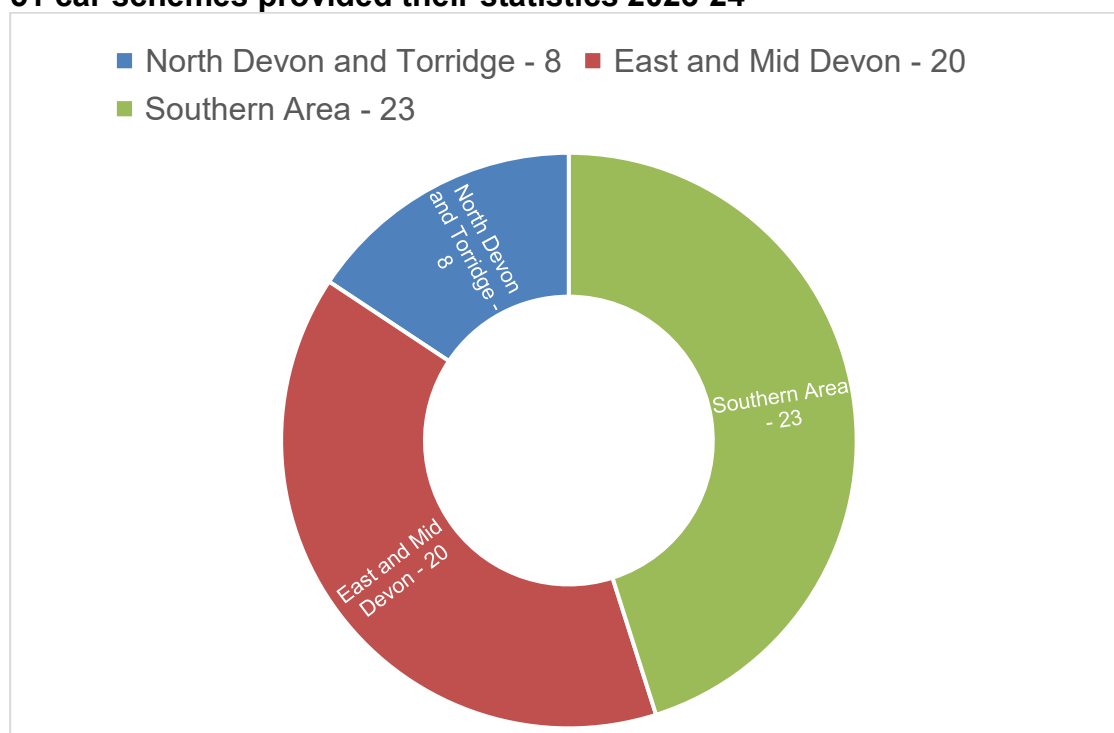
Devon County Council supported car schemes with their annual grant to the Car Forum of £41,000 and schemes reported their total support for the sector was £162,047 a significant increase from £98,198 (2022-23).

The NHS provided £41,388 in direct funding to some car schemes. A welcome increase from £17,896 (2021-22) and zero (2019-20).

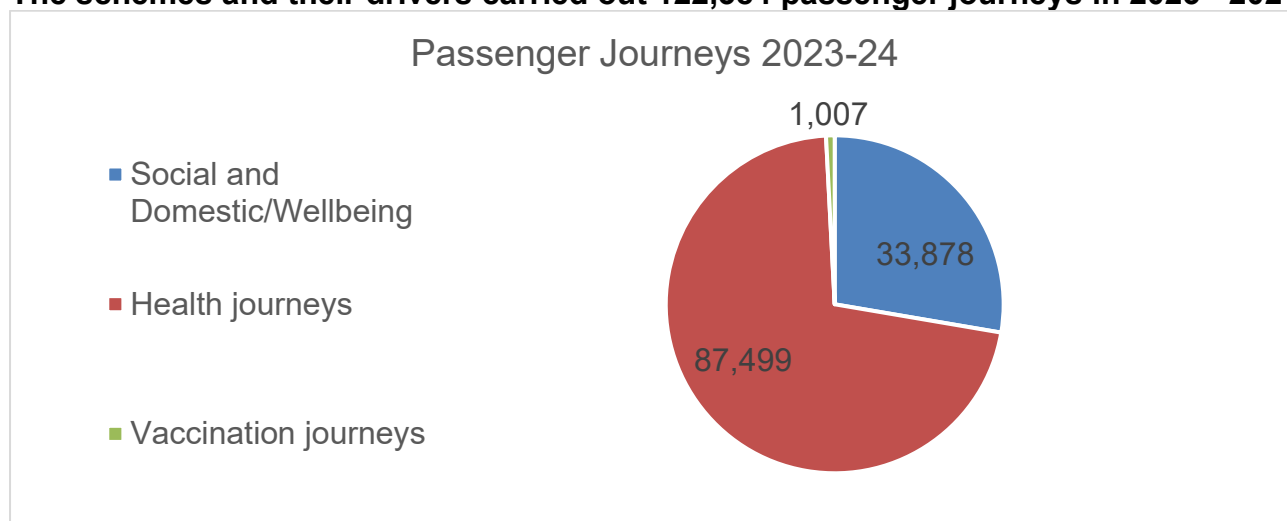
The deficit across Devon was -£275,243, however, although schemes continued to demonstrate resilience to financial pressures, some are increasingly worried about their continued financial viability.

If, for example, Health services funded 72% of the deficit, representing the 88,506 health related journeys the £198,174.96 raised would help support the sectors resilience across the county.

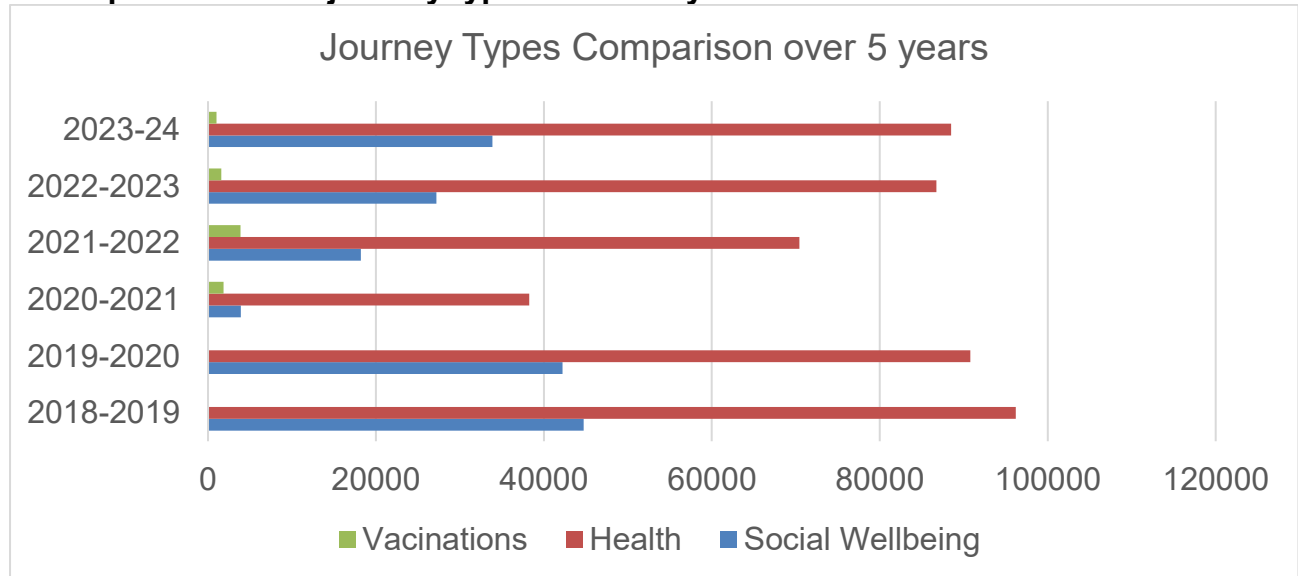
51 car schemes provided their statistics 2023-24



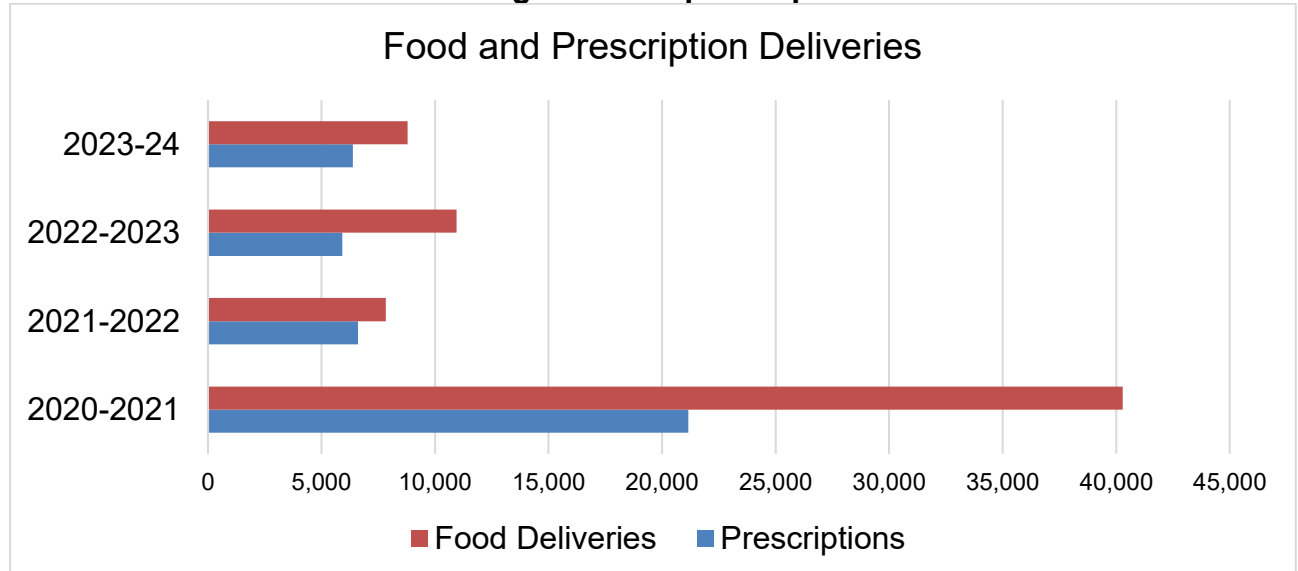
The schemes and their drivers carried out 122,384 passenger journeys in 2023 - 2024



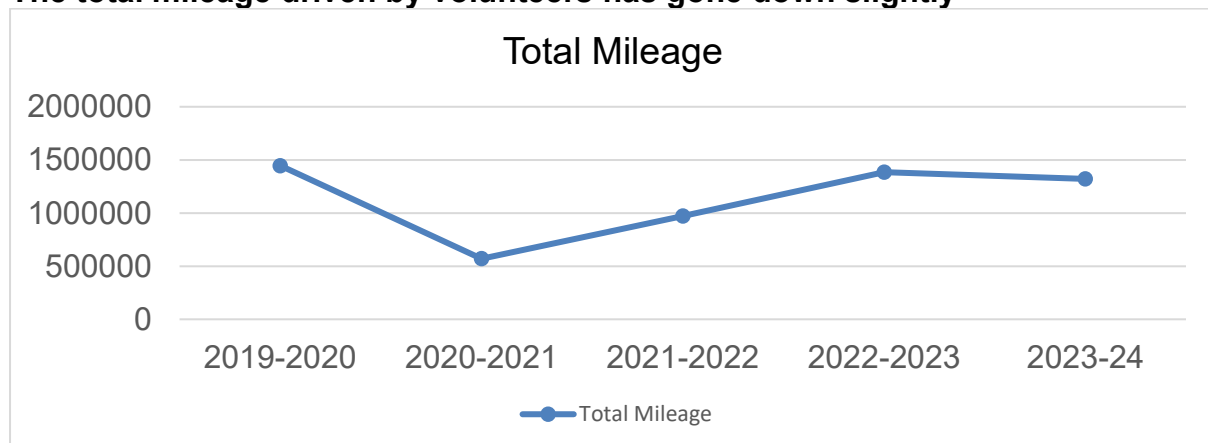
A comparison of the journey types over five years 2018 – 2023/24



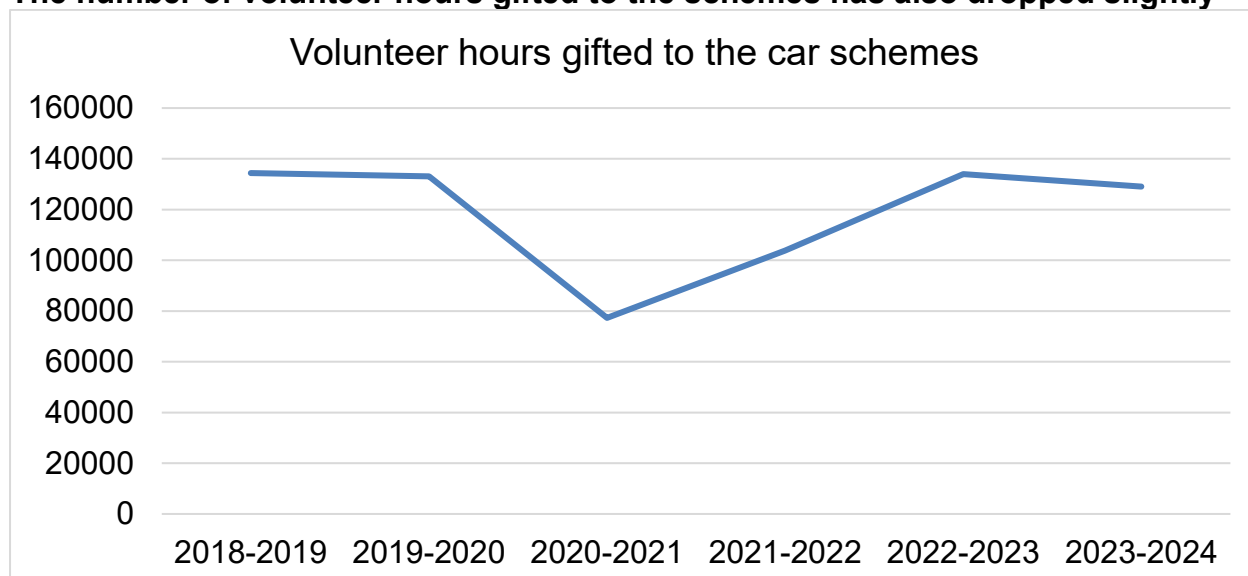
Car schemes continued delivering food and prescriptions where the need continued.



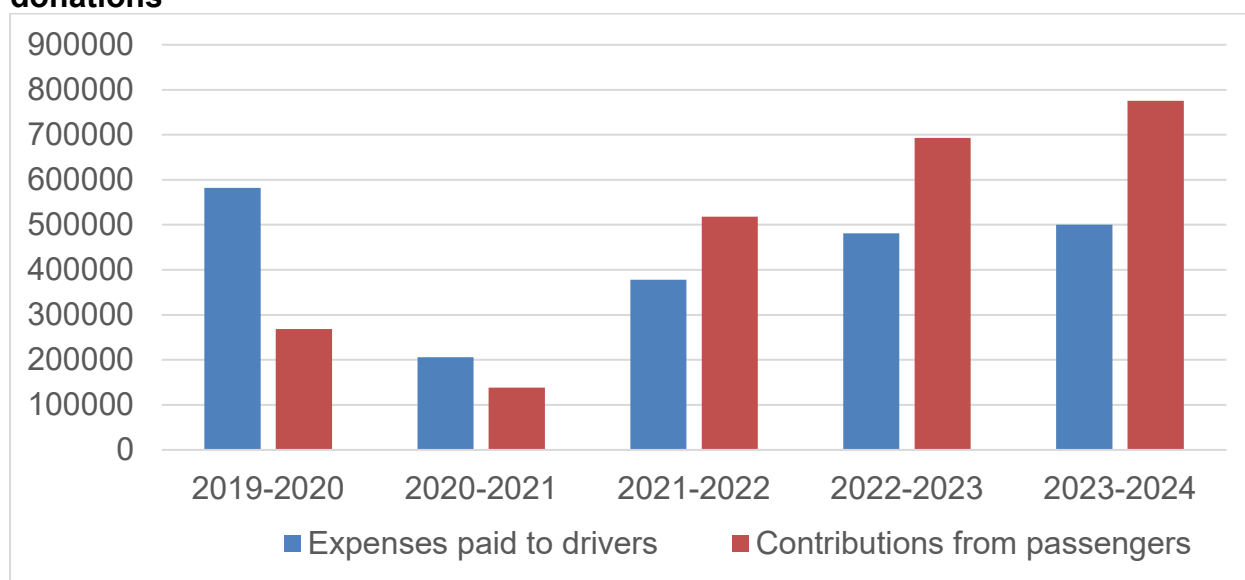
The total mileage driven by volunteers has gone down slightly



The number of volunteer hours gifted to the schemes has also dropped slightly



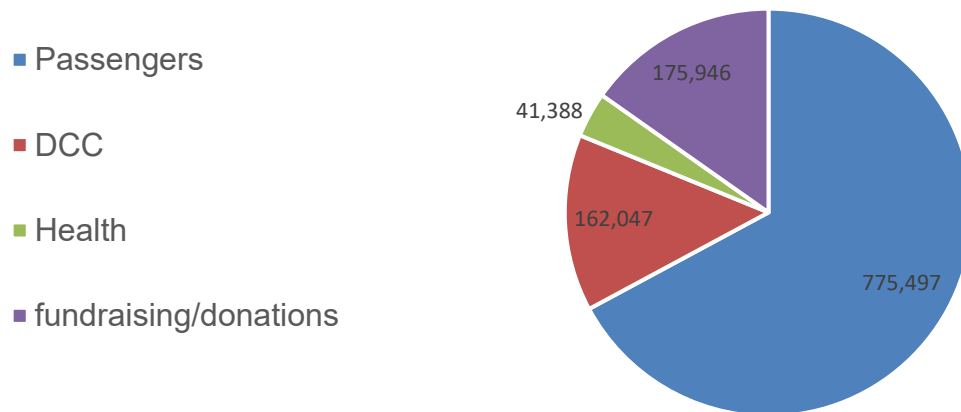
Passengers again showed their appreciation of the services with their generous donations



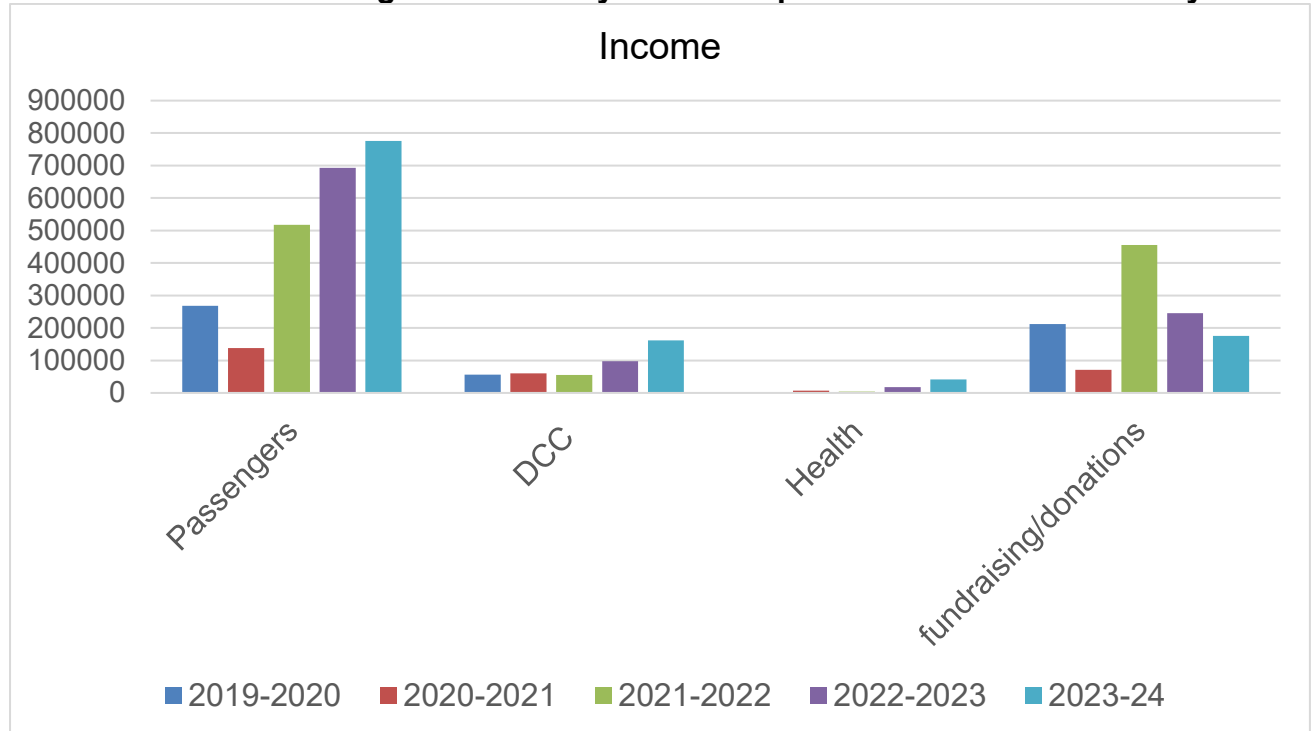
Sources of income 2023 - 24

From passengers	£ 775,497
DCC grants/payments (TCS, Social Services etc.)	£ 162,047
Health Authority grants/payments	£ 41,388
All other fundraising/donations	£ 175,946
Totals	£ 1,154,878

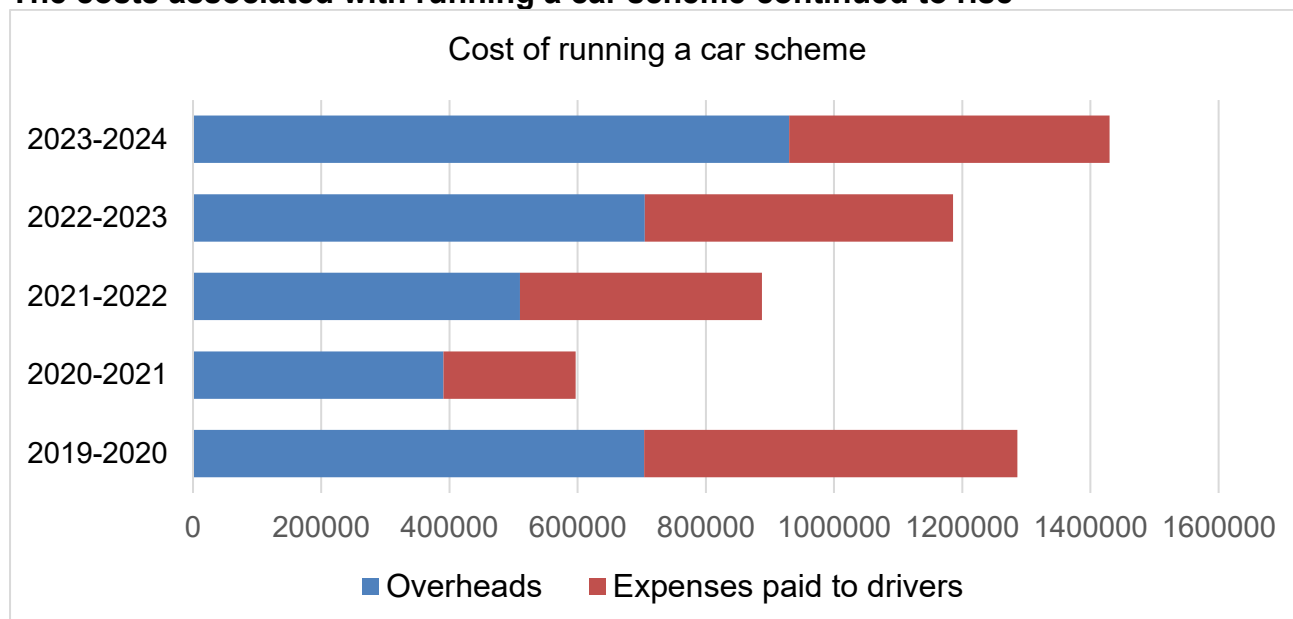
Income 2023 - 2024



Where the car schemes get their money to cover operational costs. Over five years



The costs associated with running a car scheme continued to rise



Cost have shown a significant rise, and we do not believe there is a single cause. Staff time increased by 5,065 hours, however, as services become more complex and staff time was increased to cope and/or schemes grow to a size where they need paid coordinators.

This may also be due to the rise in minimum wage, public and employer liability insurance costs have risen, vehicle maintenance costs are higher.

Inflation was running at 8% in December 2023 and schemes have done well to control their costs as efficiently as they have.

Looking ahead there is concern concerning the impact of the new rates and thresholds of employer National Insurance as many charity workers are brought into the scheme. Many of these workers are employed via grants who are unlikely to increase their payments to accommodate the change.

See appendix 1 for more statistics.

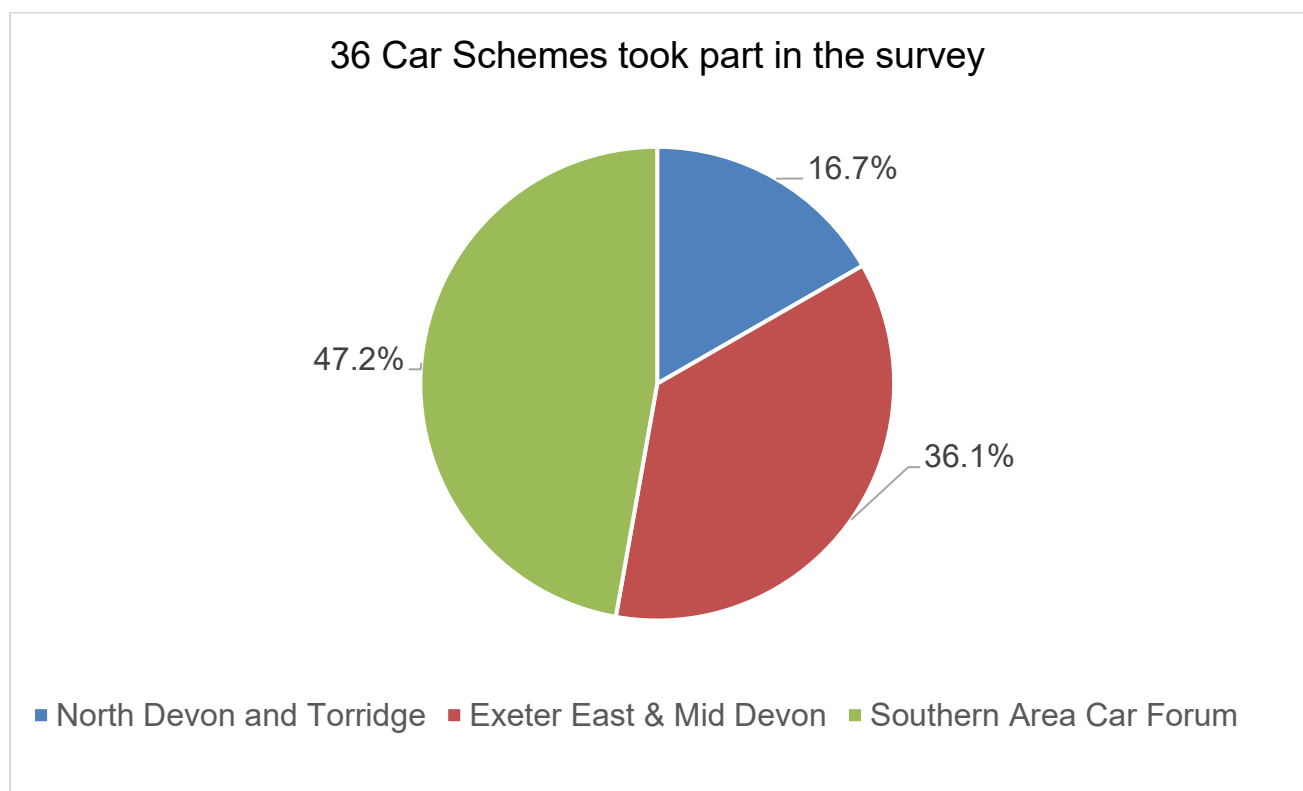
4. Social Kindness Survey - Who Do Car Schemes Interact With?

The survey we conducted is an important step in understanding the collaborative efforts involved in managing Community Car Schemes across Devon. These schemes often engage with a wide range of organisations, demonstrating how many different groups can come together to support a single individual's journey to vital health appointments and social events. By raising awareness of the invaluable work these Car Schemes do, most of which is carried out by volunteers, we aim to highlight their importance within the community.

From the 60 Car Schemes that were invited to take part in the survey, 36 responded, giving us great insight into the range of organisations they work with.

This is the first time we have tried this so we kept it simple. The schemes were presented with a series of questions and asked to respond if something had occurred at least once. Therefore, this is not a survey of volume, but one of the breadth of services provided.

There is so much more information that could be discovered if the Car Forum membership received funding support managed in the same way as Devon County Council has achieved.



Additional services provided to passengers

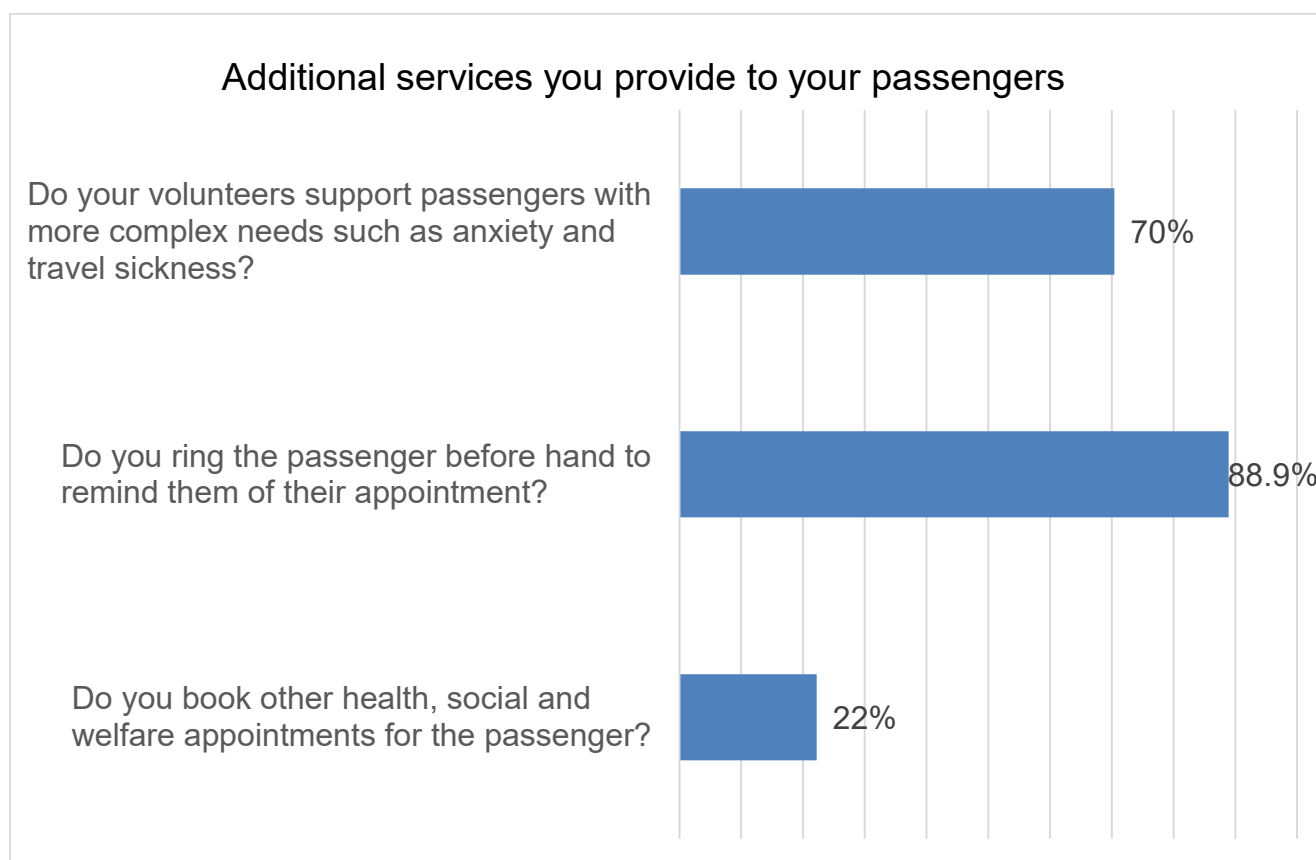
A high number of car schemes proactively help reduce the number of Did Not Attends (DNAs) and missed appointments by providing a manual, personal reminder system. This is delivered by phone and targeted directly to passengers who are unable to use the NHS digital reminder system, such as text messages, notifications, or email reminders. These passengers are often vulnerable and not only receive a verbal reminder of their appointment and journey but also reassurance that someone will be there for them.

Notably, 88.9% of schemes offer this reminder service, highlighting their dedication to ensuring passengers attend their appointments.

Additionally, 70% of schemes provide support to passengers with more complex needs, such as anxiety or travel sickness, demonstrating their commitment to making the experience as comfortable as possible.

Furthermore, 22% of car schemes take on the responsibility of booking other health, social, and welfare appointments for their passengers, ensuring no aspect of their care is overlooked.

These findings showcase the commitment of the schemes who provide much more than just a journey, they offer vital support for well-being and independence.



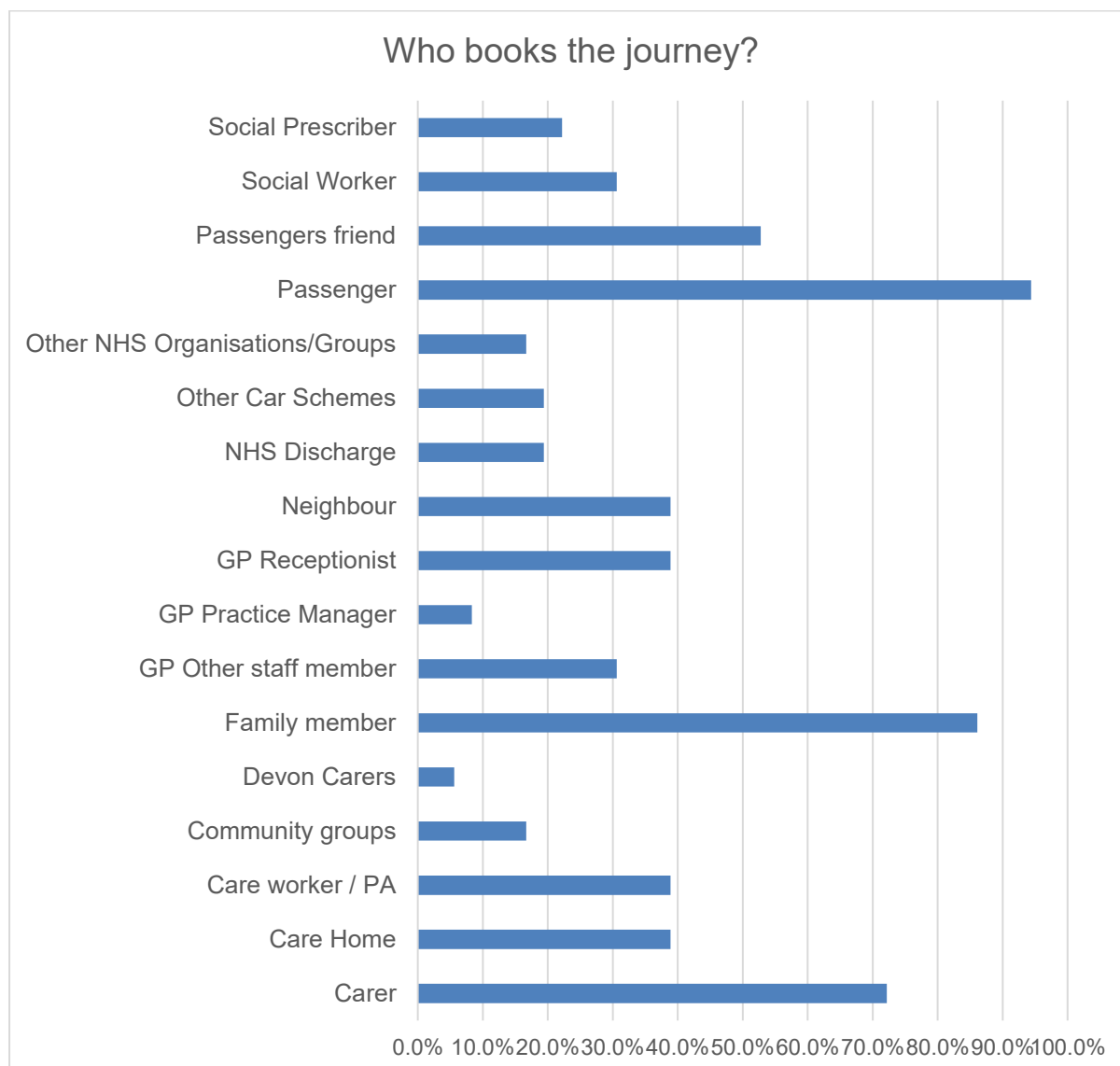
Who books the journey?

According to feedback from the Community Car Forum, journeys are most frequently booked by the passengers themselves. Family members also play a significant role, likely because they are closely involved in the care and support of the passenger.

Carers, care workers, and care home staff frequently make bookings, often stepping in when passengers are unable to do so themselves due to health or mobility issues. Social connections, such as friends and neighbours, also contribute to the booking process, providing support when family members are unavailable.

Healthcare professionals, including GP receptionists, social workers, and other NHS staff, play a smaller but significant role in arranging transport, particularly for patients needing to attend vital health appointments. A smaller proportion of bookings are managed by organisations such as Devon Carers and community groups.

This diversity in booking sources underscores the community's collaborative effort to support individuals with limited access to transport.



Local Health and Welfare (NHS, Voluntary Sector, Private Health)

These results indicate the destinations that passengers frequently travel to for health and welfare purposes.

94.4% of car schemes facilitate access to GP appointments, emphasizing the crucial role these schemes play in ensuring access to primary healthcare.

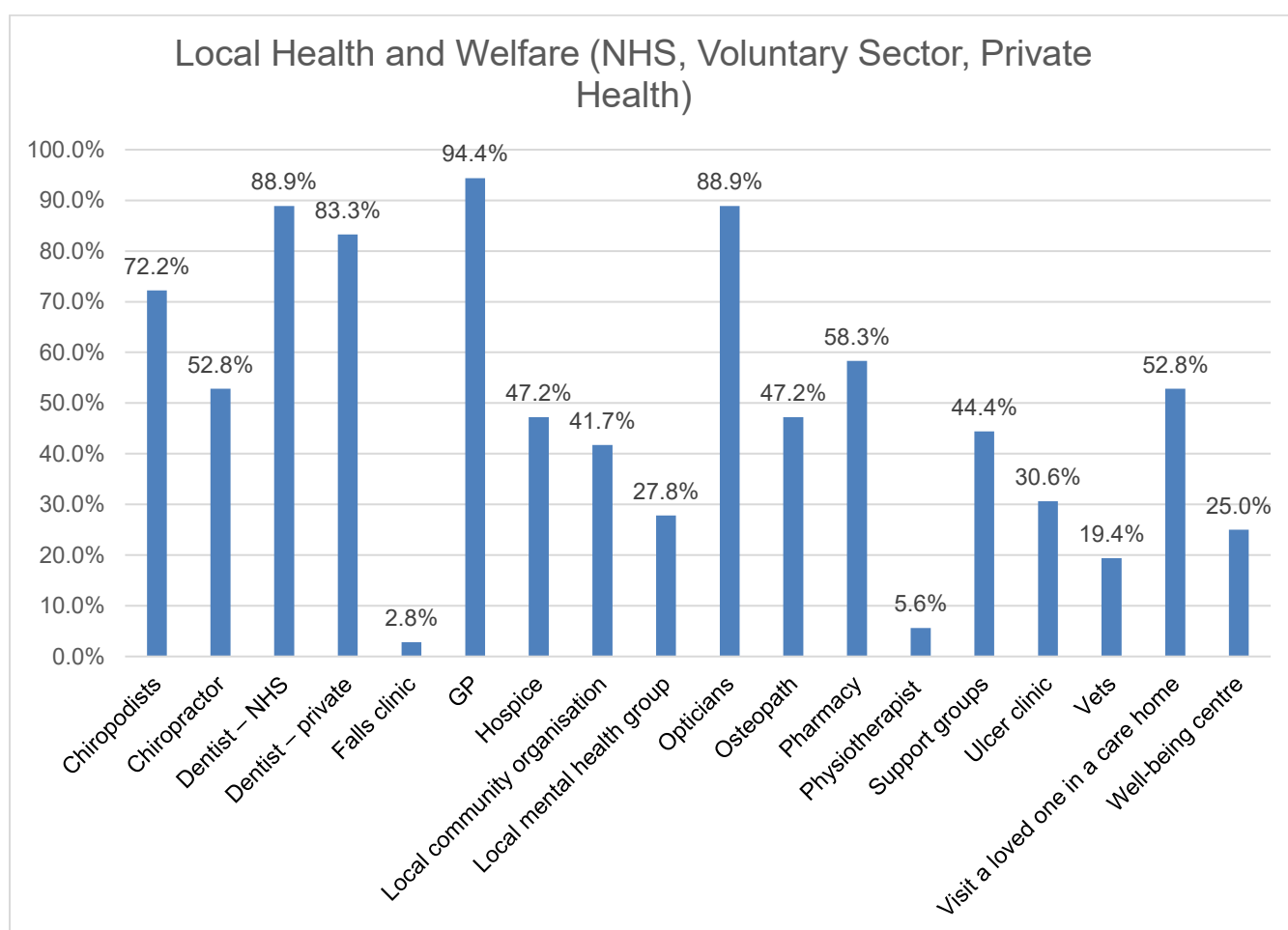
Dental visits are also common, with 88.9% of passengers traveling to NHS and 83.3% to private dentists, highlighting the importance of oral health support. Visits to chiropodists are significant, with 72.2% of respondents, further reflecting the schemes' role in catering to diverse healthcare needs.

Other notable destinations include opticians, pharmacies, and physiotherapists.

Passengers also attend support groups, hospices, and local community organisations, showcasing the schemes' support for mental health and social inclusion. A smaller percentage visit local mental health groups and falls clinics, which, while less frequent, are essential services for specific needs.

Additionally, schemes help passengers maintain social well-being, with 52.8% of respondents traveling to visit loved ones in care homes and 25% accessing well-being centres.

These findings highlight the vital role of community car schemes in supporting health, well-being, and independence for vulnerable individuals across Devon.

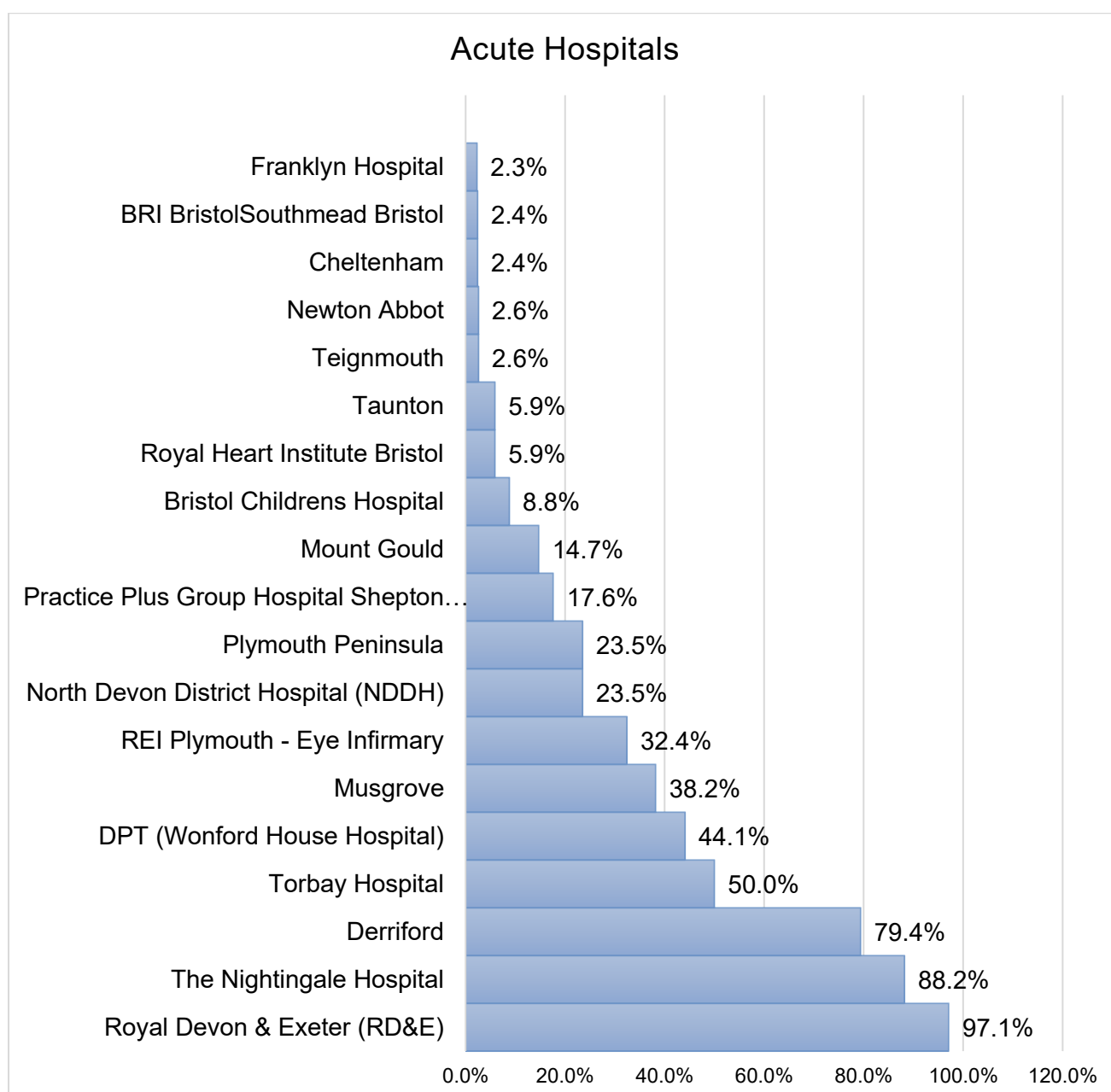


Acute Hospitals

This chart highlights the wide range of Acute Hospitals and medical facilities that Community Car Schemes in Devon regularly serve.

Major hospitals like the Royal Devon & Exeter, The Nightingale Hospital, and Derriford are regular destinations, even for smaller car schemes in more remote areas such as North Devon and Torridge.

These smaller schemes are making significant contributions, with some regularly undertaking lengthy journeys, including 160-mile round trips to Derriford Hospital. This demonstrates the integral role that these schemes play in ensuring access to essential healthcare services, regardless of distance, showcasing their impact on patient care across the county.

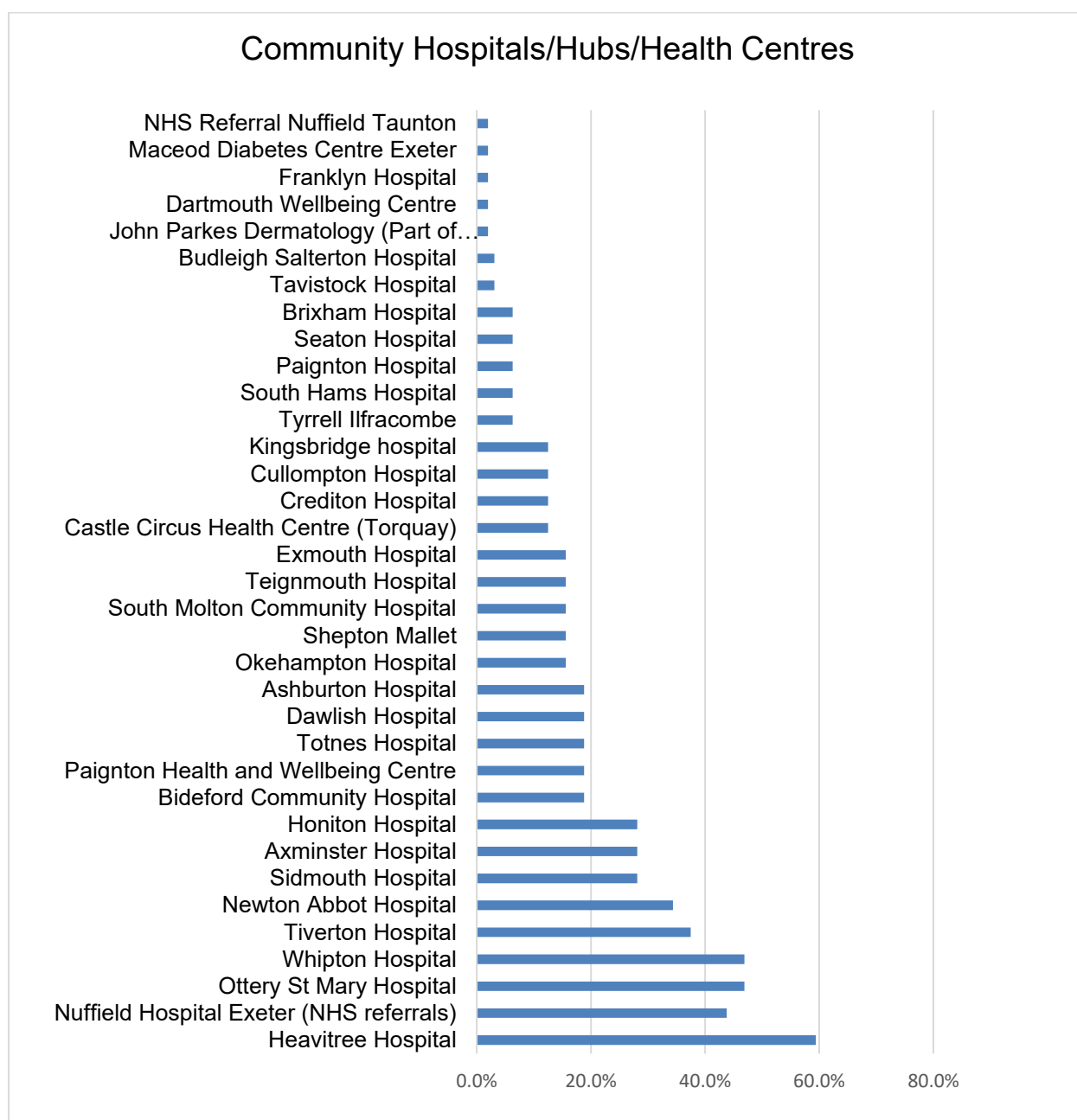


Community Hospitals, Hubs and Health Centres

Community Hospitals, Hubs, and Health Centres are also regular destinations. Heavitree Hospital, Nuffield Hospital Exeter, Ottery St Mary and Whipton Hospital being the most common.

Even smaller facilities like South Molton and Bideford Community Hospital, and Okehampton Hospital see journeys, reflecting the broad reach of these schemes. Notably, car schemes are also serving hospitals further afield, such as Shepton Mallet.

These findings illustrate the essential role that Community Car Schemes play in connecting individuals to both major and local health facilities, ensuring widespread access to healthcare services as the NHS diversifies its provision of healthcare.

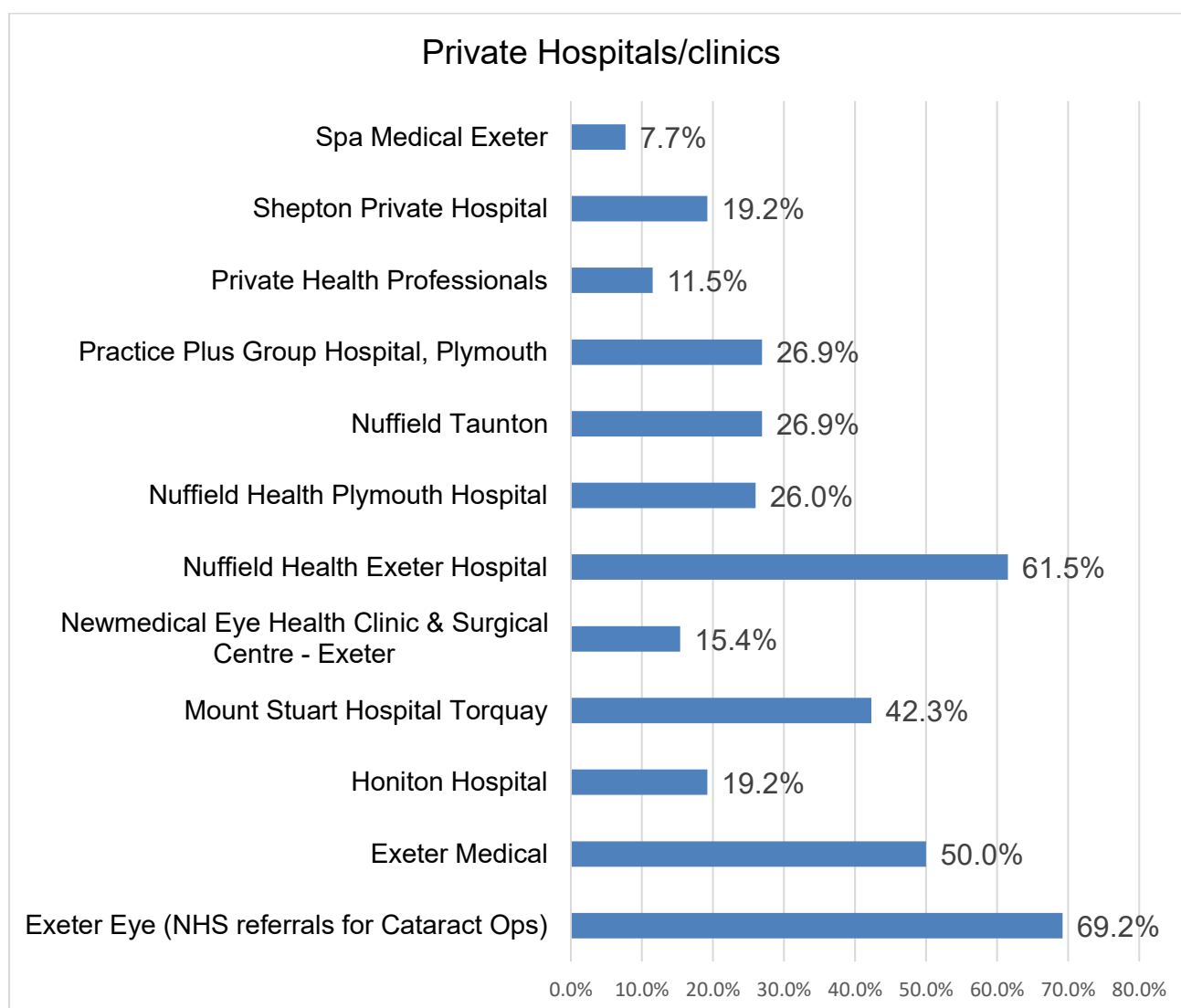


Private Hospitals/Clinics

The chart shows the range of private hospitals that Community Car Schemes in Devon have visited. Exeter Eye Hospital and Nuffield Health Exeter are the most frequently visited, while Exeter Medical was visited by 50% of the schemes. This reflects the services they provide, including specialised diagnostic and medical procedures.

Private facilities like Exeter Medical are known for offering specialised services, such as orthopaedic surgeries (e.g., hip and knee replacements, spinal procedures, and ACL reconstructions). While NHS hospitals also provide these surgeries, referrals to private hospitals often help reduce waiting times for patients. In cases where surgeries are NHS-funded, patients do not bear the cost of treatment even at private facilities.

The significant proportion of schemes visiting private hospitals like Nuffield Health Exeter underscores their vital role in supporting NHS referrals, particularly for elective surgeries. By collaborating with private hospitals, the NHS addresses growing demand for timely treatments, ensuring that patients—especially within an aging population—receive essential surgeries like joint replacements without undue delays.



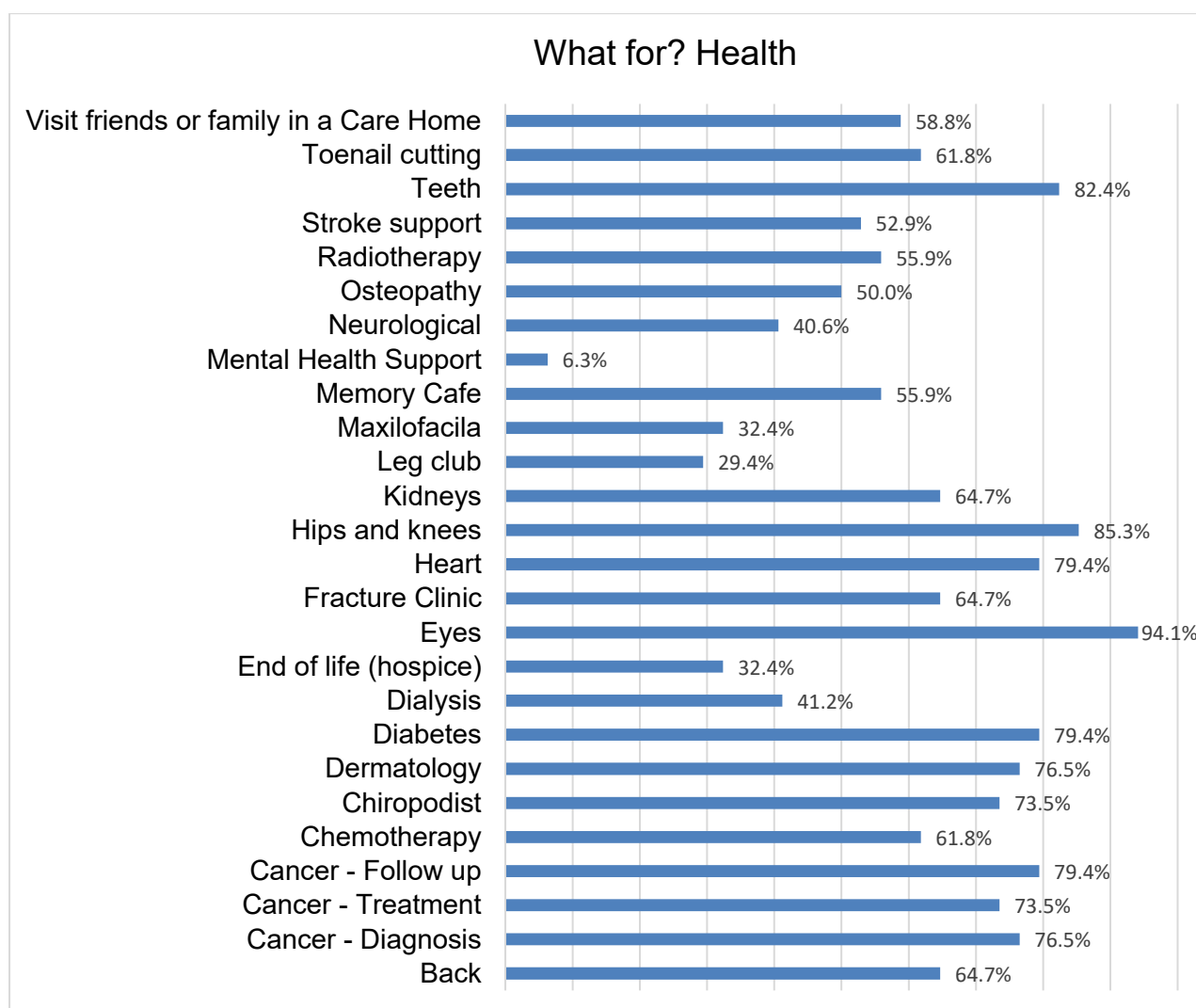
What for? – Health

The survey results indicate a strong demand for community Car Schemes in Devon, to assist passengers to medical appointments and treatments relating to an aging population.

A high percentage of Car Schemes take passengers to eye treatments (94.1%), hip and knee operations (85.3%), and dental care (82.4%), reflecting the needs of elderly passengers who often face issues with vision, mobility, and overall health. The prominence of cancer-related appointments, such as diagnosis (76.5%), follow-ups (79.4%), and chemotherapy (61.8%), also highlights the importance of these schemes in facilitating access to life-saving treatments.

Additionally, conditions like heart problems, diabetes, and dermatology are common, further emphasising the transport needs of older residents in Devon. The relatively high number of Car Schemes who travel to the fracture clinic and chiropodist also suggests a focus on care for frail individuals.

The presence of a new eye clinic in Devon may contribute to the high demand for eye-related appointments. Overall, the data suggests that the passengers transported by community car schemes are often frail, with limited mobility, and rely heavily on these services to reach crucial healthcare appointments.

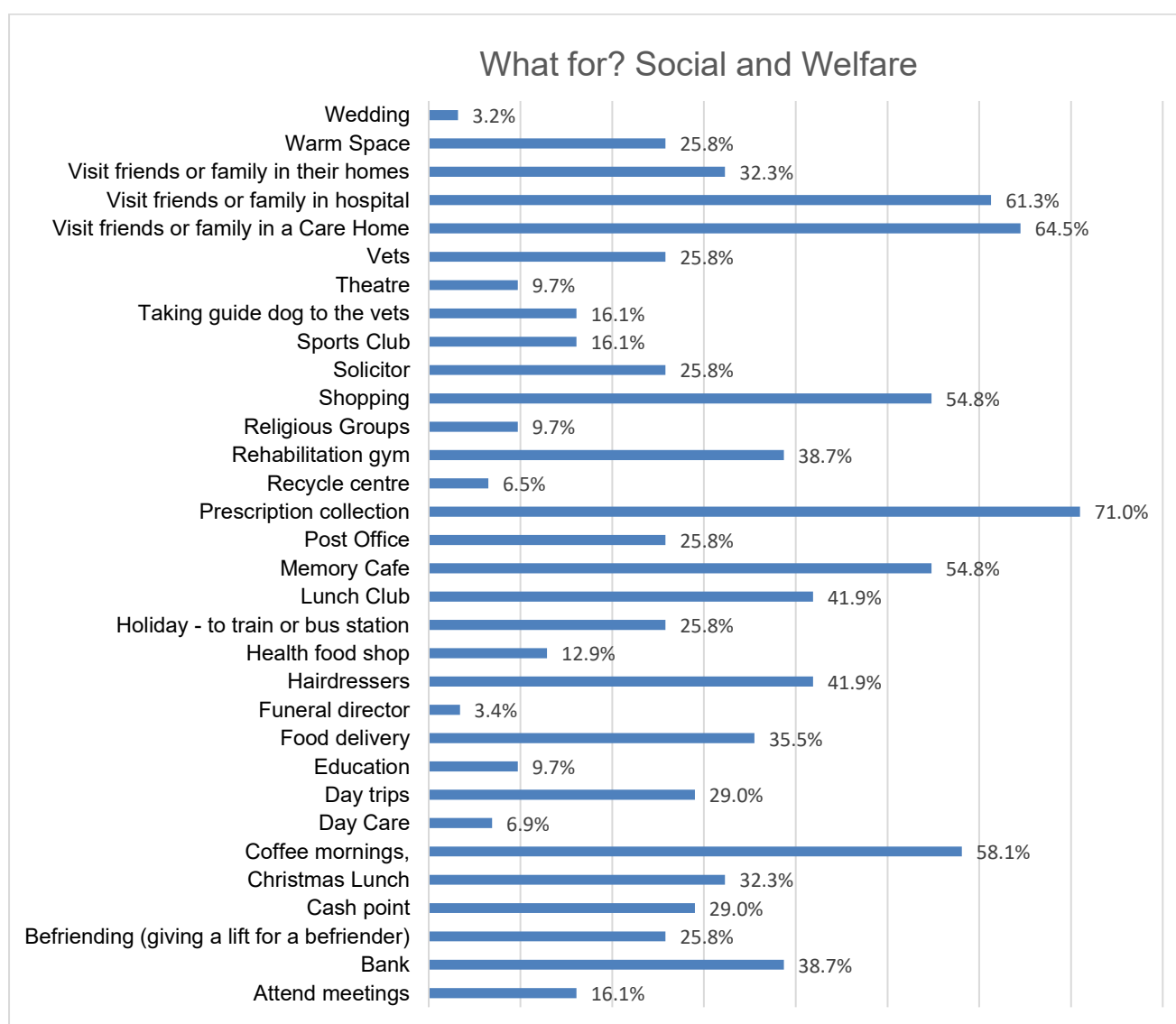


What for? – Social and Welfare

The results indicate that Community Car Schemes in Devon play a critical role in facilitating a wide range of social and welfare journeys. These include visits to care homes, hospitals, and coffee mornings, where people can connect with others and combat loneliness. Trips to memory cafés, and hairdressers are also popular with passengers, this reflects how the schemes support individuals in maintaining both social engagement and personal care.

Most Car Schemes offer prescription collection as a service, highlighting the essential role of community transport in helping individuals manage their health needs. Shopping and rehabilitation gym visits are also common, ensuring that people can access key services supporting their physical recovery.

Warm spaces are becoming increasingly important, especially for individuals who may struggle with heating their homes or feel isolated. These visits also provide a chance for people to socialise, reducing loneliness and ensuring that vulnerable community members can access safe and welcoming places.



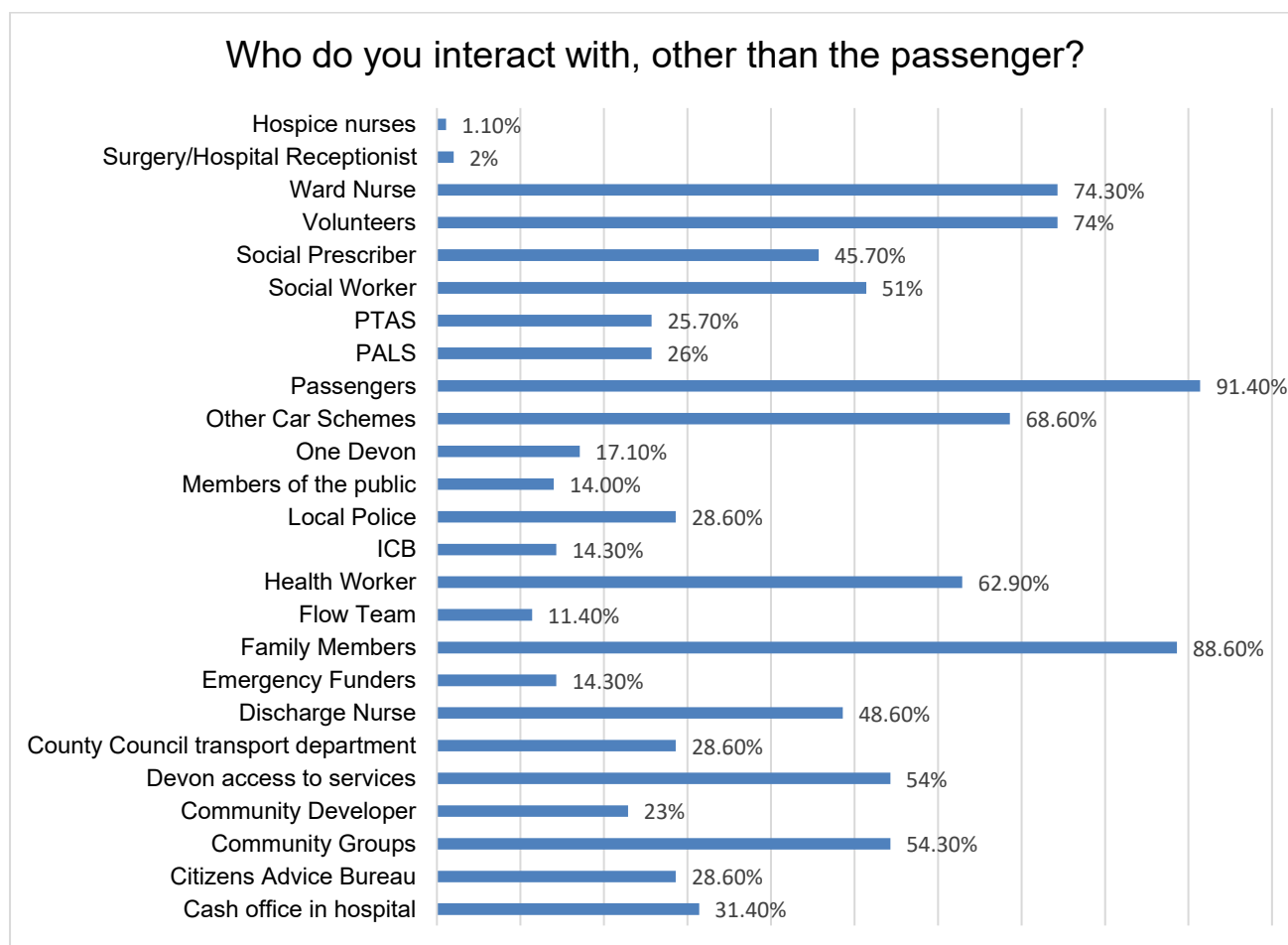
Who do you interact with, other than the passenger?

The chart illustrates the extensive network of organisations that community car schemes interact with, despite often being small operations with only 15-20 volunteers and reliant solely on donations. These interactions range widely across various sectors, demonstrating the integral role these schemes play within the community.

The most frequent interactions are with family members and passengers, highlighting the close connection with the immediate support systems of the passengers. Car schemes also collaborate extensively with other car schemes, showing a strong inter-scheme network that likely aids in resource sharing and coordination.

Health professionals are also key contacts, underscoring the schemes' role in bridging the gap between healthcare services and the community. Furthermore, volunteers and social prescribers are frequently involved, reflecting the schemes' contribution to broader community health and well-being. Interactions with organisations like local police, Citizens Advice Bureau, and various community groups indicate that these schemes are embedded in the social fabric of their areas, playing a crucial role in supporting vulnerable populations and ensuring they receive the services they need.

Overall, this wide range of interactions demonstrates the community car schemes' essential role in connecting passengers with critical services and support systems, highlighting the importance of sustained funding and volunteer engagement to continue this vital work.



Conclusions from this survey

Community transport in Devon is much more than just a journey from point A to B; it is a vital service that significantly contributes to the well-being of residents across Devon, particularly those who are vulnerable or isolated.

The charts above illustrate the extensive support network that community car schemes provide, showing that these services are deeply embedded in the health and social care ecosystem of Devon.

For instance, 'who books the journey' reveals that a wide range of individuals (including family members, social workers, and other care professionals) book journeys for passengers. This underscores the essential role these services play for those who may not have the means or ability to arrange their own transport.

'Health and Welfare journeys' highlights the importance of these car schemes in ensuring access to critical health and welfare appointments, such as GP visits, dental care, and other essential services. Notably, 22% of car schemes go the extra mile by booking other health, social, and welfare appointments on behalf of their passengers, ensuring that no aspect of their care is overlooked.

Additionally, living in a rural and geographically dispersed county like Devon makes these services even more crucial. The limited availability of public transport can leave many residents at risk of social isolation and health inequalities. Community car schemes bridge this gap, providing not just transport but also emotional and practical support.

The findings from our survey also emphasise the broad range of organisations that community car schemes interact with, including the NHS, social services, and local community groups. This extensive collaboration highlights the pivotal role these schemes play in the broader health and social care landscape. By partnering with the Integrated Care Board (ICB) and their local iterations, Patient Transport Service, Devon County Council, the Devon Community Car Forum, local communities, and various organisations in the voluntary sector, these schemes ensure that care is comprehensive and tailored to the needs of each individual.

In summary, community transport schemes in Devon provide far more than just a journey—they are a lifeline that connects people to essential services, supports their independence, and prevents social isolation. The dedication of these schemes going above and beyond, from booking appointments to providing emotional support, underscores their vital role in the well-being of Devon's residents. Through strong, though often unofficial, partnerships with health and social care organisations, these schemes contribute significantly to a holistic approach to care, making a lasting impact on the lives of those they serve.

Claire Stevenson

Project Administrator, Devon Access to Services, October 2024

5. Volunteering In Health a Community Partnership Example

This is one of many and serves as a good example of Community Spirit in Action.

The DAS team recently visited Teignmouth Hospital. We had the pleasure of meeting the team behind Volunteering in Health - a group of dedicated individuals making a big difference in their local community.

From lending a listening ear to signposting people to essential support, they work seamlessly together with The Intermediate Care Team, Operations Support Manager, and Occupational Therapist who are all under one roof. The hospital staff often connect vulnerable and isolated patients to [Volunteering in Health](#), who provide vital transport services through their dedicated team of volunteer drivers.

Our visit focused on supporting the transport team, ensuring their volunteers have the guidance and resources needed to continue delivering this invaluable service. We also discussed policies, risk assessments, and how we can work together to keep strengthening community transport for those who need it most.

We noticed was the warmth and mutual respect shown by all concerned, which we believe is making a real difference in the delivery of community health care. Thank you to the team for their warm welcome and the inspiring work you do.

We asked them to provide us with a summary of what they do, and this is what they told us!

Background:

Volunteering in Health, a charity based in Teignmouth, South Devon. Founded in 2009, with a focus on supporting people facing challenges in managing their daily lives. The aim is the preservation, protection and promotion of good health and wellbeing of the community in the general area of Teignbridge. This is done through provision of medical & social transport, 1 to 1 support, signposting, advice and information services to patients, carers and families, complimenting services provided by the statutory sector.

Our focus is primarily, but far from exclusively the aging community. Whilst Teignbridge area does have over 8% more over 65's than the National average, there is still a significant younger community who benefit from the support we offer.

Our funding is under extreme stress, as the demand on the services we offer grows by the day. This is due to a decline in statutory services and the new challenges in society post Covid and with the Cost-of-Living crisis affecting the most vulnerable in our society.

Our key is in our name "volunteering in health," most our team are unpaid volunteers who generously give up their time and effort, both physical and mental, to help people in need in our community. Our success in building an amazing group, of nearly 120 volunteers, to support the local community in our specific areas of provision, has brought with it, further demand for what we offer. The funding to help support these efforts is more and more challenging to secure. To run our services, we also have around 15 paid support staff, these are mostly part time positions, many of which would benefit the individuals and the communities they support if they were indeed full time. Our paid support staff regularly give

up their own time to supplement the effort needed to help supply the needs of our client base (both internal and external).

We are based in Teignmouth and Dawlish Hospitals and work in partnership with the Coastal health & wellbeing team of Torbay and South Devon NHS Foundation Trust and Devon County Council. This includes Intermediate Care Team, Community Nurses, Occupational therapists, and Adult and young people social services teams. We attend the daily multi-disciplinary team meetings with the above teams and the local GP surgeries to receive referrals and review patients individually. Our location within the hospital means we are next to the community nurses, which means we can work together and work with those who are reluctant to engage these services. As a voluntary organisation we can offer a more personalised and non-medical approach to overcoming fear and apprehension and providing information and explaining in simple language.

We work with around 1500 clients each year mostly people from marginalised demographics, including, those with mental illness, Dementia, identified learning difficulties, housebound, elderly, refugees, those in poverty and those living alone. We are involved and cross refer to many other local organisations in Dawlish, Teignmouth, Newton Abbott, Chudleigh and could use this network to increase our reach. Referrals are received from all parts of the community including GP's, community nurses, Occupational therapy team, Adult Social services, families, friends etc.

Our amazing staff and volunteers are caring, enthusiastic, committed, and professional in every aspect of what they do. Our funding is stretched incredibly thinly, and we are keen to secure both short-, medium- and long-term funding where we can.

What do we do:

- Volunteer Befriending & Time for You sitting service - Over 70 of the volunteers offer up time to befriend people who are predominantly housebound, suffering ill-health, and are consequently socially isolated. Our volunteer befrienders visit or call lonely, isolated, or just people in need of our support, weekly for a chat and our volunteer sitters give carers a much-needed break.
- Connecting – we help people find and access a range of support services that are available in our community. We work with the statutory sector and offer help to navigate these services. We have Link Workers, some based at Dawlish Hospital who support patients on the ward and their families and help them to go home safely with appropriate support when they are discharged.
- Transport support – we have a team of 34 volunteers who regularly give up their time and use of their vehicles to take people in need to appointments, be these for medical, dental, mental health or other needs. We do ask for a donation for this service, but this is never a mandatory payment. Our clients are of all ages and from all walks of life. We provide more than 100 drives a month covering more than 30,000 miles a year.
- Wheelchair accessible vehicle (WAV) – Some of our clients are wheelchair users and have need of specialist vehicular support to take them to and from appointments. Our WAV support vehicle is unique locally, giving clients security and dignity on their journey to and from appointments. Our WAV is aging and will need to be

replaced/renewed at some time soon, it goes without saying, this is not an inexpensive item to purchase and costs over £1,500 a year to maintain even with charitable support.

- Brighter Days –A peer to peer adult mental health support group established as a follow-on service for HOPE attendees. The group meet weekly and provide mutual support to each other. A staff member oversees and supports where needed. There is also opportunity for people to become volunteers for the sessions or for ViH in other roles. Anxiety is something that strikes almost all of us at some time or other and it can be horribly debilitating on every level. Offering this kind of place of safety for people who are struggling is a huge growth requirement and unique in our area.
- Aged person support services – Our home helpers support people with practical tasks around the house, like cleaning, laundry, and shopping. This service does have a charge. Our Home help workers are the eyes and ears for our clients and report changes in circumstance back to the office for referral to other statutory services, which can prevent further decline in health or potential hospital admission.
- Our HOPE course (Help to Overcome Problems Effectively) is both an in person and online training course designed specifically to help people take control of their own lives and meet other people in a similar position with a view to supporting each other in peer-to-peer groups. A six session, over six weeks, in-person, course where we bring small groups of people together to share challenges and to identify what these challenges are and how people might be able to overcome or at least manage the challenges they face. Our trainers are made up of paid workforce and volunteers and whilst we do receive some funding through the NHS for these courses, the demand far outstrips the funding available versus the cost to put these courses on.
- Empowering – our Wellbeing Co-ordinators support people with 1 to 1 meeting to find out what matters to them and will make a real impact on their lives. We set and work towards goals that will empower them to take control of their own health and wellbeing.

Case studies.

Transport to the strength and balance sessions run at Teignmouth hospital.

The occupational therapists at Teignmouth & Dawlish Hospitals contact ViH when they need to get patients who have had falls or hip / knee replacements etc to the rehabilitation group that is held weekly at the Hospital. We encourage the patients to car share, one of our volunteer drivers collects them from their homes and bring them to the hospital to attend the vital sessions, that will help to build strength and mobility back into their daily lives, to prevent further falls. The session runs for 2 hours and then our driver returns the patients home again. Often people who have experienced a fall will be very anxious about coming out alone to attend and meet new people in a group. Our drivers take the worry out of the appointment and will ensure they get home safely too. We find that the same driver will often offer to take the same people, so they get to know each other, again offering support and reassurance.

An example of “Early Detection Saves Lives” cancer screening support by ViH.

Through a client referral for a different reason, during a conversation concerning her wellbeing and what support we could offer, which was in a relaxed setting within the ViH office, the client disclosed that she was experiencing pain and discomfort in her breast. This person struggles to set up and attend appointments, they felt very worried about getting upset whilst using public transport and did not have sufficient funds to pay for a taxi. ViH contacted her GP surgery who offered an appointment within 3 days. ViH provided free transport for her to attend the subsequent face to face appointment at Torbay Hospital within 7 days for breast screening. We provided phone support to the client before and after these appointments to ensure the client felt supported and reassured.

Julia Street. General Manager. www.volunteeringinhealth.co.uk

Here is a promotional video showing what they do <https://fb.watch/xAAWG0BQ1a/>

6. Transport Coordinators’ Favourite Transport Stories

We asked car schemes to share their favourite transport story. Something positive or unusual that stood out to them and one where they went home knowing they had made a real difference to someone's day.

“Every time a volunteer takes a patient to hospital they make a real difference. Common additional things volunteers get involved in are around future bookings to ensure the patient is not anxious, calling patients in advance to remind them of appointments and helping them reclaim costs when they can.”

“We have a 91-year-old voluntary driver who has been with Outreach since the organisation began over 30 years ago. She telephoned the Co-ordinator at 5pm one Friday evening to say she'd fallen in her garden; thought she'd hurt her wrist and she required a driver herself!

Our driver took her to the Royal Devon & Exeter Accident & Emergency Department, sat with her for over five hours in the waiting room and through various consultations with nurses and doctors. X rays established that the wrist was broken and needed to be set.

The Outreach driver called the elderly woman's neighbour to arrange for her dog to be fed and let out, and for the lights in the house to be turned on so that when they eventually returned to the woman's house after 11pm, it wouldn't be completely dark.”

“Elderly couple with live in carer; lady in wheelchair, husband with dementia. Our volunteers are happy and able to take the husband for a drive across the moor allowing the carer to take the lady into town in her wheelchair for a spot of shopping and a visit to the coffee morning for social connection.”

"I think the one that really stands out to me is a passenger who was diagnosed with cancer in December 2022. He lived alone, had become very unwell and had no other support around him during this time. He was given an urgent operation date for the 22nd December with just 3 days' notice. The thing that made this one extra especially hard is that not only was it a few days before Christmas, but it was also in Cheltenham.

The Consultant told him with the operation he could have up to 6 years to live. Without it, around 3-4 months. He felt complete and utter despair at the situation as he had no way of getting there. He was unable to use public transport due to his ill health (both mentally and physically) and had no friends or family able to help either.

Then he was told about the Ilfracombe Town Council Community Car Service. He gave me a call, and through many tears, managed to tell me what was happening and how fearful he was that he couldn't have this operation just because he couldn't get there. I tried many different avenues to seek transport for him to no avail (PALS, PTAS etc) and began to feel very concerned. Not just concerned; I felt the weight of the world on my shoulders as there was no other way of help. It was our volunteers or nothing; there wasn't enough time to try any other way. Three days before Christmas and most Volunteer Drivers away or busy at home with their families. I felt that his life was literally in our hands.

I put the 'urgent' email out to my team. Replies saying 'sorry, away for Christmas' started to come in and I had a sinking feeling that we wouldn't be able to help. Each day I was getting a call from the passenger asking if I'd found anyone. That was really hard to say; that I hadn't been able to do anything to help.

On the last day I had, I took a call from one of my Volunteers. He said he had changed his plans so he could take him to Cheltenham. I think we all had tears of relief. I made the arrangements with him, then called the passenger to give him the most incredible news. He was the most thankful I'd ever heard someone be (along with more tears). The roller coaster for this had been quite intense and, if I'm honest, not one that I wish to go through again. I was elated that we'd been able to make the difference to this mans life through the simple act of giving the gift of a lift (our strap line!).

The passenger called me when he got back home (our driver stayed up there with a friend to bring him home the next day) and said the operation had been a success. I can tell you the entire volunteer team (and staff) were so happy to hear this news and said they all felt a sense of relief.

We have since taken him on two other occasions to Cheltenham for follow ups. Unfortunately, we have had very little notice on these occasions as well but thankfully we have a couple of volunteers who have been able to help with these massive journeys (300 miles round trip)."

"I had a husband and wife start using our service as the husband had been diagnosed with dementia and was no longer able to drive. I am a fully qualified care assistant and sadly the general public are not always aware of the help they can apply for when faced with becoming your partners carer. It's a lonely place to be. I always made sure if the wife called that I listened to her and spent the extra bit of time asking her how she was. Over a couple of years I built up a really lovely relationship where sometimes I was the only human the wife had spoken to for several days and was a huge release for her to be able to just chat about anything other than her declining husband.

When he was sadly admitted to hospital, we provided transport for the wife to visit him and when he was put on to end of life care I rang her daily to be just a supportive ear. When the husband passed away the wife sent me a beautiful thank you card and letter just to express her gratitude for the massive support I was to her when all I did was talk to her over the phone and book a driver when she needed it.

Just a real eye opener that we are not [just] a cheaper option than a taxi firm, we are a vital support to the client their immediate family and friends whilst always upholding complete professionalism when safeguarding vulnerable people. The phone might be ringing constantly, we may get those lovely characters whose declining health and memories can be trying when we are really busy. 5 minutes a day or a week just talking about anything other than the next appointment really means the world to that person you may never actually meet xx"

"We helped to transport a younger gentleman for several months to get to his hospital appointments. He had social anxiety, struggled with using public transport and was recovering from drug addiction. Having our transport help enabled him to attend necessary health appointments feeling safe and supported."

"Rather than a story, as such, I just wanted to say that our local garage, Dart Motors, have been splendid these last couple of weeks, as they have popped round to give the minibus a jump start on about 8 occasions before we found out what the issue was and they fixed it for us. Just goes to show how important support in the community can be. Thank you Dart Motors."

"When we have taken patient for daily treatment at a hospital, or a month and you know being there when they feel so ill and are saving them money instead of using taxis and having to hang around. Or when you take a lonely old person to the doctors and you are brighten up their day as you are the only person they have seen or spoken to that week."

"I visited a passenger when he was in hospital for a week. I don't think that he had any other visitors so he was very pleased to see me & we had a nice chat."

"There are so many occasions where we hear of our drivers going that extra mile for their passengers, we would say that on 9/10 medical journeys, there are usually added "bits". Such as quick stop offs for shopping, cash withdrawals or prescription collections, or even for a coffee and a chat if it is wanted."

"A lady who I knew was very poorly and acted proactively to contact family whilst on route to hospital."

"Driving a patient to the coastal path so that they could look at the view of the sea and have an ice cream. Absolutely made their day."

"When I picked up a lady to take to the hospital, she asked me to come in to meet her husband. He was sat in a chair and partially disabled so couldn't come with her. All the way on the journey she kept saying that she didn't know why she had to go to the hospital and why her husband was not with her. I tried to reassure her that the hospital was the only place where she could have the treatment/procedure required, and that her husband couldn't come because he was not well enough. When travelling home she said that she didn't want to go home because her husband would have all his ladies in there having a party. I said that I was sure everything would be fine. When we arrived at her home I was glad to see that there were no ladies there and her husband was still sat in the chair where we left him. A bit of an unusual story!"

"A thank you from a mum for the excellent service provided taking her to have both of her babies and bringing newborn babies home and all appointments."

"None have been unusual. They are all important and make a 'real difference to someone's day.'"

7. Access to Preventative Healthcare and Social Welfare

There is a growing need for transport to support preventative healthcare initiatives and wellbeing activities. This will reduce demand on acute health care services and the human links created also improve a person's long-term health. Healthy Places and Communities has been identified as a strategic priority by the Kings Fund

<https://www.kingsfund.org.uk/about-us/priorities/healthy-places-communities>

We have shown how car schemes connect people, and effective and appropriate partnership work is key to this. We would like senior managers in the NHS, Primary Care Networks and Integrated Care Boards to collaborate with us to create and sustain mutually beneficial relationships. Car schemes feel that it would be new and innovative to work with the tried and tested as pilot projects struggle to continue after the initial funding has finished.

The development of telephone and video appointments by GPs and consultants may be helping reduce the number of journeys required by a patient before and after treatment. Digital exclusion, however, may have a significant impact on the future development of car schemes workload as they help their passengers find additional services. We would like to explore ways this can be developed in a positive way.

For an idea of the scale of the issue of digital exclusion please see the House of Lords. Communications and Digital Committee. 3rd Report of Session 2022-23

<https://committees.parliament.uk/publications/40662/documents/198365/default/>

8. Issues faced by Community Car Schemes

Our regular series of Car Forum meetings continued through the year and common themes emerged.

- The availability of drivers is only just matching the need for people to go to hospital and lifts for medical appointment have only increased by 200 journeys. Many schemes feel they have reached current capacity as demonstrated by a static number of journeys that could not be placed.
- High fuel prices and the unchanged HMRC mileage rate may be putting off new volunteers.
- Shorter booking request times (next day or on the day) to health services and of last-minute cancellations are continuing to place a strain on coordinators' resources. Urgent calls from hospitals to help with same day patient discharge are also increasing.
- Drivers are facing increasing uncertainty with hospital journeys, for example day surgery discharge times. This may be impacting their desire to continue volunteering and we would like to do further research into this and help ensure an easier life for volunteers.
- Passenger confusion, stress and anxiety is increasing (especially if they have multiple appointments combined with memory loss) takes more coordinator time to understand what is being requested and to match the passenger to the appropriate driver.

- Non statutory Grant income and fundraising has reduced by 28.3% as the availability of this type of grant funding is declining and is harder to get.
- Covid is now endemic, and drivers are encouraged to wear masks if the passenger is particularly vulnerable. Car schemes still encourage basic hygiene and infection control.
- Parking at NHS Hospitals.
 - As each hospital introduces its own Automatic Number Plate Recognition System (ANPR) it gets ever more complicated to describe the systems to coordinators and drivers. The welcome improvements to hospital infrastructure (new buildings etc) requires regular updates to the parking information provided to drivers and some drivers struggle to keep up with the changes.
 - It is an increasing part of the DAS work as we continue to work with the parking teams refining the use of the Volunteer Driver Hospital Parking Permit Scheme and the information we provide to meet these challenges. As a small team with a limited budget this impacts on other support work. We are delighted with how accommodating the NHS parking and facilities teams are, however, and even if a driver picks up a parking notice, we are often able to get it cleared.
 - Drivers identified issues at Derriford Hospital dropping off and picking up passengers with disabilities from the main entrance. We visited the site and after talking with volunteer drivers we decided to survey the schemes. This highlighted several issues including that patients in the early stage of diagnosis or with short term mobility issues struggle to get into the main entrances of hospitals. These passengers cannot access the excellent number of Blue Badge parking spaces. We sent a letter of concern via PALs and received a generally positive response.
 - For patients/passengers who will benefit, we suggest applying for Blue Badges. <https://www.devon.gov.uk/roads-and-transport/parking/blue-badge-parking/>
- There is a continuing concern that development of services to improve productivity and reduce costs (digitisation for example) shifts the expense to community groups. Hospital Automatic Number Plate Recognition systems being one example (Chapter 14). Schemes would like some of the savings redistributed to them to help manage the additional workload

Funding

The main financial needs of the schemes are contributions to the running costs of the schemes who are £275,243 in deficit across the region.

The existing collaboration and co production would be greatly helped by funding from the NHS who benefit a great deal from the service of Community Car Schemes. This opportunity continues to be overlooked although the situation is improving. The financial support provided by the NHS to individual Car Schemes in 2023-2024 was £41,388, compared to £17,896 in 2022-23.

If, for example, the NHS funded 72% of the Devon wide deficit, representing the 88,506 health related journeys, the £198,174.96 raised would help support the sectors resilience across the county.

Devon County Council/other Statutory funders grants/payments (Transport Coordination Service, Social Services etc.) provided total funding of £162,047 from a variety of sources and purposes provides ongoing support which has encouraged many of the positive developments in car schemes and organisations that have Car Schemes we have seen in recent years.

We look forward to closer working with the new Integrated Care Boards and Local Health Care Systems as they develop into their roles.

An example of the pressures felt by many organisations

East Teignbridge Community Transport have found themselves increasingly called upon as providers of specialist accessible transport as NHS provided transport has reduced.

Small but essential voluntary services like ours are in a constant battle for sustainability, now more than ever. Despite the vital role we play in our communities, there is little to no consistent funding to support our work. Too often, funding is awarded to new initiatives rather than longstanding services with a proven track record, leaving us in the exhausting position of having to repeatedly justify our existence. Time spent seeking funding takes us away from what truly matters—supporting the people who rely on us.

Voluntary services should not have to depend on shrinking council grants, yet we have no alternative. Health services assume charities like ours can self-fund, but without us, many vulnerable individuals would be left without transport to essential medical appointments. Our volunteer drivers do more than drive; they provide reassurance, accompany passengers to hospital departments, and ensure they return home safely. The impact on health, wellbeing, and mental health would be severe if these services disappeared.

The challenges are mounting. Volunteer recruitment is increasingly difficult, with many retirees leading busier lives, and the strain on our existing team is immense. We have adapted to growing needs—fundraising for accessible vehicles, increasing training for wheelchair transportation, and ensuring our service remains safe and inclusive. Yet, demand far exceeds our capacity. In the past two months alone, over half of transport requests went unfulfilled, leaving patients unable to attend crucial medical appointments.

We are not just a transport service—we are a community. We support not only our passengers but also our volunteers, many of whom face personal loss and challenges. The emotional toll on those who give their time freely is often overlooked. Yet, despite our dedication, we are struggling to keep up. If help was ever needed, it is needed now.

Sally, East Teignbridge Community Transport
<https://dawlish-mobility.co.uk/>

Increase in Employer National Insurance from April 2025

There is growing concern about the impact of the changes to Employer National Insurance.

Its main effect to charities is that many part time, low waged employees will be brought into the scheme who were not previously liable. Many community transport workers are part time, low waged and many of these are grant funded on fixed amounts. Time will tell how this will work out, but at the time of writing this report, it is causing considerable stress and concern about the extra expense and immediate impact on cash flow.

Fuel Prices and Cost of Living

Fuel prices began to fall, but to nowhere near 2020 levels and was a continued cause of concern to coordinators. Many volunteer drivers continue to feel it's insufficient to cover the costs of volunteering and coordinators suspect increased costs are putting off new volunteers and causing existing drivers to leave.

In response many car schemes continued paying drivers the additional 5 pence per passenger mile as allowed by the Inland Revenue (HMRC) approved mileage allowance payments (AMAP).

Comparison of fuel prices over four years

Date	Petrol (pence per litre)	Diesel (pence per litre)
15/03/2024	145.25	153.25
08/02/2023	148.89	169.89
23/03/2022	167.28	179.72
21/04/2021	126.28	129.07
11/06/2020	107.67	112.50

Source <https://www.racfoundation.org/data/uk-pump-prices-over-time>

The reduction in fuel prices was welcomed but lost in other expenses as inflation rose and vehicle insurance cover was 25% more expensive on average across the whole of 2023 than in 2022.

Source <https://www.abi.org.uk/news/news-articles/2024/1/motor-insurance-premiums-continue-to-rise-as-insurers-battle-costs/>

Vehicle maintenance costs rose by slightly by 7.8% for 2023 compared to 7.1% for 2022.

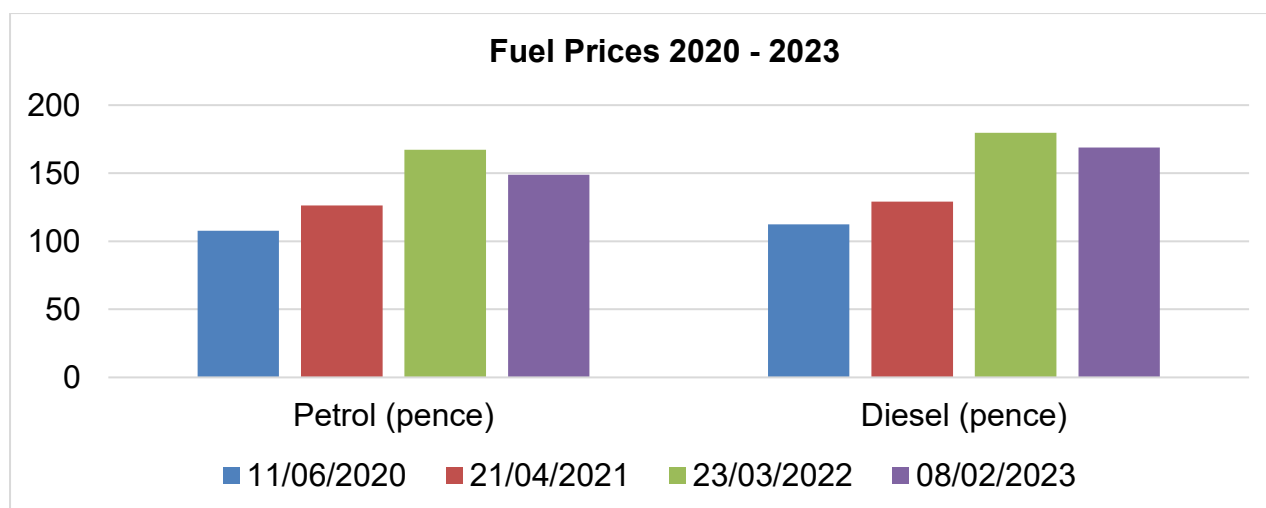
Source Office for National Statistics <https://www.ons.gov.uk/economy/inflationandpriceindices/timeseries/czea/mm23>

However, the annual rate of inflation dropped to 2.0 in May 2024 after the peaking at 11.1% in October 2022 (a 41-year high).

Source House of Commons Library <https://commonslibrary.parliament.uk/cost-of-living-and-inflation/>

The Community Transport Association continues an ongoing campaign to increase the Inland Revenue's Approved Mileage Allowance Payments (AMAP) to compensate for this. This is included in their Community Solutions a Manifesto

<https://ctauk.org/delivering-fair-deal-volunteers>



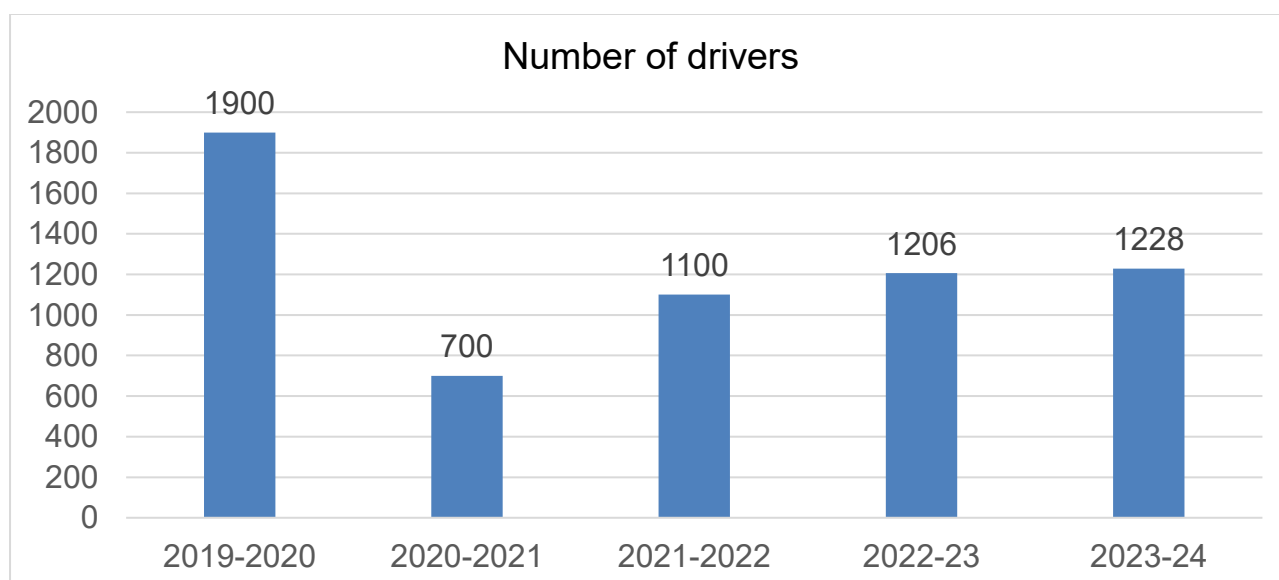
Source <https://www.racfoundation.org/data/uk-pump-prices-over-time>

Numbers of Drivers

As of November 2023, there were 1,228 active drivers.

The number of drivers slowly continued to rise, and it has been a great pleasure to see so many new faces around the county at our Safe Assistance Training sessions. Though numbers are rising we still need more to meet the need. We are however encouraged that schemes are recruiting drivers when there is such competition for volunteers for all kinds of community activity.

Though we don't directly record the number of paid drivers, Community Transport groups are struggling to recruit paid minibuss drivers and volunteers to drive small wheelchair accessible vehicles.



The 2019-20 figure was an estimate and during the pandemic we were able to develop a system for a more accurate number although these are still snapshot figures taken at a single point in the year.

National Volunteering Trends – In decline since 2013

There are huge changes taking place in society with fewer people volunteering than before the pandemic. Though there was a rise in volunteering during the pandemic what we are seeing is part of a longer-term decline.

According to the Office of National Statistics, their Community Life Survey showed that formal volunteering had dropped from 27% of the population in 2013/14 to 16% 2021/22.

[https://www.gov.uk/government/statistics/community-life-survey-202122/community-life-survey-202122-volunteering-and-charitable-giving#:~:text=In%202021%2F22%2C%2027%25,between%2036%25%20to%2045%25\).](https://www.gov.uk/government/statistics/community-life-survey-202122/community-life-survey-202122-volunteering-and-charitable-giving#:~:text=In%202021%2F22%2C%2027%25,between%2036%25%20to%2045%25).)

There was a rise to 23% in 2019/22 in response to the Pandemic, which was very noticeable and may have raised expectations as to what might be possible in government and large organisations such as the NHS. A much-reported success was the GoodSams Micro Volunteer App which recruited and managed 800,00 volunteers during the Pandemic 397,940 of whom put themselves on duty. Over a million actions were achieved.

<https://healthinnovationnetwork.com/wp-content/uploads/2021/12/Micro-volunteering-evaluation.pdf>

I have not yet found statistics for current levels of volunteering via the app, though an article on LinkedIn suggested 35,000 had stood up to support the NHS this winter (2023)

<https://www.linkedin.com/pulse/35000-volunteers-stand-up-support-nhs-winter-could-help-donnelly-vpkqe/>

For anyone interested in App Based Volunteering for the NHS the link is here

<https://nhscarevolunteerresponders.org/i-want-to-volunteer>

9. The CTA Uk 2024 State of the Sector Report

The Community Transport Association carried out a large mapping exercise across England which Community Transport in Devon actively contributed to. It demonstrates that many of the issues highlighted in our report are common across the country.

For more information on the CTAs work on Policy and Research please go to

<https://ctauk.org/policy-research>

10. Arson Attack East Teignbridge CTA

Extract from 2024 AGM East Teignbridge Community Transport Association.

Our last AGM was held on 6th July 2023 and little did we foresee the devastating fire in the early hours of Friday 14th July 2023, the images will be in my mind forever. That night we lost 2 minibuses and 2 wheelchair accessible cars. This was later proven to be an arson attack with CID still trying to resolve the case.

Twelve months ago, I stood exactly here and endorsed the problematic challenges and situations we had experienced in recent years, never standing still or without its hurdles, yet words cannot express how difficult this last year has been.

It is without doubt that without the kindness, generosity and encouragement, dedication and commitment of the Transport Team and those of our community, we would have closed the doors once and for all.

Our vision for the service, sustainability and progress has been hindered yet again, but not destroyed, and as time moves forward, we will recover.

Four vehicles were lost in their entirety, two being almost new (a minibus and a fully adapted car) and one we managed to salvage and bring back into the fleet. Following lockdown when we reduced our fleet from eleven to five, we tirelessly worked to build back to nine. In the blink of an eye, we found ourselves in a desperate and devastating position being back down to five, and with the aftermath of carnage to deal with.

We closed our doors for one day, only one day, and our truly amazing volunteers were back out in the community driving; dedicated to the core.

There is much that could be shared of the trials and tribulations around the journey we have travelled of late, yet it will do little to console us or understand any reasoning behind what happened in the early hours of Friday 14th July 2023, and we wouldn't wish to drag anybody else through what we have experienced in the last twelve months.

We cannot share all the detail but can reassure you that Devon and Cornwall Police and our CID Officer are still working for a conclusion to the arson attack; yet it will not bring back the vehicles nor rewind the trauma and devastation for the Charity and its community. Nobody was injured and we are wholeheartedly thankful for that. We are humbled by the overwhelming support and cannot express the extent of our gratitude to reside in such a wonderful community that we serve. Our thanks to the Fire Brigade crew who individually put themselves at risk to tackle the fire, the insurmountable number of people who phoned, gifted items from t-bags to cakes, pasties to monies. Passengers, members of the community and those further afield, to the organisations who loaned us vehicles while we unravelled a way forward and every single person who offered and gave assistance; the list is endless and we unreservedly thank everyone.

We fought and received the full value of each lost vehicle and our insurance claim enabled us to replace one minibus with another second hand Bertie (2) and to put a deposit on a new build of the second bus delivered brand new and bespoke built only 18 months prior to the fire (to be called again Lottie (2); with funds to pay for it outright – fantastic for the Charity although we await a delayed delivery date that will take us beyond September and every day that goes by is a loss to our users. Very quickly we were able to replace one of the cars, all credit to our wonderful community who raised over £16,000 in just nine weeks and soon we took receipt of a little red car; known as Eric2.

Now we need to concentrate on raising funds through any Grant opportunities and wider Charity fundraising for a further £43,000 to replace the lost car. If anyone would like to come on board and assist with fundraising, please do let me know.

What a year it has been. I am beholden to our Team who have excelled on all levels - our admin team of co-ordinators, drivers, maintenance and fundraising supporters, our driver assistants, Trustees, Dawlish Town Council Reps and all those in the community who sit quietly in the background yet not unnoticed, and to our community.

East Teignbridge Community Transport Association July 2024.

11. Go North Devon Closing

Final Facebook post 18th August 2023.

“And That’s A Wrap!

Today we close our doors for the final time on the Shopmobility Centre in Barnstaple. For the past 30 years we have been proud to serve the people of Barnstaple and surrounding areas, and we will miss you all. The Team at Go North Devon would like to thank all those who have used and supported our services over the years and wish you well in your future travels.”

This was one of the comments on the feed (Terry was the bus driver)

Really sad news. This service has made such a difference to my mum as she could make her own way to Sainsburys on the bus with Terry. It was a weekly social event for her and others. It will mean she has lost part of her independence. Thank you to you all for making her life a little easier over the years and to Terry for looking after his bus of vulnerable people. This will be much missed 😞”

Although Shopmobility and the Cancer Care Car were lost, thankfully the Ring and Ride Minibus service was saved

“Great News!

Further to our announcement on 30th May 2023 advising that the Ring & Ride service will be ending on 18th August 2023, we are thrilled to announce that Mid Devon Mobility will be taking over the Management of North Devon Ring & Ride service from Monday 21st August 2023. We would like to thank our Ring & Ride passengers for travelling with Go North Devon and wish you well with your future travels with Mid Devon Mobility.”

<https://www.middevonmobility.org.uk/services/north-devon-ring-ride/>

In February 2024 we also said goodbye to David a stalwart of Combe Martin and Berryarbor. A good man and much missed. Also taken from Facebook.

“Dave was all about making a difference and had a knack for turning his passions into community treasures. He absolutely loved driving and was a familiar, friendly face in the Combe Martin Community Car Scheme. Whether he was giving lifts to those who needed them or just out for a drive, he believed every journey was an adventure and a chance to bring smiles.

The Combe Martin Village Hall was another place close to his heart. Dad threw himself into village hall activities, from acting in plays to organising fundraisers. He loved the buzz of community spirit and worked tirelessly to make sure it was a hub of joy and togetherness for everyone.”

12. Transport to health. Scale of the issue and Options

Transport is an essential link to health and social care and the private car is the most used form of transport. The numbers attending appointments in Devon are staggering. We have used outpatient appointments as an example.

The University Hospitals Plymouth annual report states that 653,686 outpatient appointments were attended 2023-24

<https://www.plymouthhospitals.nhs.uk/annual-report-2023-2024-summary/>

Torbay and South Devon NHS Trust states 448,000 first and follow up Outpatients appointments were attended 2022-23

<https://www.torbayandsouthdevon.nhs.uk/uploads/annual-report-summary-2022-2023.pdf>

The Royal Devon University Healthcare NHS Foundation Trust (Exeter, East and North Devon) states they cared for more than 1 million outpatients in 2023-24 (though I could not find numbers of appointments)

<https://www.royaldevon.nhs.uk/media/hcnpj3mv/annual-report-2023-24.pdf>

These figures show the pressure NHS and in particular, NHS car parking and drop off zones come under, and we appreciate the help and support volunteer drivers receive from the NHS in Devon under very challenging circumstances.

Travel by bus

Where services exist, public transport is a cost-effective form of travel as every large hospital has bus stops with somewhere to wait on site. There are more services in cities and fewer in rural areas.

The 2019 Healthwatch report into transport for health appointments suggests it may only be 5% of journeys.

https://www.cqc.org.uk/sites/default/files/CM101908_item8_HWE_appii_patient_transport.pdf

The Governments Official Statistics – Domestic Transport by Mode, suggests that bus usage is about 70 - 90% that of pre pandemic levels (the levels fluctuate widely).

<https://www.gov.uk/government/statistics/transport-use-during-the-coronavirus-covid-19-pandemic/domestic-transport-usage-by-mode>

For people new to public transport route planning can be intimidating and travel from rural areas can be especially challenging. Devons Patient Transport Advice Service (PTAS) are skilled at helping people navigate the options. At the time of writing there is one to one training available from Devon Communities Together and Living Options to help people learn to use public transport.

<https://www.devoncommunities.org.uk/projects/travelling-confidence>

Taxi and Private Cars

The Healthwatch report suggest that Taxi use may be around 3% - 7% and private cars 60% – 80% depending on the person's medical condition.

Most people will drive themselves or can get lifts from family and friends, and the volumes as indicated are huge.

Community Transport and Car Schemes.

These schemes help people who cannot access any of the transport options listed above.

“Old age never comes alone.”

This may be a temporary inability, for example an outpatient visit to an eye department will often need eye drops which means they can't drive home themselves. After a procedure that requires a sedative, the hospital teams discourage travelling home by public transport.

It may be a permanent inability. As drivers we will all get to the stage when we cannot drive and as passengers, our partners will also reach the point they cannot drive. More people live alone or have family living far away. It is not uncommon for people with dementia to live alone. People may ask friends for help if the journey is a one off but are less inclined to keep asking for regular journeys.

They all help people for whom volunteer cars are their only option left to help stay fit and well and keeping them out hospital before requiring the 999-emergency ambulance admission system or expensive private transport.

13. Devon and Torbay Local Transport Plan 4 2025-2040 Consultation

After attending a VCSE Assembly Consultation Meeting Health Impact Assessment) of the draft plan on the 8th November chaired by Jinnie Snaith of NHS Devon (with thanks to Sue Wroe of Teignbridge Council for Voluntary Services for the invite <https://www.teigncvs.org.uk/>), and following on from conversations with Community Car Schemes at our regional Forum meetings, DAS responded to the Consultation. Please note, these are not necessarily the views of all the car schemes themselves.

Our response focused on what would help empower local communities to find their own solutions (Page 52 of the Transport Plan specifically mentions Community Transport).

“Devon is also served by a network of voluntary community transport organisations that enable secluded, disabled or elderly populations to access shops and services. This community transport is particularly important for people in rural communities who may not have suitable public transport available to them. We will continue to support existing community transport operators and Fare cars. We will also explore opportunities to empower local communities to increase provision.”

Understanding transport is key, though only part of wider solutions promoting healthier, more resilient populations across Devon. Encouraging long term cooperation and partnerships with transport and community groups will be vital to help support communities in rural areas or areas with poor public transport. This includes continuing to support people who find using public transport difficult.

Any one sector cannot solve all the issues, so we need to work to our strengths and cooperate/coproduct solutions. Integrated Care Boards, regional and local government, business and the Volunteer Community Social Enterprise sector. The main aim is to reduce transport inequalities and address transport poverty through community involvement especially for vulnerable groups to ensure provision of transport that meets their needs.

- Understand and promote social value to help make the case for local support and increase the potential for funding. For example, Community Transport may not be financially viable in itself but has greater value to society - the same with memory cafes and all the other voluntary services.
- Support the continued provision of local resources, for example Council for Voluntary Services and other infrastructure support organisations, to help link up local organisations such as village halls and transport groups with support groups in the area e.g. Memory Cafes
- Encourage support for continued volunteer recruitment and training. For example volunteer drivers able to help their communities with accessible transport
- Encourage joined up funding that supports ongoing arrangements. Smaller regular funding over many years may help relive boom and bust of big grants?
- Keep plans simple, repeatable and realistic, - long term change requires long term and consistent effort, often through small local adaptations
- Encourage closer working with Volunteer Community Social Enterprise, Public and Health Sectors. Continue to develop conversations based on an understanding of local pressures and work to each other's strengths. Involve the business sector wherever possible.
- Recognise the risk of overloading of VCSE and support continuous improvements to avoid sudden growth and reliance on short term pilots to bring in funding.
- Increase involvement and understanding via regular public and online conversations to find and encourage social entrepreneurs and find the Fresh People (volunteers)
- Understand, promote and support regular funding of infrastructure support - who helps the helpers
- Where possible try to provide/encourage local health solutions rather than travel long distances for the environmental benefit and encouraging people to access healthcare and social welfare activities via cheaper, easier to access transport.
- Encourage the long-term collection and sharing of key statistics and payment to local groups for providing them. A relatively small amount of £ buy-in can go a long way to encourage partnership/cooperative work.
- Lobby national government to encourage community action via social transport legislation that is easier to understand and implement (for example Section 19 and 22 Community Transport Permits).

14. The Volunteer Driver Hospital Parking Permit Scheme

1,976 permits were issued to 54 participating car schemes. This is an example of 10 years of partnership work between the NHS, Devon County Council and the Devon Community Car Forum. It is highly valued by the drivers and passengers and has been a good recruiter for schemes to join the Car Forums. It is also good to know how supportive the Facilities and Parking Teams are of the drivers. They have always been helpful and will rescind parking penalties, especially for confused drivers who have just made a mistake.

DAS administer the system, Devon County Council design, print and distribute the permits and DAS works with individual hospitals and NHS Trusts who all have their own variation of parking systems including Automatic Number Plate Recognition (ANPR). DAS has noticed an increase in workload managing the Scheme and we produce an annual guidance document, now 8 pages long and covers 32 NHS sites.

Royal Devon and Exeter

The Automatic Number Plate Recognition (ANPR) system at Royal Devon and Exeter had its second anniversary and its electronic permit uses our permits scheme card as proof of eligibility. Working with the parking team we issued renewal advice in good time and most drivers managed to renew their online permits without many issues. For drivers that are not online, there is still the option to sign out in person at reception.

North Devon District Hospital

NDDH offers dedicated volunteer driver spaces and schemes annually register their drivers to qualify for their use. Again, our permit is proof of eligibility. The system is also different in that it does not give free parking in the public car parks but does allow access to the wider hospital site and the dedicated spaces.

Derriford and Automatic Number Plate Recognition

When Derriford Hospital introduced ANPR Systems they adapted their existing onsite system for validating volunteer drivers parking and were able to carry this forward to the new system. Drivers show their permits to the parking team in the main entrance and are buzzed out at the carpark exits. The system works well.

There are other issues with Derriford, especially for disabled access to the main entrance DAS began a survey in Feb 2024 to drivers to research the issues and we will continue to work with Derriford to try and ease this situation.

Nightingale Hospital (Exeter)

Built to manage Covid cases, dropping off patients had not needed to be considered. When it was repurposed, problems for the drivers arose. Though it took a long time to find the right people to talk with, once we had made contact, a solution has been agreed and shared with the car schemes. Thank you to the team at the Nightingale for their willingness to help and thank you again to the Comms team at North Devon District Hospital for linking us up.

Torbay Hospital

Torbay introduced ANPR system for some of its car parks and driver go to reception to sign out on the day. The pay and display system remains in place in the other car parks. ANPR systems have also started in smaller hospital sites.

15. Patient Transport and Advice Service (PTAS)

The Patient Transport Advice Service (PTAS) offers a central phone number for people to access non-emergency patient transport services, for secondary care in Devon. The service is funded by the Integrated Care Board (ICB) and provided by Devon County Council.

If patients are too unwell to travel by car, taxi, public transport, or community transport, they can contact the PTAS to see if they are eligible for non-emergency patient transport.

<https://www.devonservices.org.uk/service/patient-transport-services/>

Community Car Schemes have been working with PTAS since its inception and PTAS refers patients who do not meet the eligibility criteria to them. Since the pandemic car schemes have noticed that some passengers are too frail for car transport and need to refer them back to PTAS.

PTAS and Car Schemes - Who is Unsafe to Transport?

Working with PTAS we were able to agree generic examples of who may be considered unsafe for car scheme transport based on both physical and mental issues. For example:

- 'Non-compliant' dementia
 - When a carer or escort is required but not available
- Needs more than a steady arm. For example:
 - they can't stand or walk alone
 - needs substantial physical help to get in and out of the car and cannot do so without pain
 - cannot self-transfer from wheelchair to seat (see below)
- Clinically obese patients unable to get into a normal car or fit seatbelts
- Issues of self-care- e.g., passengers who soil themselves
- Oncology patients (some schemes provide this service)
- End of life (some schemes already manage this)
- Oxygen needed on the journey by the passenger (and can't be self-administered by the passenger)

Wheelchair users.

- **Non wheelchair accessible vehicle –**
 - passenger unable to self-transfer to car seat and back to a wheelchair (they must be able to do this safely, without assistance from the driver)
- **Wheelchair accessible vehicle**
 - Steps from property
 - Wheelchair and passenger too big/heavy for ramp or lift or safe manoeuvre

We do not think the referral system will be used for many passengers, but it is good to know that it is in place, and we will see how well it works going forward.

Safeguarding Concerns

Some issues with mental capacity e.g. answer the door in their underwear or half-dressed, signs of neglect or abuse, is not a PTAS issue and may need to be reported as a Safeguarding concern. Please see link below for more information.

<https://www.devon.gov.uk/adult-social-care/safeguarding/>

16. Hospital Travel Claim Scheme (HTCS)

3,198 journeys took place where passengers were planning to claim under the scheme. This is a significant decline compared to 4,360 planned claims during 2022-23.

[https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/#:~:text=If%20you're%20referred%20to,Travel%20Costs%20Scheme%20\(HTCS\).](https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/#:~:text=If%20you're%20referred%20to,Travel%20Costs%20Scheme%20(HTCS).)

Since the removal of automatic winter fuel payments to pensioners there has been an increased emphasis on claiming Pension Credit. This is a gateway benefit to the HTCS.

<https://www.gov.uk/pension-credit>

We would like receiving hospitals to encourage a greater take up of Pension Credit to encourage more people in turn to claim back journeys under HTCS if they are also in receipt of the Guarantee Credit part of Pension Credit.

<https://www.gov.uk/pension-credit/what-youll-get>

Many passengers, especially those on low incomes, still use cash to pay for journeys and it is vital that cash offices in hospitals remain open to help passengers manage their cash flow.

17. Self-help within the Forum: Traveling with Dementia

The regular Devon Community Car Forum meetings are an excellent opportunity for members to share questions and concerns in a safe space. During 2023, travelling with dementia continued to be a topic of conversation and an increasing area of concern for coordinators and managers.

We also noticed, during our Safe Assistance for Volunteer driving training sessions, that in any group of 10 to 15 volunteer at least two had suffered a loss to the disease, either parents or partners. Few drivers said they had problems with passengers, which considering the scale of the issue is a testament to the skill of the coordinators matching drivers to passengers and the willingness of drivers to help. Once they relaxed a bit the stories started to emerge. These were mostly about noticing a change in passengers, the stress of carers, passengers getting lost in hospitals and potentially disruptive and inappropriate behaviour.

We used the skill and knowledge within the Forum to create a best practice information sheet to share across the Forums and strengthen our existing training. Our aims are to reduce concerns people have, highlight the positive impact helping the passenger and their families attend medical appointments and social activities such as memory cafes and singing for the brain. There is fun to be had with dementia, sadly however, we also need to understand when they have moved beyond our ability to help.

Concerns are also being raised about the increasing reliance on communities to provide self-help with little funding support and the challenges this brings, especially for us, around transport. More work needs to be done to better understand the situation.

18. Motivations of Community Transport Drivers

When we do training with community transport drivers, we always ask them what they enjoy most about being a volunteer driver.

"I've had a great life and want to give something back, and it makes me feel good"

"I love the chats in the car and it's a great way of getting to know the people in my village, many I would never have met otherwise"

"I have just retired, and it gets me out of the house and decorating. (his wife also said "please give him something to do and get him out from under my feet!")"

"I am looking forwards to eventual retirement and volunteer driving is helping me wean myself of off full time work."

"The mileage money helps me fund my second car and caravan."

"I find people endlessly fascinating and in the car they all want to talk."

"I recently lost my partner, and this gives me a reason to get up and out of the house. If I don't feel up to it, I can say no, but because someone is asking for my help I usually say yes."

"Some people are so lonely and the journey to the hospital is like a day out to them!."

"I like to be busy and doing something useful."

"They are so funny, and we laugh all the way."

"By doing this now, I hope someone will be there for me when I need the car."

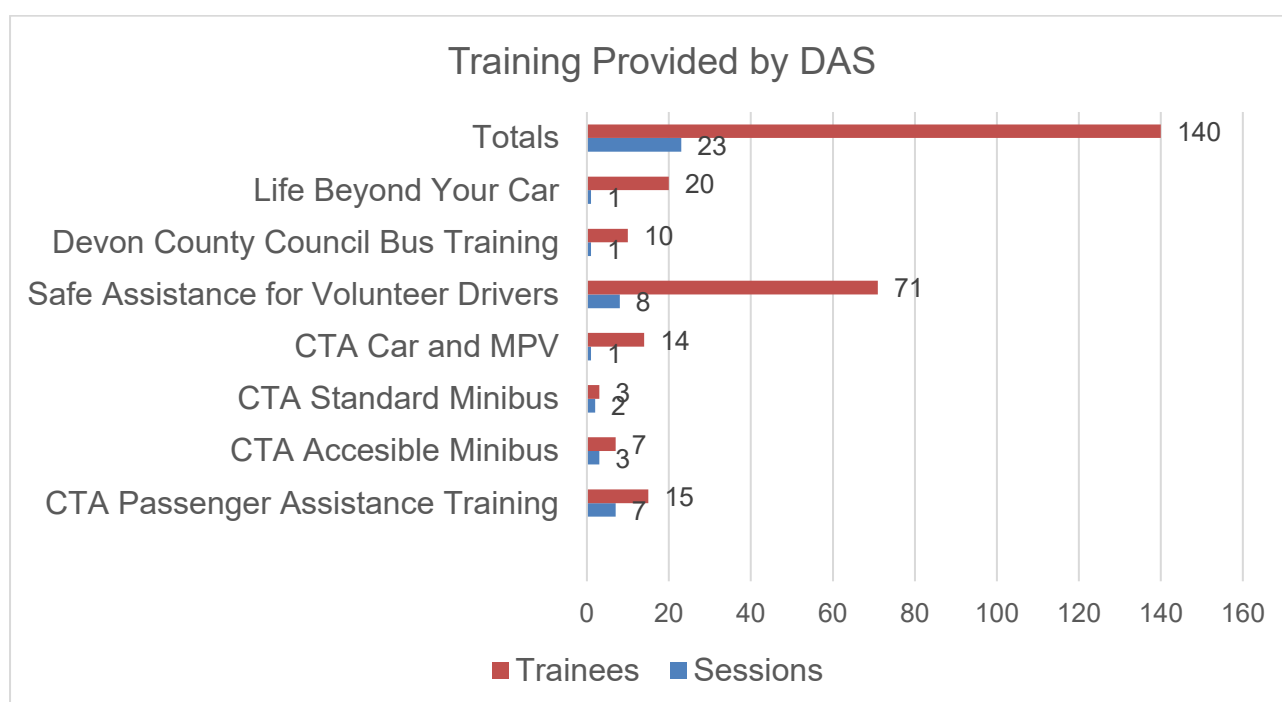
"I love it, but the stress of hospital parking means I won't do that."

19. Driver Training

Drivers can also feel isolated and it's not just about the training.

Driving, by its very nature, is isolating from other volunteers and especially drivers. Car Schemes offer a range of opportunities to bring drivers together socially and by delivering our training in person, and where possible to groups, we help with this. Schemes also sourced external First Aid Training which was much appreciated by the drivers who took part.

When organisations face a financial squeeze, training budgets suffer; and when funding for training is available it absolutely encourages participation. We noticed a sharp decline from the previous years after the end of the government's Stronger Together funded training.



DAS were delighted to provide 23 sessions to 140 trainees

Safe Assistance Training

Our aim is to provide training that is comfortable, local, targeted to their needs and fun and fosters and supports the feeling of community within community transport.

Group training means we can offer a considerable reduction in the cost as we can absorb the travel time and staff costs within the charge.

We deliver locally so there is less driver down time, reduced mileage expense costs to the car schemes and venue costs are often less if they supply the meeting place.

The in-person session was welcomed by the drivers as it gave them a fun and informative 3 hours with the opportunity to meet up, ask questions and solve issues within the car scheme. The session worked as much community development than just driver training.

The Safe Assistance for Volunteer Car Schemes training is available to members, is continuously developed with the Devon Community Car Forum and concentrates on the basics of providing high quality, safe, legal and enjoyable journeys to car scheme passengers.

CTA Car and MPV

For the first time we provided the Community Transport Associations certificated Car and MPV Training to 14 drivers of South Molton Volunteer Bureau with great success. This was a group in-person session, and we were delighted with the positive feedback. We also provided the optional extra of an observed drive.

“A good refresher course on how to drive properly and safely.”

“The trainer (Tim) was outstanding in his knowledge and presentation, mixing fun with professionalism, and easy to understand.”

“Good participation of attendees. I think this added value to the content as experiences could be shared between attendees.”

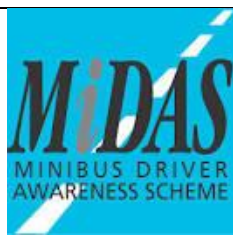
As an example of the issues facing service delivery across Devon, 20% of the total time involved with arranging and delivering the training was spent travelling to and from the venues. This is, however, part of living and working in Devon and worth it for the results gained.

MiDAS (Minibus Driver Awareness Training).

DAS via NDVS, continued to provide accredited and certificated training via the Community Transport Association MiDAS training programme

MiDAS is now entering its 30th year and The Community Transport Association is modernising its training offer and moving to a mix of individual online digital training and individual in person driving assessments, and we look forward to seeing how this develops over the coming years.

On a personal note, in January 2024, after 27 years, I delivered my last training session using the Standard Minibus PowerPoint slide set. I have loved my time as a DAT (Driver Assessor Trainer) for MiDAS and have met lifelong friends via the training delivery programme. Times change, I am now a MiDAS DA (Driver Assessor), and we will see how well an old dog can learn new tricks.



- Minibus, Standard and Accessible
- Passenger Assistance Training
- Car and MPV including Accessible vehicles
- Five Steps to Safety

<https://ctauk.org/training>

To find out more about our training offers please contact dasadmin@ndvs.org.uk

20. Mutual Support and cooperation with Health Service Providers

There has been continued close cooperation between DAS, Community Car Schemes and health service providers:

- Car Schemes and their local GP practice (some, though not all)
- DAS, Car Schemes and the **Patient Transport Advice Service (PTAS)** team:
 - Though not always able to help with transport as criteria is strict, the team are able to give advice and support to patients to get to appointments including referral to car schemes. Thank you to Lynn Thornton Principal Transport Officer for Health and Adult Social Care, Patient Transport Advice Service for enabling this to happen
- DAS, Car Schemes, NHS Facility Teams (car parks) and Devon County Council: An exemplar of co-production of Volunteer Driver Hospital Parking Permits especially this year as hospital Trusts continue to roll out automatic number plate recognition systems across their car parks.
- DAS and Council for Voluntary Services (CVS): participation in the
 - North Devon Healthcare Trust **Involving People Steering Group**. This is a great group to be involved with as they are always so helpful solving problems
 - Contacts are starting to be established with Integrated Care Boards and the various “Ones” around the county. The situation is confusing but hopefully becoming clearer.
- DAS, Car Schemes and the **Devon County Council Transport Co-ordination Service**. Their ongoing support for the Car Forums and funding enabled the production of this report and has encouraged many of the developments in Car Schemes over the past few years. Thank you to Karen Rose, Community Transport Advisor for your continued support

21. Financial Benefits to the NHS

The NHS in Devon saved at least £3,580,199 because of Community Car Schemes’ activity.

- £597,415 preventing Did Not Attends to Primary Health Care
- £2,920,698 preventing Did Not Attends to Secondary Care
- £62,086 of savings to the Healthcare Travel Costs Scheme (HTCS)

In return a few car schemes received £41,388 in funding from the NHS

22. Funding applications

There is less money available from non-statutory funders and Car schemes still miss the simpler can-do attitude adopted by grant funders during the pandemic. It’s perhaps understandable as funders have their own objectives and money is tight, but the increased element of trust and immediacy of action is missed, especially for relatively small amounts of money.

The continued reluctance of many funds to pay staff costs does create a bit of mind fog when applying as people feel they are reinventing the wheel and making up projects that will take away resources from their existing services. This can be overcome by training and

creative thinking but does slow down and put off people applying. Especially when they are tired and heads down doing day to day service provision.

There are however exciting opportunities for partnership funding which may help reduce some of these pressures and the Car Forums are ideally placed to support opportunities as they arise.

23. Conclusion

In February 2020, few people would have predicted how much would change and how much continues to change. There is a great deal of excellent work being carried out by highly motivated and adaptable people and organisations within the sector.

The impact of adapting to these changes has led to increased costs for car schemes, especially a significant investment in staff time.

Pre-existing issues are reasserting themselves as services and passenger/patient confidence recover from the impact of Covid-19.

These issues continue to be:

- Increased frailty of passengers
- The need for more volunteers who are also trained to safely meet the passengers' needs
- Coordinator and driver stress
- Congestion at hospitals
- Funding pressures, especially the need to cover operating costs

Issues compounded by the cost-of-living crises:

- Loneliness and isolation of passengers
- New volunteers potentially put off by the cost of running their vehicles
- The urgent need to catch up with outpatient appointments and much delayed treatment

There is a continuing sense of fatigue in many areas, as the demand for services is increasing

Personal contact

Passengers are often not active users of the internet and are the people most likely to stop using technology. They rely on personal contact to access health and wellbeing which is often provided by Car Scheme Coordinators and Drivers. Coordinators are noticing booking calls are taking longer to be sure journeys are successfully matched to the skills of individual volunteers and people also want to chat on the phone. Luckily one of the main motivators for drivers are the conversations they have in the car. This all helps to alleviate feelings of loneliness and promotes better recovery.

It is important that the phone remains a first point of contact for community transport organisations.

Digitisation and ongoing support for people who cannot be involved

When planning to use digital solutions to increase efficiency, save money and resources, it is important to consider the small, but significant numbers of people who will not benefit from this and will find themselves suddenly reliant on others.

Helping these people creates a drain on supporting organisations' resources and moves the costs from large organisation to smaller ones. That does not mean the changes should not take place, however targeted support should be made to these organisations.

Partnership Work

As this report demonstrates, partnerships work is happening all the time and takes considerable time and resources to work effectively. Their work needs to be recognised and supported by effective long-term partnerships if schemes are not to be overwhelmed by demand. With appropriate co-operation and long-term funding this is possible.

We have shown that Community Transport is more than just a journey and we look forward to seeing how effective cooperation can develop and grow.

Formal Volunteering in decline and the resilience of the local touch

The national trend for Formal Volunteering is declining when there is increasing need for structures to be in place to help protect vulnerable passengers, the drivers and the car schemes themselves.

Car schemes provide a unique offer for on-request volunteering with their vehicle costs being covered. Thankfully the decline is less in rural areas and the car schemes are doing well to increase the numbers of volunteers. The offer and delivery needs to be as safe and stress free as possible if demand is to be met at the levels required into the future, and Car Schemes excel at fitting the needs of the volunteers around that of the schemes and their passengers.

The demands on the schemes' skill levels to provide safe and effective transport is rising. Helping increasingly frail passengers can be intimidating and an understanding of what is reasonable to offer and where to find support is essential. Where there is mutual respect, car schemes are keen (and can afford) to take part and new volunteers are also keen to join in.

Key to this is motivated trustees, volunteer managers/coordinators and volunteers working with informed health and social care professionals who understand and appreciate their value.

Finally

I am heartened by the continuing support shown to the sector by Devon County Council, the Facilities and Parking Teams of the NHS across Devon, including the Comms team at the Royal Devon University Healthcare NHS Foundation Trust and look forward to positive relationships with the Integrated Care Board.

I believe that the Community Transport sector has shown remarkable resilience and am impressed by the good humour and practical attitude they show towards problem solving.

Quite simply, they are positive, proactive, and determined to continue helping their passengers and clients in increasingly challenging circumstances. However, the strain is beginning to show as the closure of Go North Devon has dramatically demonstrated.

What they do is so much more than transport and it is a pleasure to work with them.

Appendix 1 Statistics – Activity, income, spending 2023–2024

Vol Driver Hospital Parking Permit Scheme

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

	2019-20	2020-21	2021-22	2022-23	2023-24
Number of schemes participating in the scheme	59	60	62	57	56
Number of permits issued	2222	2298	2154	1929	1976

Statistics

During 2023-24 there were:

- 60 members of the Devon Community Car Forum (DCCF).
- 51 Full Members of the DCCF provided these statistics as part of their annual funding agreement with Devon County Council.
- 9 were Associate Members who do not provide statistical information or receive funding from DCC via the Car Forum.

Membership of the Forums fluctuates as does individual schemes activity. There will also be fluctuations in how schemes measure their own activity as so much is dependent on the experience and skills of the people doing the counting. This also changes over time as people come and go. Every scheme is unique, and the situation is complicated, therefore, these figures should be viewed as indicative of activity and an underestimate.

Journeys	2019-20	2020-21	2021-22	2022-23	2023-24
All health-related journeys (% of all journeys)	90,778 (68%)	38,234 (91%)	70,410 (79%)	70,410 (72%)	88,506 (76%)
Social welfare purposes (% of all journeys)	42,220 (32%)	3,916 (9%)	18,188 (21%)	27,202 (76%)	33,878 (24%)
Number of vaccination journeys	n/a	1,861	3,869	1,581	1,007
Total of all passenger journeys Including journeys for people who travelled in their wheelchairs.	132,998 5,435	42,150 1,633	88,598 1,873	115,521 2,766	122,384 2,372

Deliveries	2019-20	2020-21	2021-22	2022-23	2023-24
Total number of prescriptions delivered	n/a	21,150	6,600	5,919	6,379
Total number of shopping/food deliveries	n/a	40,291	7,829	10,953	8,795

Journeys cancelled or not placed	2019-20	2020-21	2021-22	2022-23	2023-24
Journeys cancelled	14,493	9,535	9,279	12,813	10,918
Requests not able to be placed	3,027	744	1,809	3,034	3,287

Income	2019-20	2020-21	2021-22	2022-23	2023-24
Passenger contributions	£772,103	£262,728	£517,861	£693,403	£775,497
DCC, Car Forum Social Services etc	£56,724	£60,251	£55,211	£98,198	£162,047
Health funding	£0	£7,006	£4,274	£17,896	£41,388
Other fundraising	£211,934	£70,887	£492,710	£245,435	£175,946
Total income	£1,040,761	£400,872	£1,070,056	£1,054,932	£1,154,878

Spend	2019-20	2020-21	2021-22	2022-23	2023-24
Cost of organising these journeys (overheads)	£703,703	£390,628	£509,920	£704,806	£930,000
Reimbursing drivers' vehicle mileage costs	£582,471	£206,172	£377,813	£480,971	£500,121
Total spent by schemes providing their services	£1,286,174	£596,800	£887,733	£1,185,777	£1,430,121

Deficit or surplus	2019-20	2020-21	2021-22	2022-23	2023-24
Total income less total spend	-£245,413	-£195,928	+182,323*	-£130,845	-£275,243

* Two schemes had wonderful large Legacy bequests. Unfortunately, the sector was generally in deficit.

	2019-20	2020-21	2021-22	2022-23	2023-24
Total miles travelled	1,446,161	569,763	972,703	1,382,925	1,319,986

Volunteer hours and contribution	2019-20	2020-21	2021-22	2022-23	2023-24
Number of volunteer hours gifted to the car schemes	133,076	77,261	103,813	133,935	129,103
Notional value at National Minimum wage (2023 £10.42 National Living wage 23 +)	£1,092,554	£673,716	£924,974	£1,395,603	£1,345,253

Average journey distance	2019-20	2020-21	2021-22	2022-23	2023-24
Average return journey (miles)	21.75	27.04	21.96	23.95	21.57

Average passengers spend on journeys	2019-20	2020-21	2021-22	2022-23	2023-24
Average return journey x 45 pence per mile	£9.79	£12.17	£9.88	£10.77	£9.70
Average return Journey at 50 pence per mile	N/A	N/A	N/A	N/A	10.78

Average cost to organise a journey	2019-20	2020-21	2021-22	2022-23	2023-24
Overheads divided by total no of journeys	£5.29	£9.27	£5.76	£6.10	£7.60

Staff hours	2019-20	2020-21	2021-22	2022-23	2023-24
Number of paid staff hours	43,732	32,081	33,140	43,078	48,143

Cost of managing cancellations/rebookings	2019-20	2020-21	2021-22	2022-23	2023-24
Number of cancellations and rebooking's	14,493	9,535	9,279	12,813	10,918
cancellations x cost per journey (Most cancellations are rebooked)	£76,668	£88,389	£53,405	£78,174	£82,966
% of operating costs	5.96%	14.81%	6.02%	6.59%	5.80%
Estimated number of cancellations associated with health transport	9,891	8,649	7,374	9,796	7,896
% of rebooking's that were health related	68.25%	90.71%	79.47%	76.45%	72.32%
Cost of managing NHS rebooking's	£52,323	£80,176	£42,441	£59,766	£60,000

Healthcare Travel Costs Scheme	2019-20	2020-21	2021-22	2022-23	2023-24
Number of eligible HTCS journey requests	5,447	2,121	3,948	4,360	3,198

Appendix 2 Financial Saving to the NHS – Detail

Because they have no other options Car Scheme passengers/patients rely on their drivers to help them safely access vital health appointments. This is to planned GP and outpatient care, keeping them out of hospital, reducing GP home visits, urgent and unplanned emergency care. A key motivation for CCS is that everyone in their communities should have access to a good quality of life and is the essence of social kindness in action.

It is challenging to give a financial value to voluntary effort when there is no direct reporting to the effort and the result. For example, the driver takes a passenger to their medical appointment and home again afterwards.

Though there may be considerable knowledge and support within the Car Scheme and community, there is no official information on the treatments provided to the patient or their outcomes. Considering the importance of patient confidentiality, this is as it should be.

The following figures are indicative of the scale of financial savings to the NHS and are based on the only quantifiable figures that can be directly related to Community Car Scheme activity or, more importantly, its absence– Did Not Attends and the HTCS.

Preventing missed appointments or Did not Attends (DNA's)

Primary Care (mainly GP services)

An estimated 39,828 journeys (39,744 2022-23) were for primary health care appointments (est 19,914 appointments). If we assume these appointments were missed with no cancellation, the cost at £30 per appointment* would be £597,420

*Primary Care NHS England updated 8th February 2019

<https://www.england.nhs.uk/2019/01/missed-gp-appointments-costing-nhs-millions/>

Secondary Care

An estimated 48,678 journeys (48,575 2022-23) were for secondary health care, normally hospitals (est 24,339 appointments). If these were missed with no cancellation, the cost would be £2,920,680 at £120 per missed appointment*

*Secondary Care NHS England Last updated 22nd October 2018

<https://www.england.nhs.uk/2018/10/nhs-to-trial-tech-to-cut-missed-appointments-and-save-up-to-20-million/>

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

Community Car Schemes provide 3,198 qualifying journeys at a considerable saving of £62,086 (estimated) to the NHS HTCS budget.

The cost of a Community Car Scheme is approximately three times less than the cost of a booked on the day taxi journey (the closest allowable journey type for HTCS).

<https://www.nhs.uk/nhs-services/help-with-health-costs/healthcare-travel-costs-scheme-htcs/>

In addition, Car Schemes are spending more money supporting the continuing efficiency of the NHS, mostly via cancelled and rebooked short notice appointments.

Appendix 3 Devon Access to Services (DAS)

Connecting People to Services

The purpose of DAS is to research, develop and support affordable and practical solutions that enable vulnerable and isolated people access appropriate services across Devon.

DAS also works to help develop and sustain partnership working among service providers to benefit isolated and hard-to-reach individuals and communities.

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.
- Provides training, including Safe Assistance for Volunteer drivers and certificated minibus and wheelchair accessible vehicles and Passenger Assistance Training.

DAS, started in 2008, is a project hosted by NDVS North Devon Voluntary Services and funded by Devon County Council.

Appendix 4 Methodology

DAS collect and collate the data cited in this paper via:

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

The statistics quoted give a good representation of the activity of member Schemes. Due to the diverse nature of the sector and we make no claim to be statisticians, the figures used must be considered indicative of activity, cost and value.

Voluntary work, by its very nature, is often under-reported and it is likely that the figures are low in respect of the actual work carried out, hours given by volunteers and costs incurred.

Definition of a Journey

Journeys are defined as a single journey to an appointment, and a single journey returning from an appointment (a return journey counts as two). This is the lowest non-divisible common denominator and is the standard way of counting journeys across the sector.

Notional Value of volunteers.

We use the term to describe the potential contribution of volunteers to society described as a cash value. Whilst these are not actually incurred costs (and volunteers should never replace paid workers) they demonstrate the potential cost to society if volunteers had to be replaced by paid workers. We the national minimum wage for an adult and figure does not include additional employment costs.

Cost of a Booking and Managing Cancellations

We divide the total number of journeys by the organisations costs (excluding drivers expenses) to get a per booking figure which we multiply by the number of cancellations.

Appendix 5 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 or need 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 or community centre where they run a range of services and found the need to form a Car Scheme to help people attend their activities, e.g. memory café, lunch club etc.

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 easier to manage. 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 them.

Appendix 6 Financial realities of Community Car Schemes

Community Transport and Car Schemes exist because of a commercial failure to provide services accessible to their passengers. This may be because of affordability or inability to meet their additional needs. It is therefore highly unlikely that any car scheme can be fully self-sustaining on passenger contributions alone. Travel expenses are met by the passenger, but back-office costs are not fully covered.

Car schemes 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).

Car schemes who use their own vehicles under a Section 19 or 22 Community Bus Licence can charge fares to cover the full operating costs but cannot generate surpluses to support other services.

They must not operate Profit or Commercial Benefit and external funding will always be required to keep the organisation alive.

Appendix 7 Who is a Car Scheme Passenger?

A Car Scheme passenger can be anyone who is unable to provide their own transport or make use of public transport or taxis. They need to be in a place at a certain time and increasingly need a little extra help on the journey. They benefit from staying healthy, independent and well at home rather than having their condition deteriorate and be admitted to hospital.

In Devon most Car Scheme passengers are older people who, in line with the wider population, are becoming older and frailer. Most community car journeys are health-related, and passengers often need assistance navigating hospitals, for example. This can include a steadying arm, a wheelchair push or help remembering where they need to be. The remaining journeys are for social welfare activities including trips to lunch clubs, memory cafes and local events.

They are more likely to not be active users of the internet and rely on personal contact to arrange their health and wellbeing activities. This is often provided by Car Scheme Coordinators and drivers.

Appendix 8 Devon Community Car Forum

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

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

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 and has helped reduce the sense of isolation felt by many groups.

There are two levels of membership:

- **Associate membership** gives access to:
 - Volunteer Driver 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 from Devon County Council 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.

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

Appendix 9 – Devon Community Car Forum Members

Members for the Devon Community Car Forum are listed below by region.

For more (and updated) information about community transport in your area please go to www.devonservices.org.uk and look for Community Transport – Community Car Schemes

North Devon & Torridge Car Forum

1. Age Concern Barnstaple & District
2. Braunton Volunteers
3. Combe Martin & Berrynarbor Car Scheme
4. Holsworthy Rural Community Transport
5. Ilfracombe Community Car Service
6. South Molton Volunteer Bureau
7. Torridge Volunteer Cars
8. Valorum Care
9. Wooda Plus (Bideford)

Exeter, East and Mid Devon Car Forum

1. Axminster Car Service
2. Blackdown Support Group
3. Clyst Caring Friends (Pinhoe and Broadclyst Surgeries, Exeter)
4. Colyton Link
5. Culm Voluntary Car Scheme (Cullompton)
6. ELF (Exeter Leukaemia Fund)
7. Estuary League of Friends (Topsham)
8. Exmouth and District Community Transport
9. Exmouth Community Car Service
10. Exeter Hospice at Home
11. Heavitree Health Centre - Friends of
12. Ide Lane Surgery - Friends of
13. Ottery Help Scheme
14. Sampford Peverell Caring Friends
15. Seachange (Budleigh Salterton)
16. Sidmouth Hospiscare Trust
17. Sidmouth Voluntary Services
18. Silverton Link Up
19. St Thomas Surgery
20. Mid Devon Mobility (Crediton)
21. Mid Devon Mobility (Tiverton)
22. TRIP Community Transport Honiton
23. TRIP Seaton
24. Westbank, Exminster

Southern Area Car Forum

1. Access Plymouth
2. Acorn Community Support (Christow and surrounding area)
3. Buckfastleigh Sharing
4. Buckland Surgery Support Group (BUSS)
5. Dartmouth Caring
6. DASH
7. Dawlish Community Transport (East Teignbridge CTA)
8. Ivybridge & District Community Transport
9. Kerswella Care
10. Kings Care League of Friends (Newton Abbott and Kingsteignton)
11. Lustleigh Association of Drivers
12. Modbury Caring
13. Morecare Chagford
14. Morecare Moretonhampstead
15. Newton Abbot Community Transport Association
16. Norton Brook Patient Transport Service
17. Okehampton & District Community Transport Group
18. Paignton Karin
19. Redfern - Friends of
20. Riverside Surgery Befrienders - Bovey Tracy
21. South Brent & District Caring
22. South Hams Community Transport
23. TASS (Tavistock Area Support Services)
24. Tedburn Outreach (Tedburn St Mary)
25. Torbay and South Devon Hospital
26. Totnes Caring
27. Volunteering in Health (Teignmouth)
28. Yelvercare (Yelverton)

Contact Devon Access to Services

For more information about this report, the work of DAS, or if you would like to know more about volunteering for a Car Scheme please contact:

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dasadmin@ndvs.org.uk

01271 859261 (answer phone when we are not there)

07840 452147 (Tim), 07542 000027 (Claire)

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

Devon Services website of public and community service providers (and phone numbers).

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

<https://www.facebook.com/devonaccesstoservices>