



## **Community Car Schemes: Social Kindness in Action Devon County Car Forum Report 2020**



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 **Contents**

|  |    |
|--|----|
| Executive Summary.....   | 3  |
| Devon Access to Services (DAS).....  | 5  |
| Methodology .....  | 5  |
| Social Kindness in action.....   | 6  |
| Who is a Car Scheme Passenger?.....  | 8  |
| Car Scheme Passengers and the Internet.....                                    | 8  |
| Benefits to the NHS .....  | 10 |
| Issues faced by Community Car Schemes.....                                     | 11 |
| Why does Devon County Council (DCC) invest in the Devon County Car Forum?..... | 16 |
| Effective and credible influence.....  | 17 |
| Recommendations.....   | 17 |
| Conclusion.....  | 19 |
| Appendix 1 What is the voluntary sector?.....                                  | 20 |
| Appendix 2 Motivations of the people running Community Car Schemes .....       | 21 |
| Appendix 3 What is a Community Car Scheme? .....                               | 22 |
| Appendix 4 Devon County Car Forum.....   | 22 |
| Appendix 5 What do Schemes gain from attending Car Forum meetings?.....        | 23 |
| Appendix 6 Activity, Statistics and Spend 2018 – 2019.....                     | 24 |
| Appendix 7 - Community Car Forum Members .....                                 | 25 |
| North Devon & Torridge Car Forum.....  | 25 |
| Exeter, East and Mid Devon Car Forum.....                                      | 25 |
| .....  | 26 |
| Southern Area Car Forum.....   | 27 |
| Contact Devon Access to Services.....  | 27 |

## Executive Summary

Community Car Schemes are exemplars of people quietly helping each other and, almost unnoticed, are becoming essential links to other services that would struggle to run without them. They help people in their community get where they need to be, including health appointments, shopping, community events and visiting friends. Thousands of journeys take place because drivers like helping people and enjoy the conversations in the car.

Schemes are reporting that passengers are becoming frailer and hospital journeys more stressful. The offer, however, is still a simple one. The passenger makes a phone call to ask for a lift, the Scheme matches the request to a driver, and the journey takes place.

This simple act of social kindness also helps reduce loneliness and isolation for the passengers, and often drivers and coordinators. They enjoy the journey and happy people stay well and active for longer and get better sooner.

In Devon during 2018-19, 2,000 drivers travelled over 1.5 million miles, helped 60 Car Schemes provide 141,000 journeys, of which 96,185 (68%) were to health appointments. This effort requires considerable resources, taking more than 134,000 volunteer hours, over 39,000 paid staff hours and cost the Schemes over £1.1 million to provide.

Schemes have responded to the desperate shortage of wheelchair accessible transport especially to health appointments. However, this specialised service requires extra resources at a time when the sector already has a funding deficit of £200,000 across Devon. (See Appendix 6)

This activity contributes significantly to NHS aspirations for local communities to support their own health care combined with specialist provision at centres of excellence. Schemes are experts in their work and provide practical insight when NHS Trusts or Clinical Commissioning Groups consult them. For example, volunteer drivers can provide information about how frail patients use NHS car parks, and working with the Passenger Transport Advice Service we learn more about how patients with disabilities access health services.

Car Schemes saved the NHS an estimated £5 million last year. This is £4.8 million in “Did Not Attend” by patients not missing appointments and a further estimated £229,000 saved by the Hospital Transport Claim Scheme. (See Benefits to the NHS on page 8)

Schemes are responding to NHS desire to fill cancellations at short notice. Unfortunately, the impact of rebooking travel requests has not been considered or recognised and cost Schemes more than £36,000 last year. At the same time grant funding by CCGs has been cut by nearly £16,500 over the last five years. In each case the CCG said it would redirect this in an equitable and effective way to support voluntary activity. This has yet to be achieved.

Transport is the often-forgotten essential link to health care, and it is vital that Clinical Commissioning Groups and senior managers in the NHS collaborate with Car Schemes to create a mutually beneficial relationship. Devon County Council’s proven partnership with Car Schemes already shows how credible access and engagement benefits both parties.



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

### **Connecting People to Services**

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

DAS aims to develop and promote 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

## **Methodology**

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

- 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

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

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

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

## **Social Kindness in action**

### **Elsie's Journey**

Elsie was in her sixties when she retired with her husband Henry to an idyllic Devon village, slightly off the beaten track. They had an active life, Henry driving them all around Devon and Cornwall, making friends and participating in the life of the village. Henry started to become confused and eventually was diagnosed with dementia. Elsie did not feel confident enough to drive around the winding lanes that lead out of the village and they relied on friends and the local bus service. They occasionally used taxis, but only as a last resort because of the cost.

Elsie was adamant that she would care for Henry herself, but gradually her own health began to deteriorate, requiring appointments at the Doctor's surgery, journeys to Exeter Hospital (50 miles away) to see her consultants and day surgery.

Now in her 80's, Elsie is no longer able to walk very far. Henry died a couple of years ago and her world has narrowed to the house, the bit of the garden she can reach and watching TV. Over the years the friends who used to give Elsie a lift have gradually moved to care homes or died and the bus no longer stops in the village. She books a taxi to go to the shops and doctors, unfortunately because of the cost she must prioritise only the most urgent journeys. Elsie is lonely and isolated and becoming very scared about her future.

Elsie sees a poster advertising a local Car Scheme offering lifts to the GP surgery and hospital appointments. She calls the scheme and a friendly, helpful and knowledgeable person called Gwen listens to Elsie and books her a lift to her next appointment. Bill, the driver, arrives in plenty of time to help Elsie to her appointment. Elsie can't quite believe the price, which is a third of the cost of a taxi, and that she can therefore afford to go out more often.

On the day of the lift Elsie starts chatting to Bill, and her concerns about using the Scheme and her anxiety about getting to the appointment start to disappear. After a couple of journeys Bill talks about the lunch club in the local village hall and suggests she chats to Gwen. Elsie is concerned about meeting new people, but Gwen is very encouraging and says not to worry, they will send a minibus to pick her up. Elsie is now a regular at local events and loves her new friends. At the lunch club she mentions to Gwen how much her feet hurt. Elsie now has someone who comes along and cuts her toenails: what a huge relief now that walking is so much easier. "Old age never comes alone, but it's nice to get out into the garden," she jokes to Bill on their next trip to the doctor's.

### **Bill's Journey**

Bill took early retirement with his wife and moved to the same Devon village as Elsie. Like Elsie they had a lovely time and were very much part of the local community. Unfortunately, his wife became unwell and after a long illness died, leaving Bill feeling lost and lonely and his reaction to grief was to shut himself away. He started having hip problems and was in a lot of pain and withdrew further into himself.

One day a worried friend suggested he become a volunteer driver and eventually Bill plucked up his courage and volunteered. Though he was not motivated to go out for himself, he felt that if he was asked to drive people to appointments he would say yes. Gradually as he met people through the driving, he felt better about himself.

Now he enjoys helping people like Elsie because they are similar ages and “she talks about things I understand”. He finally had his hip fixed and returned to the hobbies he had when his wife was alive, for example he loves a round of golf. Bill has found becoming a volunteer driver has given him a purpose in life, he feels wanted and likes the routine. It gives him a reason to get up in the morning and gave him his life back. “You don’t have to feel alone in old age,” he says to Gwen.

### **Gwen’s Journey**

After 40 years as a senior nurse Gwen found retirement very dull and she is certainly not ready to relax and put her feet up “I’m not dead yet!” she says. After a spell as a volunteer driver, she started to get more involved with the local support group that works closely with the local GP practice. As a natural organiser with excellent links to the local hospital, she was asked if she would help the paid coordinator a couple of mornings a week. It now takes up more of her time.

She enjoys helping people and is good at picking up on little grumbles, like Elsie and her feet. Very few people can say no to Gwen, especially when she knows someone who may be able to help. Thanks to Gwen there is now a volunteer nail cutting service based at the support group. “If I do this now, hopefully it will still be here when I need it,” she says.

### **What is important to Elsie?**

- Help is a phone call away.
- The scheme gives practical help to reclaim her travel costs to NHS appointments (Secondary Care).
- The driver befriends Elsie for the duration of the journey, they have a laugh and it relieves some of her isolation and loneliness.
- It widens Elsie’s social horizons as she regains her confidence and Bill and Gwen have quietly helped change her life.
- She goes to see the doctor less often than she used to.

### **What is important to Bill?**

- The journey gives him company and he enjoys the conversations.
- He feels valued for giving his time, it is time well spent and he likes the routine.
- He has the coordinator of the scheme to ask for help if he is worried about Elsie. Gwen suggested he tell Elsie about the lunch club for example.
- The mileage expenses help keep his car on the road.

### **What is important to Gwen?**

- There is life beyond work, and she has an outlet for her energy.
- She can keep using her skills.
- She takes great satisfaction from knowing that her network of drivers will give her early warning of any problems with her passengers.
- It’s a bit of a laugh, but when it gets serious, she knows she can make a difference.

Please Note: These are fictionalised case studies based on several very real people.

## **Who is a Car Scheme Passenger?**

One description is “They are not very unwell, but they are also not really well”. They are people who benefit from staying healthy and well at home rather than having their condition deteriorate and be admitted to hospital.

They 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. Transport jargon describes this as Demand Responsive Transport and Car Schemes are a major part of the response.

In Devon most (but not all) Car Scheme passengers are older people who, in line with the population, are becoming older and frailer. Most community car journeys are health related (68%) and passengers often need assistance navigating hospitals, including remembering where they need to be. The remaining journeys are in effect for social welfare and may include trips to the local lunch club, shops and local events.

## **Car Scheme Passengers and the Internet**

According to the Office of National Statistics (ONS), in 2019 the use of the internet by people over the age of 75 has increased significantly. However:

- People over the age of 75 are most likely to be lapsed users.
- A higher percentage of older women have never used the internet.
- It is the case that most people over 75 have not used the internet and 7.5% of the entire population never use the internet. This is over 60,000 people in Devon.
- Dementia affects recent memory first; the internet age is quickly forgotten.
- Individuals tend to reach an age where they can no longer adapt to the constant change in digital applications and stop using them.
- It has been noted that people who suddenly have need of community transport have not heard of it before and may also struggle to search the internet.

With the notable exception of the NHS Patient Transport Advice Service and Patient Transport Services services in Devon and Torbay, statutory organisations are harder to find and contact offline. This has a disproportionate impact on isolated and vulnerable people and experience shows these people are the most likely to need Car Schemes.

Car Schemes are investing in the use of digital technology to book journeys, contact drivers and publicise their services. They must, however, also continue to spend resources providing a physical presence in the form of easy-to-use phone lines and printed material.

An unintended consequence of the digital revolution is that Schemes are becoming default sources of information to a range of vital services, not just transport. This increases the time needed and the cost of helping passengers when many Schemes are already in deficit.



## **Benefits to the NHS**

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

43,280 Car Schemes journeys in Devon in 2018/19 were to and from primary health care, mainly in GP surgeries (minimum 21,640 appointments). If we assume these appointments were missed with no cancellation, the cost (at £30 per appointment, NHS England 2019) would be almost £650,000. In addition, these appointments would have to be replaced with costly home visits by a doctor, community nurse, paramedic or ambulance.

53,000 journeys were to and from secondary health care, normally hospitals (minimum 26,500 appointments). If these were missed with no cancellation, the cost would be £4.24 million (£160 per appointment as quoted on hospital appointment letters).

This amounts to some £4.89 million that the NHS did not waste to DNA's across Devon because of the efforts of Car Scheme volunteers. This compares to £8,541 financial support given by the NHS and CCGs to Car Schemes in the same period (compared to nearly £24,000 in the financial year 2014-15).

Missed medical appointments contribute to a worsening in someone's condition. Eventually they end up in Accident and Emergency Units with all the attendant costs, including the possibility of extended stays in hospital. Community Car Schemes help people stay well in their own homes for longer and help reduce the number of emergency and unplanned admissions and relieve pressure on A&E departments.

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

Car Schemes carry qualifying passengers at a considerable saving to the NHS. If Schemes could not do the 6,000 qualifying journeys a further £229,000 (estimated) would have to be spent repaying taxi fares to secondary care via HTCS.

### **Volunteer Driver Hospital Parking Permits – an exemplar of cooperation**

Passengers of Car Schemes benefit from free parking at Devon hospitals via the Volunteer Driver Hospital Parking Permit Scheme. Permits are available to all members of the Devon County Car Forum and the provision is administered by DAS in partnership with Devon County Council and NHS trusts across Devon. 2,200 permits were issued in 2019 and every permit is traceable to an individual volunteer.

This successful (three way) collaboration has created several unexpected benefits:

- Volunteer drivers are expert users of NHS car parks and via the Forum have been able to provide unique insights that have improved access for frail patients at Torbay and Derriford Hospitals.
- Parking staff and facility managers at the RD&E now understand the benefits volunteers give to patients.
- If there are concerns about a particular driver, facility managers only have to contact DAS instead of trying to trace drivers of 60 Schemes.
- Permits are only available via the Forum and are an excellent means of recruitment. Car Scheme membership of the Forum has increased because of them.

- Permits are a gentle form of quality assurance. The minimum requirements for the Permits are that all drivers have an Enhanced Disclosure and Baring Service check and the Scheme has public liability insurance.

## **Added Value**

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

Car Schemes provide regular journeys for their (mostly) elderly and frail passengers, who often live on their own or with their equally elderly/frail partner. They are well placed to enable early intervention in several ways that prevent people falling into further crisis or ill-health, for instance by:

- Highlighting changes or deterioration in the health of their passengers, some of whom they know very well
- Spotting potential safeguarding issues (training and guidelines have been provided by DAS)
- Intervening in many ways in times of emergency by being in the right place at the right time e.g. Calling an ambulance when they find someone has collapsed when they go to pick them up for a journey
- Encouraging and supporting volunteers and community participation

Lives have been saved because Schemes do not give up when no-one answers the door.

## **Issues faced by Community Car Schemes**

Many Car Schemes, especially the smaller ones, “chug along very nicely”. They are careful not to overload their committees and drivers with demands beyond their capacity. They take a practical approach to their offer and thoroughly enjoy what they do. They are, however, also reporting many of the issues faced by many Schemes regardless of size.

### **An ageing population with multiple health issues**

As already mentioned, passengers are getting older and frailer, and often have multiple health conditions, including reduced mobility and memory loss. Drivers are also getting older, with loneliness and isolation affecting both passengers and drivers. There is an increased expectation/need from passengers, their relatives and healthcare professionals that Schemes will cope with these issues. This effects Schemes in several ways:

- Increased pressure on drivers and coordinators to go beyond what can be reasonably expected of a simple lift
- Drivers attempting to provide help beyond their physical ability and putting their health and welfare at risk
- Drivers becoming ad hoc befrienders and invisible carers without the coordinators’ understanding or knowledge
- Journeys may go ahead that would have better been placed elsewhere
- The level of service may go beyond what is covered by their insurance
- Changes to services are made without appropriate planning, investment or training

## **Safe Assistance Training**

DAS runs a program of Safe Assistance Training for Car Scheme drivers. These have proved popular as drivers value updates on best practice, like sharing their experience and enjoy the social aspect of the sessions.

## **Reducing availability of transport provision for wheelchair users**

Feedback at Car Forum meetings highlights concerns that some passengers with mobility issues are falling into a gap in provision. Hospital transport is only available if the person requires medical assistance on the journey regardless of their mobility needs. Some Schemes have responded by purchasing small wheelchair accessible vehicles and provide nearly 7,300 journeys to people travelling in wheelchairs. However, the sector already has increased pressure on budgets which are at alarming levels of shortfall, currently £200,000 across Devon. (Appendix 6 Statistics and Spend 2018 – 19)

Car Schemes in the Torbay Hospital area, for example, are declining requests from NHS patients requesting wheelchair transport beyond their present capacity. Discussions with the NHS Trust about how best to provide and fund accessible transport have come to nothing at this time.

## **Last minute cancellations and rebooking of journeys**

The ever-improving efficiency of NHS Trusts filling short notice and cancelled appointments has led to an unplanned increase in workload for coordinators. Schemes spent £36,200 last year cancelling and rearranging journeys. A further unreported cost is the driver turning up to pick up the passenger to find the journey cancelled without the Scheme being informed. The Scheme covers the mileage cost as it is unable to recover the driver's expenses from the passenger.

Trustees of Car Schemes consider it unreasonable to recover the cost of rebooking from passengers or to ask grant funders to pay for costs caused by improved NHS systems.

Schemes saved the NHS almost £5 million last year and it is reasonable that the NHS should be asked to meet the cost of rearranged journeys via the Devon County Car Forum. It would also give the CCG and NHS credible access to the Schemes to help influence future development of transport services, something that is notably lacking now.

## **Changing pattern of health journeys to centres of excellence**

The increasing move to provide health services at centres of excellence is creating longer journeys into highly congested areas such as Exeter, Plymouth, Torbay and Barnstaple.

It is also apparent that these journeys are putting off very elderly and frail passengers who would rather decline treatment and "see how it goes" than face either the expense and/or discomfort of sitting in a car for long journeys. For example, a return journey from Ilfracombe, North Devon to Derriford takes 5 hours and costs £100. Journeys to the Royal Devon & Exeter Hospital (more than 50% of all secondary care journeys) can take 4 hours and cost over £50. The time and expenses increase if a wheelchair accessible vehicle is used.

## **Frustrating lack of engagement when planning changes to services**

A recent example was the moving of leg ulcer treatment from village-based GP surgeries to larger towns. Patients who were able to walk to their treatment (at no cost) now must travel and people who can't use the bus are asking already overstretched Car Schemes for help. It appears no thought was given to the transport implications of the move. The Devon County Car Forum is ideally placed to help the NHS and CCG's engage with the voluntary sector.

## **Parking at hospitals**

Drivers are having increasing problems finding parking at hospitals which increases journey times and frustration. Some Schemes are finding it difficult to persuade drivers to give lifts to RD&E, partly because of congestion in Exeter and lack of parking at the hospital and the stress that creates. DAS has been working with facilities managers to help manage issues as they arise. Difficult situations are being managed and hospitals are beginning to appreciate the help Car Schemes give to frail and vulnerable passengers. There is more work to be done, especially at the RD&E, but through conversations with managers there is the potential for the situation to improve.

These problems affect a small but growing number of people who are at the most risk of losing treatment if drivers no longer wish to volunteer. There were similar problems at Torbay Hospital and Derriford; however, negotiations with the Forum have produced working solutions.

## **Discharge from hospital**

Coordinators are receiving calls from Hospitals asking, sometimes quite forcefully, for them to pick up patients being discharged from wards at all sorts of times. These are very short notice and often impossible to place.

It may be that with positive engagement between the NHS and Schemes, solutions might be found, however, for now it is prudent for most Schemes to decline such requests.

## **Volunteering is not free**

There is a persistent belief that volunteering is free. However, Schemes spent £576,797 in 2018/19 to provide their services, which rises to more than £1.1 million when drivers' expenses are included. Many of the busier Schemes are finding they must spend more on paid staff if they wish to maintain their service. In 2016 the sector used 30,765 paid-for administration hours which has increased to 39,393 hours in 2018-19. This is having a positive impact on capacity as volunteer hours have also increased from 111,668 hours to 134,378 in the same period.

Management and coordination of volunteers requires a skill set that is quite different to managing paid staff, and as one senior manager of a community group said "Give me £25K to spend on a topflight volunteer manager and you will be amazed at what can be achieved".

## **Increased disincentives for volunteer car drivers**

Many coordinators worry that stressful conditions for drivers discourage them from volunteering. Coordinators are reporting increasing numbers of drivers declining to go to Royal Devon and Exeter Hospital for example. This is made worse if the drivers are helping particularly frail passengers and must use the front entrance. In addition, recruitment of voluntary drivers is proving very difficult as it is competing with other commitments such as working for longer, looking after grandchildren, or helping other charities with less stressful conditions influencing their decisions.

## **Coordinator Stress**

Coordinators of Schemes derive great satisfaction from the work they do, and they work hard not to let their passengers down, especially for late notice bookings. They are upset that they are declining more journeys than before (3,433 a third up from 2,253 in 2017/18) and hours worked can creep up to unhealthy levels. They work in isolated situations and do not benefit from the support available to workers in larger organisations. A beneficial development of the Devon County Car Forum meetings is that they have become a safe place for coordinators to share their concerns and receive mutual support.

## **Transport Legislation**

This is a time of great uncertainty for Community Transport with potentially significant changes ahead. These changes have been forced upon the sector because of the blurring of the lines between community (charitable) and commercial activity. This has had a paralyzing effect on community minibus and wheelchair accessible provision and is a warning to social Car Schemes to avoid any form of commercial activity.

DAS, via the Devon County Car Forum, is supporting Car Schemes' compliance with transport legislation.

## **Clinical Commissioning Groups (CCG's) insist on finding solutions via commissioning contracts**

The Forum participated in exploring the potential of transport contracts with the CCG in 2017. After considerable research the Schemes, with great foresight due to the issues mentioned above, decided that contractual arrangements would work against the Schemes' own objectives. In this case their objectives are to provide transport to people that no-one else can or will help. Though it may be appropriate for other charities to use contracts to provide services, because of the primacy of transport law over charity law it is not appropriate for community transport to be seen to be acting commercially by bidding for contracts.

However, the CCGs long-term aspirations to improve the health of communities and reduce the use and cost of inpatient treatment would have an improved chance of success if they engaged with Car Schemes in their work. This requires actively seeking consultation and co-production from Schemes in a way that does not overwhelm the process by having to negotiate with 60 individual Schemes. DCC has shown that funding DAS to act as honest brokers makes manageable discussions possible. However, while Devon County Council has been investing in Car Schemes, CCGs have been withdrawing funding.

## **Withdrawal of Clinical Commissioning Group (CCG) funding**

Over the last five years health funding has been cut by at least £16,000. In each case the CCG said that it was stopping its grant to individual Schemes because it was looking for a more equitable and effective way to support voluntary activity. The Devon County Car Forum has established itself as an equitable and effective method of supporting voluntary transport activity and is the ideal opportunity for the CCG.

## **Lack of consistent engagement between Clinical Commissioning Groups, Healthcare Trusts and Community Car Schemes**

At the beginning of CCGs, the Chairman of NEW Devon CCG challenged DAS to prove why the CCG should work with the voluntary sector and why it should help fund voluntary activity.

The Car Forum has consistently provided information that demonstrates the success and value of collectively funding Schemes based on agreed minimum standards of membership and the exchange of information.

(Please see Appendix 6 Statistics and Spend 2018 – 19)

The Schemes have actively participated in events such as the Hackathon in 2016 held by the Torbay & South Devon NHS Foundation Trust and actively supported by Teignbridge CVS. The Hackathon promised significant change to working relationships with the voluntary sector. Unfortunately, due to inaction from the NHS Trust, it produced little of value to the Schemes except a dramatic increase in referrals, especially for wheelchair accessible journeys, which they could not fulfil.

Attempted top-down influence from senior planners is not easy to achieve with Car Schemes. This may be because it is difficult to understand the motivations of voluntary organisations and work with them accordingly, especially when contractual models are not appropriate. It is also difficult to achieve social change when there is no acceptance of cost or value of existing activity.

(Please see Appendix 2 Motivations of people running a Community Car Scheme)

Establishing working arrangements with 60 individual Car Schemes across Devon is daunting. DAS solves that problem by providing a filtered two-way conversation between agencies and the Schemes. DAS is also able to support other voluntary sector activity such as the work carried out by Teignbridge CVS and the Voluntary Sector Partnership Board of Torbay and South Devon NHS Partnership Trust.

Now is the time to support and influence strategic development of voluntary car services from the ground up. DCC has shown that funding DAS makes this possible.

## **Why does Devon County Council (DCC) invest in the Devon County Car Forum?**

“Prior to the Car Forums being set up, DCC supported a dozen voluntary Car Schemes across the County, operated by the larger Community Transport Associations. However, we were aware that there were many other independent Car Schemes operating from doctors’ surgeries and other community organisations and we were not using our funding support to best effect. Nor did many of the Schemes have a relationship with one another. Nobody had a complete picture of voluntary car provision in Devon or where the gaps were.

We recognised that there could be benefits from a more collaborative approach. By engaging DAS, they were able to broker relationships with the Car Schemes and extend their reach much further. DAS was in a unique position to establish trust as an impartial mediator. By assuring the Schemes that they would maintain their local identity and independence, DAS had succeeded in turning the Car Schemes into a network. This makes it much easier for DCC to communicate with the Schemes as a whole.

### **Compliance**

DAS has tackled quality assurance by helping Schemes with a set of policies and procedures, Driver DBS checks, service charges, reimbursement and donations, training and passenger handling.

### **Best Practice**

Reassurance is provided that best practice is being imparted and that health and safety are paramount. Shared experience and knowledge to help address complex issues of access, funding, recruitment of volunteers, and effective governance have all been addressed.

### **Evidence Gathering and Sharing**

Statistical and financial information is gathered in a standardised format for monitoring and to evidence year-on-year trends.

Information is available which is helpful to show how voluntary Car Schemes help patients avoid missed appointments for example.

### **Funding**

DCC have committed grant funding support both directly to DAS to research, develop and deliver affordable and practical transport solutions and via delegated Grant Funding to help with the administration of the 3 Car Forums (x3 meetings per year plus 2 county wide meetings) and direct support to each compliant car scheme to help with running costs of their services. The commitment of DCC funding support year on year is instrumental to the success of the Car Forums and to the continued devotion of Car Scheme operators to such a challenging field of volunteering. Ultimately, DCC would like to see its commitment matched from NHS funds in recognition of the critical role voluntary Car Schemes play in the delivery of health-based services.”

Karen Rose, Community Transport Advisor DCC, September 2019

## **Effective and credible influence**

The Forum understands that it is frustrating to senior managers of CCGs and NHS Trusts that Schemes do not agree a way forward on Health Authorities' terms. It is unfortunate that this frustration, and other competing priorities, means that opportunities for closer working are missed.

However, if health services are genuinely looking to achieve credible access to voluntary sector organisations, Devon County Council and Devon Access to Services have shown a way forward. Effective cooperation can be formed with relatively small levels of funding when based on trust, agreed minimum standards, agreed reporting and knowledgeable support from the ground up.

Health Authorities and CCG's could follow the lead provided by Devon County Council to fund the Devon County Car Forum. A starting point could be the funding to the Forum of the management of short-notice cancellations, currently costing Schemes £36,240; and redirection of the £16,374 grants cut by the CCG to contribute to funding the ongoing work of DAS.

We hope that the NHS Trusts and the CCG will show the flexibility of thought and action required to achieve effective communication and the strategic development of voluntary services.

## **Recommendations**

Devon County Council recommend working with Devon Access to Services (DAS), who facilitate meetings, training and support of over 60 voluntary Car Schemes in Devon – this is an excellent network and an opportunity to communicate collectively with this sector. Devon County Council provides some annual funding support to the Car Forums. In return they receive statistical and financial information gathered in a standardised format for monitoring year-on-year trends. This information is helpful to evidence how the Car Schemes help patients avoid missed appointments etc. There is a wealth of useful evidence available and an opportunity to request further research/information, including user insight.

### **DAS Recommends**

- The NHS reinstate the shortfall in Car Scheme funds caused by managing cancellations and short notice bookings. This would be paid to Schemes via the existing Car Forum funding system established by DCC. This will fill that funding gap and give practical recognition and support of the benefit provided by Car Schemes
- The CCG co-fund with DCC the ongoing work of DAS supporting the Car Forum and its members. This will help pay for the time and mileage to attend meetings and could fund specific research they may require. There may be other benefits, for example expanding the training offered to Schemes.

- Ensure that Car Schemes are included in Social Prescribing offers. Transport is often a forgotten element in planning access to activities especially where there is no public transport or none at the times the patient needs to travel. Car Schemes may be able to assist with this.
- Ensure that DAS represents Car Schemes in the strategic planning of health services. Include Car Scheme providers in engagement activities and events to better understand their offer and to ensure the Car Schemes understand current unmet needs, anticipated new patterns of demand, etc as early as possible. (Volunteer drivers are expert users of NHS carparks for example and have considerable insight into potential improvements for frail and disabled patients).
- Allow and encourage DAS to engage in effective relationships with key health staff at the appropriate level. Otherwise, representatives are prone to having the same conversation over and over again with little progress leading to frustration and disenchantment from and of the sector.
- Recognition for the voluntary sector and what they do in support of accessing health services. Willingness to help by advertising their services on hospital notice boards and ensuring ward staff are aware of what services Car Schemes can/can't provide. Getting the message across that Car Schemes can help Health Services save money if there is appropriate engagement.

## Conclusion

Passengers seldom choose voluntary transport over other transport options; it is usually a last resort when they have no other option. However, community transport is key to helping many patients maintain their health whilst remaining in their own homes, hopefully reducing the burden on health and social care budgets.

If voluntary car drivers stopped offering lifts tomorrow, approximately 140,000 journeys a year in Devon would go unmet.

The voluntary sector, Devon County Council, NHS Trusts and Clinical Commissioning Groups are facing unparalleled change and can only benefit from working together for the benefit of patients.

The opportunity to involve Car Schemes is often missed when planning services. For example: when improvements to filling cancelled appointments at short notice were first considered there was no consultation with car schemes. This led to an unplanned and unfunded cost of £36,000 in 2018-19 to Car Schemes.

Effective cooperation requires an understanding of the contribution of the sector and the difficulties faced by patients/passengers, Schemes and the NHS. Even though money is not a motivation for volunteers, Devon County Council have shown that an acceptance of the costs involved and a willingness to contribute financially (in return for data) is an effective method of gaining credible access to the Schemes.

The Devon County Car Forum has shown how knowledge-based cooperation between Car Schemes and health authorities, via DAS, has produced improvements for patients accessing health services. It is our belief that when strong transport links are in place at a local level, the health and welfare of individuals and their communities can be maintained and improved.

The Devon County Car Forum is a practical place to engage with Schemes and health providers need to establish credible access now before the opportunity is lost.

## **Appendix 1 What is the voluntary sector?**

Sometimes called the voluntary, charity, third, not for profit or community sector it can be confusing to understand from the outside and difficult to influence with a top-down approach.

This is a huge subject and not one for this paper. However, it may be helpful to see it from the point of view of the people who make them work. It is very personal.

You personally see a solution to an issue. You believe it will make the difference, but no one else is doing it that way. You must give your idea life, dedicating your own time and energy to your vision. Hopefully you inspire people to become involved. You all form the nucleus of an organisation and so it grows and makes the difference you dreamed of.

Running a Community Car Scheme is in some ways rather like running your own small business. There are legal responsibilities, the passengers need the service to be reliable and safe, costs must be met, and money has to be accounted for. The motivation however is not for profit.

Wages for employees are generally low and there is no future financial reward (a charity cannot be sold to fund the director's retirement and if wages are low, so is the pension). For community transport the primary legal structure is transport law which expressly forbids the making of profit or even a surplus.

Making a difference, one that makes you feel worthwhile is a prime motivation. The giving of time, expertise, a willingness to be involved and money is vital to success.

The most effective way to influence the ongoing work of a voluntary group is to be directly involved as a volunteer, a trustee, an employee or funder. In the case of a whole sector become a co-producer and funder.

Take a deep breath, jump in with an open mind, get involved and help make it work.

## **Appendix 2 Motivations of the people running Community Car Schemes**

At recent Forum meetings and training events with drivers, trustees, managers and coordinators they were asked what they most enjoy about their work.

### **Drivers**

- Most drivers said it was contact with interesting people who were great to chat with and appreciative of the help given. It makes them feel good.
- A large part of their satisfaction is helping solve a local and immediate problem.
- “Giving something back” is a regular quote.
- Drivers were also looking ahead to a time when they might need the service. “If I do this now, the help will be here for me when I need it”.
- Though it is acknowledged that the expenses payment for the mileage is important for some (it is the person who volunteers, not their car), money is not a prime motivation.

### **Coordinators/managers**

Many of the reasons were the same as the drivers

- Coordinators derive huge satisfaction from the grateful response when they phone a passenger to let them know a journey has been arranged. Many say they hear a sigh of relief as one barrier to treatment has been crossed off the list.
- For paid managers and coordinators, a wage is important, however many work longer than their contracted hours, including evenings and weekends because they do not want to let passengers down.

### **Trustees**

Again, many of the responses are the same as drivers, plus

- Many trustees enjoy using skills developed over a lifetime of work including
  - Problem solving
  - System change and development
  - Accounting
- They all gain tremendous satisfaction from helping local people in response to local need.

However, none of the volunteers said they want to recreate the lifestyle or pressure of a workplace environment and only one person said to effect social change.

## Appendix 3 What is a Community Car Scheme?

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

- With a car scheme the need is local people getting where they need to be and the solution is giving them a lift.

With other community support groups, they run other services and find the need to form a car scheme to help people attend their activities.

- They provide appropriate transport as cheaply as possible and, because of transport legislation, at never more than cost.

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

## Appendix 4 Devon County Car Forum

The forum is a network of **60** independent community organisations who provided at least **145,000** journeys last year mostly to health appointments. All Schemes in Devon are welcome to join the Forum provided they are a constituted organisation and all drivers undertake and receive a satisfactory Enhanced Disclosure and Barring Service (DBS) check.

The Forum has provided 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 support its members. It provides a unique opportunity to ask questions and share best practice in a safe space, it has also helped reduce the sense of isolation felt by many groups.

There are two levels of membership:

**Associate membership** gives access to the Volunteer Hospital Parking Permits, the Forum meetings, information sharing and DAS support.

**Full membership** gives all the above, plus some funding in exchange for common statistics on their activity.

In 2018-19 the Devon County Car Forum had **48** full members who provided these statistics in exchange for a small amount of funding via Devon County Council and had **12** associate members, who for a variety of reasons do not receive funding or provide data.

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

## **Appendix 5 What do Schemes gain from attending Car Forum meetings?**

### **Information exchange**

In a world when things are changing so fast it is impossible for one person or scheme to keep up. People talk about issues that are bothering them and gives a wider understanding of changes that effect Car Schemes.

“You can get bogged down in your head and it is good to ask.”

### **Reduces isolation**

Getting together helps people realise they are not working alone, that others share their problems and as someone said” Please don’t get me wrong, but it is sometimes comforting that others are also struggling and sometimes worse”.

Personal links are also created that are used to help solve problems for passengers, sometimes by simply asking other Schemes if they can help with a journey.

### **Reenergised**

The meetings look for positive ways forward. Someone has a solution that has worked for them and are happy to share. In a pressure cooker world sometimes, you just need to vent off some steam. Sometimes the only response is to laugh.

“These are the most useful, inspirational and positive meetings I go to.”

## Appendix 6 Activity, Statistics and Spend 2018 – 2019

Under-reporting of activity is common within the voluntary sector and figures provided are often an understatement of actual activity and costs.

The 48 full members provided **140,936** passenger journeys including **7300** journeys for people who travelled in their wheelchairs.

Some **1,900** drivers travelled **1,500,532** miles taking people there and back to medical, social welfare appointments and other activities. **96,185 (68%)** of these journeys are health related. Of the health-related journeys approximately **43,283 (45%)** are to doctors (primary care) and **52,902 (52 %)** to hospitals (secondary care).

The Schemes spent **£576,797** organising these journeys (an average cost of £4.09 for a single journey and £9.58 for a return) and a further **£539,132** reimbursing the drivers their vehicle mileage costs. This adds up to an astonishing spend of **£1,115,929**. Most of this money is spent locally by the Scheme and their drivers and represents a sizable contribution to the local economy.

Passengers contributed a very generous **£655,439** with other fundraising totaling **£260,510**, adding up to **£ £915,949** in revenue. This left a worrying **£ £199,980** deficit across the County.

The Schemes had to manage **12,975** cancellations at a cost of **£53,102** which was **9.21%** of their operating costs. **8,855** cancellations are associated with health transport at a cost of **£36,240**. These amounts are based on an average booking cost of £4 per journey and, because Schemes can only charge for journeys that take place, cannot be recovered from passengers.

All this help requires extraordinary effort, with at least **134,378** volunteer hours and a further **39,393** paid hours going into the safe administration and management of the journeys. Volunteer make an extraordinary contribution to society. The 135,000 hours given if paid at the National Living Wage (£8.72 from April 2020) would cost **£1,177,200** each year to replace their gifted time.

Coordinators were very disappointed that they could not place **3,433** journeys, an increase of a third from the **2,253** journey requests declined in 2107/18. This was mostly due to not having enough volunteers and passengers being too fragile to transport.

Schemes helped eligible passengers reclaim the costs of **6,000** journeys using the **Hospital Transport Reclaim Scheme**. We estimate that by using community Car Schemes instead of taxis this saved the NHS at least **£229,000** in the year.

(This figure is based on 6,000 journeys at an average journey of 21.5 miles and average Car Scheme cost of £9.58 reclaimed at 45pence per mile = total of £57,100 reclaimed compared to the average cost for a private hire taxi estimated at £48 which would be £286,032 reclaimed if Car Schemes did not provide the journeys)

## **Appendix 7 - Community Car Forum Members**

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

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

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

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

- Axminster Care Services
- Blackdown Support Group
- Budleigh Salterton and District Voluntary Car Scheme
- Clyst Caring Friends (Pinhoe and Broadclyst Surgeries, Exeter)
- Colyton Link
- Crediton Community Transport
- Culm Car Service (Cullompton).
- ELF (Exeter Leukaemia Fund)
- Estuary League of Friends (Topsham)
- Exmouth Council of Voluntary Services
- Heavitree Health Centre - Friends of
- Ide Lane Surgery - Friends of
- Ottery Help Scheme
- Sampford Peverell Caring Friends
- Sidmouth Hospiscare Trust
- Sidmouth Voluntary Services
- Silverton Link Up
- Tiverton and District Community Transport Association
- TRIP Community Transport (including Honiton and Lower Axe Valley Schemes)



## **Southern Area Car Forum**

- Acorn Community Support (Christow and surrounding area)
- Buckfastleigh Sharing
- Buckland Surgery Support Group (BUSS)
- Dartmouth Caring
- Dawlish Community Transport (East Teignbridge CTA)
- Ivybridge & District Community Transport
- Kings Care League of Friends (Newton Abbott and Kingsteignton)
- Modbury Caring
- Morecare Chagford
- Morecare Moretonhampstead
- Newton Abbot Community Transport Association
- Norton Brook
- Okehampton & District Community Transport Group
- Paignton Caring
- Redfern - Friends of
- Riverside Surgery Befrienders - Bovey Tracy
- South Brent & District Caring
- South Hams Community Transport
- TASS (Tavistock Area Support Services)
- Tedburn Outreach (Tedburn St Mary)
- Totnes Caring
- Volunteering in Health
- YelverCare (Yelverton)

## **Contact Devon Access to Services**

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

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