



Improving Access to Health, Shopping, Leisure, Education & Work

# Community Transport

Using Social Kindness to enable people in  
West Devon & South Hams to attend  
Health Appointments



Tavistock Area Support Services

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## **Executive summary**

Volunteer car drivers act out of what is referred to in transport legislation as "social kindness", providing a valuable service to their passengers simply because they want to. There is no obligation, no contract, no right or expectation of travel and apart from vehicle expenses, no payment. Every driver has their own motivation. It might be to pass on a favour done to them, or to meet people and to regain confidence after bereavement, illness or redundancy. For some it helps fund the cost of their car and for many it is to do something useful during retirement. Everyone does it because it feels good to help people. They may not know the passenger personally; they just want to help someone from their local community.

For the first time Tavistock Area Support Services Community Car Scheme has been able to provide clear data that shows the benefit of the work they do. The initial statistics we have collected show they provide 3643 passenger journeys to health appointments every year and a further 423 journeys for social/domestic/ wellbeing purposes. Their passengers are people who do not have access to any other means of transport and who, without the schemes, would face exclusion from health care services. This transport is provided by dedicated and enthusiastic volunteers, managed by TASS.

TASS is facing a year on year exponential increase in demand and a projected shortfall in funding for 2014-15 of over £8,500 (excluding passenger payments). Without further funding, the scheme will not be able to keep up with demand, and this will result in the risk of a reduction in access to preventative health care for vulnerable people, ultimately leading to an increase in emergency admissions.

Community Car Schemes want to be able to ensure people have continued access to primary and secondary health care, thereby preserving the health of their communities and saving the NHS money. They are currently building relationships with the organisations that benefit from this activity, the Locality Clinical Commissioning Group and other health and social care providers. They are working together, through Car Scheme Forums across Devon, to explore practical solutions to such issues as the increase in demand for their value for money services and the decreasing availability of funding.

### **1. Introduction**

The NHS provides care free at the point of delivery, but it is expected that most people are able to make their own way to planned appointments and procedures. It is assumed they have use of their own or family and friends' cars, or live on bus routes.

The Patient Transport Service is available for people who are considered medically unfit to travel by other means, for example; those who need skilled care on the journey or who need skilled manual handling when leaving their home; and those who might be a risk to others. Space for escorts is limited and assessed against strict criteria.

For many people these are not viable options and for many years communities have been providing volunteer transport to support their most vulnerable members, through Community Car Schemes across West Devon and South Hams.

## **2. What are Community Car Schemes?**

Community Car Schemes respond to the transport needs of their local communities. Some date back over 40 years. They vary in size from small schemes based around a doctor's surgery or a local parish, to some that are district wide. They provide an essential, but largely invisible, safety net for the increasing number of people who:

- Are not able to use or do not have their own vehicle.
- Do not have family and friends who can help.
- Are not able to use public transport or such transport is not available.
- Do not qualify for hospital transport (Patient Transport Service).

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

- Volunteers offer services on the basis of "social kindness", for no financial gain.
- Passengers pay only for the driver's vehicle running costs on that journey. (1981 Passenger Transport Act)
- Passengers may pay a small booking fee.
- Overheads associated with organising journeys, recruiting and training drivers, office and staffing costs have to be met from grants and donations. (£25,000).

## **3. What are the Issues?**

### **3.1 Demographics**

In Devon, the proportion of older people in the population is growing faster than any other. These are the people who face the greatest problems accessing medical services and, as a result, Community Car Schemes are facing a 7.5% year on year increase in demand (Community Transport Association Annual Report 2012).

### **3.2 Buses and Taxis are not the answer**

From a commercial transport point of view these passengers are very costly. They are low volume and require prohibitively high levels of support. It is often not possible for commercial companies to provide services to rural locations at a price the customer can afford, or at a time they need to travel, e.g.:

- If someone lives in Broadwood Widger there two buses a day to Derriford one leaving at 9.10 arriving at 11.10am and another leaving at 13.48 arriving at 18.06. The return leaves at 12.16 arriving home at 18.06. There is a 7 minute walk one end and 15 minute walk the other!
- Taxis are good for short local journeys within towns, but are prohibitively expensive for many people living in rural areas.

### **3.3 What help is the NHS already providing to attendees?**

- NHS supported patient transport (Patient Transport Service):
  - Car scheme for "frequent attendees" (using volunteers)
  - Patients who might need medical attention during their journey
- Free parking for volunteer car drivers, with variable rules at each hospital.
- Healthcare Travel Costs Scheme refunds the costs of travel for eligible passengers. We estimate that up to 20% of passengers claim. Again the rules vary by hospital and area.
- Appointment letters signpost patients who need transport to local Single Points of Contact (SPOCs).
- The West Devon and South Hams SPOC is funded by DCC.

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

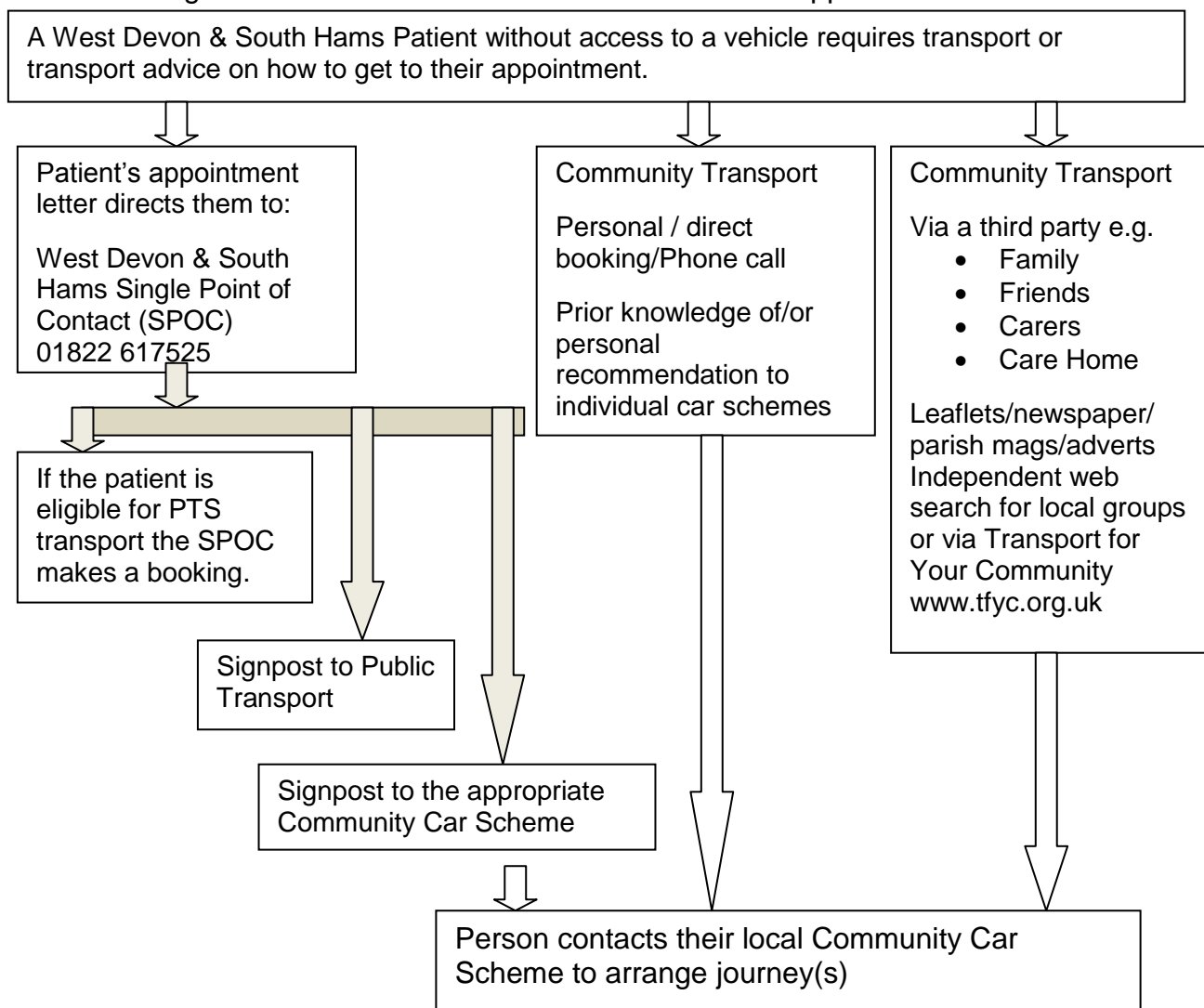
### 3.4 What is a Single Point of Contact (SPOC)?

Since the reorganisation of the hospital car scheme in 2007, a locally-based Single Point of Contact (SPOC) has provided people with information about how to get to health appointments. This service, operated in our area is by Tavistock Area Support Services, working with all our local Community Transport groups and Community Car Schemes.

SPOCs provide an essential communication link between patients needing transport advice, voluntary sector transport providers and commissioners of health services. For example, they were instrumental in highlighting parking difficulties for volunteer drivers and now issue standardised parking warrants for all drivers.

**Fig. 1 How do patients use SPOCs to find transport for health appointments?**

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



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

- The majority of car scheme journeys are now health related. As passengers present with higher dependency needs and increasingly having to travel further for treatment, drivers are spending more time travelling and assisting them.
- As SPOCs apply the eligibility criteria for NHS supported patient transport more rigorously Community Car Schemes are receiving more referrals from them.
- With specialised services concentrated in fewer hospitals, journey times and mileage costs have increased, with more passengers going to Exeter, Plymouth, Treliske and, occasionally further afield.

The number of passengers with dementia and complex needs is increasing across our district and Community Car Schemes also have to adapt systems to manage more urgent journeys for health purposes. To ensure they can meet these increasingly complex needs some schemes now have paid co-ordinators.

In recent years some Car Schemes have increased access by buying their own vehicles, often wheelchair adapted, again driven (but not exclusively) by volunteers.

### **3.6 Community Car Schemes make a positive contribution by:**

- Enabling people with no suitable transport to access timely primary and secondary medical care before they require emergency admittance.
- Helping the NHS to meet many of the Clinical Commissioning Groups 2013-14 Outcomes Indicators.
- Saving the NHS money by providing non emergency, cost effective, demand responsive transport.
- Providing valuable health and wellbeing benefits to passengers and volunteers.
- Actively encouraging and supporting volunteering and community participation  
They give 10,000 volunteer hours, which, even at the current national minimum wage (£6.31) has a notional value to society of £63,100.

Current data shows Community Car Schemes provide excellent value for money, with £1 of grant and fundraising enabling £6 of journeys to take place.

### **3.7 What is the value of car schemes to the NHS?**

It is difficult to assign a cash value to the value of car schemes to the NHS, however:

- Car Schemes provide vulnerable people who might not otherwise be able to do so, access to preventative health care.
- They save the NHS money directly via the Hospital Travel Costs Scheme and indirectly saving the potential cost of Did Not Attends; the eventual long term cost of emergency admittance and possible prolonged hospital care.
- Car Schemes offer passengers a fixed price based on mileage. Where possible, they provide multiple journeys in one vehicle, e.g. two people sharing a car for the same cost as one.
- Car Schemes provide affordable, demand responsive journeys for vulnerable people who often have to travel considerable distances to health services.

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

In the near future Car Schemes may be the only viable option for many people, not eligible for PTS, needing to access health services. In rural areas the reduction of public transport, the rising cost of car ownership and the increasing age of residents mean that fewer people will have access to their own transport. Communities providing self reliant help to residents may help to relieve pressure on A&E and out of hours doctors services.

### **4.1 Surely Car Schemes will always be there?**

It is unlikely that the ad hoc systems that have worked in the past will be able to continue indefinitely into the future:

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

Volunteers are also finding that they have to travel further and wait longer at hospitals; this makes it harder for a volunteer to:

- Justify the boredom and not find something more interesting to do.
- Balance volunteering and part time work; the introduction of zero hour's contracts has meant some people (who work part time) are no longer able to commit their time reliably.

Potential volunteers are there, but their recruitment and management takes increasing amounts of time, effort and money as does the booking of journeys when working with an ageing population of users, many of whom struggle to understand and remember their travel arrangements.

Without car schemes, transport costs to NHS treatment will continue to rise as increasing numbers of isolated people are forced to rely on emergency admittance and treatment. For car schemes to continue, it is essential that service providers who benefit from this activity work to build on these established services, continuing to provide recognition and, all importantly, increasing practical and financial support.

### **4.2 I thought voluntary meant free?**

Unfortunately not. Though the volunteer gives their time for free, the vehicle has costs that the passenger pays, but the hard truth is that the organisation also has costs. The total cost of organising and completing journeys has traditionally been subsidised by grants, donations and other forms of fundraising. In the ongoing economic situation such support is increasingly difficult to sustain.

### **4.3 How much do Community Car Schemes cost to run?**

Community Car Schemes have evolved independently to meet local need and are often geographically isolated from each other. Because of this there has, to date, been little or no opportunity for an overall picture or strategic overview.

However, with the formation of the Southern Car Forum, this has changed significantly. With a grant from the Department of Transport Sustainable Transport Fund (administered by Devon County Council), West Devon & South Hams Project and the Car Schemes are working together to collect data about the volume of activity and true costs of running Community Car Schemes.

#### **4.4 Why does it take so much time and effort to book journeys?**

Unlike booking a taxi, which is a commercial agreement confirmed or rejected at the time of the first and only phone call, requesting a volunteer journey is a negotiation between the passenger, the co-ordinator and the driver(s). It can take a minimum of three phone calls:

1. Initial call from passenger requesting a journey (full details taken).
2. Call to driver(s), calls continues until a driver is found and details passed on.
3. Confirmation call to passenger, or to apologise when a driver cannot be found.

Complications arise when:

- The passenger is confused, worried or forgetful.
- Requests are made at short notice or appointment times are changed.
- Confirmed journeys are cancelled by passenger or venue (1,972 in 2012/13). The whole process has to start again with the cost born by the Scheme.
- The average cost of converting a request to a booking is £4.

#### **4.5 Why can't the passenger pay for all the costs?**

Legally, Community Car Schemes can only charge for the running costs of the vehicle on that journey, i.e. the driver's running costs for the vehicle. Though many groups now charge a small booking fee, schemes are unable to recover their full overheads from the passenger as this would break the spirit and intention of the Public Transport Act and risk running an unlicensed taxi service.

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

- Some groups charge a small booking fee.
- Some receive a small amount of funding from Devon County Council.
- Some receive a small amount from Parish, Town and/or District councils.
- Some receive funding from charitable funds and Trusts.

Though Schemes often need only a relatively small amount of funding, they are finding that traditional sources of grants such as Councils are rapidly reducing, as is funding from private grant giving trusts and individuals (UK Giving 2012).

Increasingly groups are finding that traditional local fundraising activities such as coffee mornings are also generating diminishing returns and often are no longer cost effective. This means that money to run schemes is reducing at a time of ever increasing growth in the need for these services.

Provisional data for the year October 2012-September 2013 shows a potential shortfall of over £40,000 of income over the uncovered costs of overheads for members of the Car Forum.

### **5. The Future?**

Devon County Council recognises the future value of Community Car Schemes. They have made grants available to the Southern Car Forum and two other Forums across Devon to prepare themselves for future needs. The purpose of the Forums is to encourage and support Car Schemes in the county to:

- Work co-operatively to share and encourage best practice.
- Collect standard data on the services they provide.
- Develop and present a strategic overview of the services they provide.



- Adopt a process of managed response to changing needs.
- Make effective applications for grants and funding.

All the Forums aim to ensure the continued growth of the provision of accessible and affordable transport to isolated people. They aim to facilitate understanding and co-operation between:

- The schemes themselves.
- Health providers and the schemes, and with;
- Commissioners from the Northern Devon Clinical Commissioning Group.
- Single Points of Contact (SPOCs).
- Devon County Council.
- Funders (existing and potential).
- Passengers (new and existing), drivers and co-ordinators (new and existing).

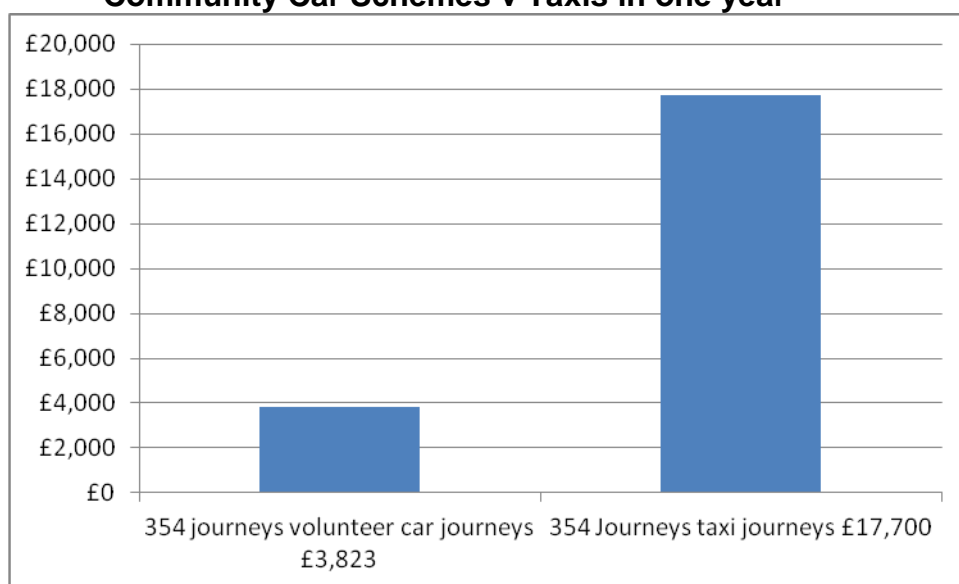
By April 2015 existing support to Community Car Schemes from the Sustainable Transport Fund will end. For these Schemes to continue they will have to approach a wider range of supporters, including health service providers, for funding. Without some form of sustainable funding it is unlikely that they will be able to continue providing health related journeys.

## 5.2 Hospital Travel Costs Scheme (HTCS)

We know that at least 350 passengers carried by Car Schemes claimed a refund of their travel costs to hospital. The use of car schemes saved the HTCS an estimated minimum of £13,877 over taxi costs. Figures are based on an average volunteer car journey of 24 miles (£10.80 at £0.45ppm) compared to the taxi cost of £50 for the same journey.

It is likely that the saving will be more as many journeys are to RD&E in Exeter (90 miles, £40.50 per volunteer car journey) and to Derriford in Plymouth (36 miles at £16.20 per volunteer car journey).

**Fig. 2 Comparison of cost to the HTCS  
Community Car Schemes v Taxis in one year**



### **5.3 What other services do Community Transport groups provide?**

Community Car Schemes are sometimes one of the core services provided by larger Community Transport groups which offer other services for people with mobility issues. Such Community Transport is provided by a network of local charities, which help people get to the shops and leisure activities as well as to health services, where no alternative or suitable transport is available. For example:

- Ring & Ride. Accessible vehicles (minibuses) providing a door to door service from home to a nearby town centre and/or a large supermarket and back. They serve different local areas on set days on a regular basis.
- Community buses. Scheduled routes open to the general public.
- Accessible minibus hire available to community and not for profit groups.
- Shopmobility
- Single points of contact for transport to health
- Home care services
- School transport
- Wheels2Work. Affordable scooter and motorbike hire to help people get to work, particularly popular with young people.

## **6. Summary:**

Each year Community Car Schemes across our area cover 1,000's of health related journeys, and further journeys that contribute to the wellbeing of people who have no other viable form of transport. This is provided by volunteer drivers, who give over 100,000 hours of their time a year.

In the past year such services have received £9,000 in funding from the region's resources, plus c.£23,000 from further fundraising, representing exceptional value for money. The shortfall of over £40,000 which they are facing is currently met from reserves or one-off grants.

We estimate that the services provided by Community Car Schemes in West Devon & South Hams alone save the NHS at least £92,600 a year. However, the current shortfall is not sustainable and Community Car Schemes will struggle to survive without some further funding.

## **7. Proposals:**

- a) Community Car Schemes (CCS), working with Southern Car Forum, build relationships and engage with Clinical Commissioning Group (CCG) Western Locality representatives.
- b) Southern Car Forum continue their work to provide robust evidence of the outputs and outcomes that demonstrate their social value and impact.
- c) Southern Car Forum work with acute hospitals and the CCG to help their drivers understand the changing circumstances of their passengers, e.g. dementia awareness.
- d) Investigate opportunities to replicate the Cancer Care Car service in other areas and for other treatments.
- e) Local hospitals continue to work with CCS to provide sufficient free parking spaces to volunteer drivers.
- f) NHS and Devon County Council (DCC) continue work with Southern Car Forum, SPOCs and CCS, to improve and simplify communications for the benefit of passengers and patients.

- g) CCGs and DCC recognise the value of CCS and consider methods of providing appropriate support/funding, enabling them to continue to benefit from their value for money services.
- h) Southern Car Forum and CCS work to ensure that CCGs understand the outcomes achieved by Community Transport and CCS organisations. They will provide CCGs and DCC with appropriate evidence that will enable them to place the sustainability of Community Transport high on their agenda and to commit to an adequate level of funding and support for these invaluable services.

## Appendix One

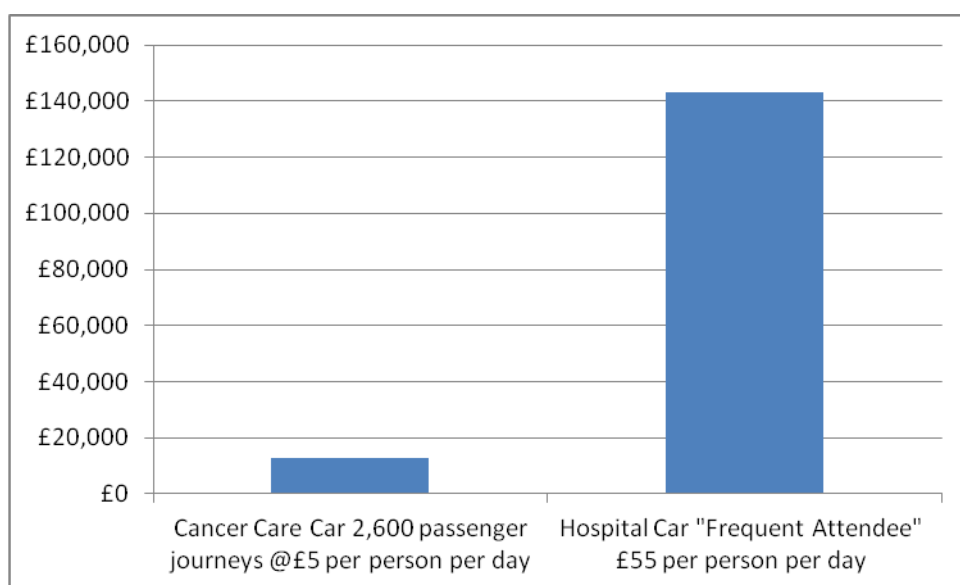
### The Cancer Care Car - A Case Study

This service is slightly different from a community care scheme as it runs a regular service with paid drivers and licenced vehicles (Section 19 Vehicle Licence for voluntary organisations). It is included because it is a charitable service set up to provide a worry free, convenient and cost effective transport service for passengers.

- The service has been running since December 1997.
- It has a capacity for 2,600 return journeys a year.
- It costs an independent charity £48,000 a year to provide.
- The charity replaces the vehicle every two years at a cost of £21,000.

The actual cost of transport to RD&E in the Cancer Care Car for an average eight week treatment period is £200, compared to the estimated minimum cost if PTS car provision is used of £2,200 (see below). This represents a minimum saving of £2,000 per person.

Oncology services do not appear to be using this service as fully as they could (only 1,200 referrals for a possible 2,600 passenger journeys) which could put this valuable service at risk. Consistent signposting would enable the vehicle to work to maximum capacity, saving the NHS a minimum of £130,000 a year.



## Appendix Two

### Tavistock Area Support Service – Volunteer Car Stats 2013 – 14

	<b>TOTALS</b>
Total passengers carried	5050
Total Journeys Undertaken	4080
Journeys cancelled by passenger or destination	419
Journeys requested but not able to be met by scheme	21
 <b>JOURNEY TYPES</b>	
Total Social and Domestic/Wellbeing	423
Total Health Appointments	3643
 Total Mileage	 81193.4
Total Expenses Paid to Drivers	£37,413.96
 <b>CONTRIBUTIONS TO COSTS/THE SCHEME</b>	
Total Contributions Received from Passengers	£0.00
DCC grants/payments (TCS, Social Services etc.)	£2000.00
Health Authority grants/payments	£0.00
All other fundraising/donations	£0.00
 <b>TOTAL INCOME</b>	 £2000.00

## Why do Passengers choose Community Car Schemes?

As outlined in Section 2 passengers use community car schemes because they have no viable alternative.

However this is not the whole picture and other reasons have been given, for example:

“The drivers help me at the hospital, I cant read the signs”

“The driver is happy to wait as it takes me ages to get to and from the car, taxis just beep their horn. I know this sounds silly but at 88 I need to be treated a bit like a baby. Thank you”

“I needed a driver that made me feel safe, and he does”

“It’s reassuring to have a chat with someone who has been through this as well”  
(Dementia carer)

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

## Why do drivers volunteer?

Traditionally, one of the reasons people volunteered was to keep busy and do something useful during retirement. However, when drivers are actually asked for their reasons for volunteering, a many layered picture is built up:

- “I have just retired and I want to get out of the house to stop me having to decorate!”
- “My partner died and I needed something to fill the empty space.”
- “I now live alone and I want something that gives me a reason to get out of the house”
- “The mileage money keeps my car on the road”
- “After redundancy I completely lost my confidence and feeling of self worth, being a driver helped show me I still had value”
- “I like the passengers and they make me laugh”
- “The CRB check helped me get a volunteer role as an athletics coach”
- “The reference helped me get a job as a carer”
- “I want to do this now, so that when I need this service, hopefully someone will be there to help me”
- “This makes me feel good”
- “I only have to do this when I want to, when I can’t, its great to be able to say no”
- “I like to pop into the office and have a chat and a coffee when I am arranging my journeys”

## References

CCG Outcomes Indicator Set 2013/14

<http://www.england.nhs.uk/wp-content/uploads/2012/12/ois-ataglance.pdf>

Healthy Lives Healthy People

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/151764/dh\\_127424.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/151764/dh_127424.pdf.pdf)

UK Giving 2012

[http://www.ncvo-vol.org.uk/sites/default/files/uk\\_giving\\_2012\\_summary\\_report.pdf](http://www.ncvo-vol.org.uk/sites/default/files/uk_giving_2012_summary_report.pdf)

Disabled Access to North Devon District Hospital

<http://www.ndvs.org.uk/NDASP%20Report%20%20Disabled%20Access%20to%20NDDH.pdf>

Maintaining safe mobility for the ageing population

[http://www.racfoundation.org/assets/rac\\_foundation/content/downloadables/maintainin%20safe%20mobility%20-%20rac%20foundation%20-%20140410%20-%20report.pdf](http://www.racfoundation.org/assets/rac_foundation/content/downloadables/maintainin%20safe%20mobility%20-%20rac%20foundation%20-%20140410%20-%20report.pdf)

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