COMMUNITY TRANSPORT INQUIRY

ASSOCIATION OF TRANSPORT COORDINATING OFFICERS (ATCO)

WRITTEN SUBMISSION

Long Term Funding
The Concordat between the local authorities and Scottish Government saw the end of ring fencing for community transport in 2007 (end of RCTI and UCTI). Although a number of local authorities created their own local versions of the Community Transport Initiative, it seemed inevitable that over time, these funds would be reduced and resources redirected to fund other areas with a statutory service requirement (e.g. social work/education). CT could be supported better through the reinstatement of ring-fencing as well as the commitment of longer-term funding. NHS Territorial Boards should also be encouraged to support CT services through funding and in-kind support. The current funding system often results in CT operators spending an unacceptable amount of their management time seeking future funding opportunities at the expense of managing service delivery.

External Factors
The Scottish Ambulance Service has been working towards the introduction of new eligibility criteria that will see the number of patients categorised as eligible for free travel from the patient transport service reduce significantly. The likelihood is that a reasonable percentage of these journeys will 'migrate' to the community transport sector – particularly in areas with limited public transport provision. There has been no additional funding support offered to the CT sector by the SAS and indeed the Scottish Government Health Directorate has made it clear that it believes that the SAS should not be expected to forego any of its annual budget so that funds are available to support alternative transport providers (see correspondence in appendix 1A/1B). With a handful of local exceptions, engagement between the SAS, local authorities and voluntary sector agencies has been very limited.

Quantifying the Extent and Value of CT Activity
The Inquiry should look at ways of better measuring and evaluating the contribution made by the voluntary sector in the area of passenger transport. Specifically a national system for recording trip quantity and trip value should be developed and adopted across Scotland.
Vetting
There requires to be greater clarity around vetting processes and what is deemed necessary for the purposes of delivering CT. When a transport service is being offered, but users are self-referring themselves to that service, there is perhaps a reduced requirement for vetting (i.e. similar to taxis/bus drivers). Guidance would be welcome from Disclosure Scotland in this important area to avoid continuing differences of interpretation which may lead to reduced levels of volunteering.

D1 Licensing
The D1 issue (minibus driver licensing) should be clearly explained to the voluntary sector and a national strategy developed to address long-term effects of a decreasing pool of volunteer drivers to drive minibuses – and its impact on group travel. The costs associated with D1 training (time and money) are considerable and will lead to a fall in group travel activity and minibus under-utilisation. A funding stream to support D1 training could be developed to address this key issue.

Volunteer Driving
Volunteer driving, where volunteers carry passengers in their own cars in return for a mileage rate, has the potential to be expanded significantly and address many of the transport issues in rural Scotland. However, there is widespread misunderstanding about the fixed and variable costs associated with running a car. This issue should be addressed in a co-ordinated manner and the benefits of becoming a volunteer driver (financial / social) should be explained and promoted to encourage greater levels of volunteering. Appendix 2 to this submission is a proposal developed by an ATCO member in response to this issue. While we do not recommend its implementation, we do recommend that further scrutiny of the proposals is considered as an option by the Inquiry Team.

Supporting papers - attached

Appendix 1A – letter from ATCO Scotland to Nicola Sturgeon in June 2010
Appendix 1B – letter from SG to ATCO Scotland – July 2010 (pdf)

Appendix 2 – proposals for a Scottish Volunteer Driver Network
APPENDIX 1A

Our Ref: ATCO-S CSH SC
Date: Friday 11 June 2010

Nicola Sturgeon
Cabinet Secretary for Health and Wellbeing
Room 1E10
St Andrew’s House
Regent Road
EDINBURGH
EH1 3DG

Dear Cabinet Secretary,

SCOTTISH AMBULANCE SERVICE STRATEGY REVIEW

The Association of Transport Co-ordinating Officers (ATCO) represents Officers in county, unitary and metropolitan authorities across the UK. Our members deal with the promotion and procurement of public transport services and the co-ordination of all modes of public passenger travel, including bus and rail services, home-to-school and social services transport, within the context of the wider transport agenda.

ATCO UK works at UK, national and regional levels. ATCO Scotland covers 32 local authorities and 7 Regional Transport Partnerships in Scotland. Within ATCO Scotland, in addition to the main Committee there are Sub-Committees that concentrate on areas such as School Transport, Information and Community, Social and Health (CSH) transport.

The following views have been assembled by the ATCO Scotland CSH Sub-Committee Chair with input from colleague officers. The content has been discussed at national level by the ATCO Scotland Committee and, in terms of the Association’s working practice, this communication therefore represents ATCO Scotland’s formal position.

There is increasing concern among local authority transport managers about the emphasis of the strategic review which has been conducted by the Scottish
Ambulance Service (SAS) – and its implication for non-emergency journeys to hospital appointments.

We were very pleased to hear at the start of the review that Ministers were interested in reducing barriers to accessing health care, and that transport was recognised as a major barrier. We also welcomed the wide-ranging nature of the review including consideration of alternative modes of transport and of revising booking arrangements for appointments which would allow improved efficiency in transport provision.

ATCO Scotland contributed to the extensive consultation exercise undertaken by the SAS in 2009 as did a number of individual local authorities. A conference was held in Dunfermline in January 2010 to provide external partners with an update on the findings and secure agreement on the future strategic direction for the SAS.

It is disappointing that the initial hopes are not being fulfilled in the outcome of the review. Of concern to ATCO Scotland is the strategic aim of providing a patient transport service to only those patients who meet the medical eligibility criteria set down by the SAS. While accepting that the Patient Transport Service (PTS) is a clinical service, we believe that opportunities for developing shared services with other agencies will be missed and that patients who do not meet the strict “medical need” criteria for the PTS service may be left with no alternative transport, thus reducing instead of increasing, access to health care.

The SAS publication “Working together for better patient care 2010-2015” proposes referring non-eligible patients to other transport providers. Although it also states an intention to “assist partners in developing transport solutions” it is far from clear how this would be done, and there is no clear indication of any co-ordinated working being actively progressed.

The SAS understandably has a desire to concentrate its vehicle and staff resources on those with a medical need but the consequences for patients with a social or geographical need are potentially serious. The SAS recognise that alternative provision in many rural areas is limited. With the current financial constraints, this availability is likely to reduce further unless actions are taken to increase sharing of services and resources.

ATCO Scotland draws this to the attention of ministers as there is likely to be insufficient capacity among alternative transport providers to pick up this displaced demand (circa half a million journeys per annum) and ultimately, access to hospital appointments will become increasingly difficult.
The Community Transport (Voluntary) Sector is also concerned about the proposed changes and contraction of the service being offered by the SAS. While community transport operators offer a network of services across the country, provision is far from comprehensive. Local communities with limited bus services and no active volunteer drivers will be hardest hit by the plans to restrict the Patient Transport Service to those with a medical need.

The Chief Executive of the SAS has made it clear in round the table discussions that she does not envisage any redistribution of their central funding – either to the voluntary sector or to local authorities. The SAS strategy is posited on the notion that resources saved will be reinvested exclusively in ambulance services. ATCO Scotland cannot agree with this stance. We therefore urge the Scottish Government to ensure that some of the SAS funds released by the withdrawal of transport to hospital in respect of those patients who do not meet their stricter medical criteria are channelled to those other agencies that will need to fill this gap.

Yours sincerely

Karl Vanters
ATCO Scotland Chair
Primary and Community Care Directorate
Primary Care Division

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Your ref: ATCO-SCSHSC
Our ref: 2010/0015362OR

6 July 2010

Dear Mr Vanters

Thank you for your letter of 11 June to Nicola Sturgeon MSP, Cabinet Secretary for Health and Wellbeing about the Scottish Ambulance Service (SAS) Strategy and in particular the concern expressed by ACTO Scotland about the Patient Transport Service (PTS). I work in the Primary and Community Care Directorate of the Scottish Government and have been asked to reply.

Better Health, Better Care committed the Scottish Government Health Directorates (SGHD) to develop a national approach to travel management, recognising the potential patient benefits and operating efficiencies that can come from greater co-ordination between Local NHS Boards, the Scottish Ambulance Service, Regional Transport Partnerships and Local Authorities.

As you know, to develop such an approach a Healthcare Transport Framework (HTF) has been drawn up with the support of the NHS Directors of Planning, to support NHS Boards in the planning and improvement of Transport for Healthcare. This Framework was issued to Board Chief Executives on 27 November 2009. The Framework is subject to continual monitoring and will be reviewed by the Directors of Planning in November 2010. The Framework provides guidance for NHS Boards to address transport for healthcare and includes a Transport Action Plan Checklist to help NHS Boards draw up an action plan to improve access to major healthcare facilities and develop internal and external capacity to respond to and deliver on the transport agenda. It is crucial that NHS Boards, the Scottish Ambulance Service, Regional Transport Partnerships and Local Authorities engage in partnership working in taking forward the ever increasing Healthcare Transport Agenda.

As you are aware, in 2009 the Scottish Ambulance Service (SAS) undertook extensive consultation around its future strategic direction and as a result developed a strategic framework Working together for Better Patient Care. The strategic framework will be implemented over the next five years and focuses on Emergency and Unscheduled Care Services, Scheduled Care Services, Engaging with Communities, e-Health and Organisation Development. The SAS established a programme board to manage the scheduled care
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programme and membership includes representatives from NHS Boards, the Scottish Health Council, RTPs, patient representatives, SAS managers and staff side.

The HTF makes it clear that the SAS has a responsibility to ensure patients with a medical need get the transport they require. It is important to understand that a hospital appointment is not an automatic determinant of eligibility for ambulance transport and a clinical need for transport must be established. There has always been eligibility criteria to determine an individual's need for PTS and where that need is established, the SAS has a responsibility to transport patients to and from NHS facilities. The eligibility criteria for scheduled care patients does not mean all patients not meeting the criteria will be referred to other transport providers. Other measures, for example the provision of more dedicated parking spaces at specific clinics, should enable more patients to use their own transport. In addition, patient surveys carried out by SAS have indicated that many patients are not fully aware of the financial assistance schemes that are available and the SAS will be working to actively promote these to patients where appropriate. Having an eligibility criteria based on medical/clinical helps to ensure that the SAS's scheduled care services are used appropriately and also creates capacity to manage demand, ensure a more timely service for those patients with a medical need and reduce the need for the unscheduled care service to transport scheduled care patients. Any savings realised from reducing journeys where the patient does not have a clinical need will be reinvested in meeting the needs of those patients who do require clinical patient transport.

For the many patients who do not have a clinical need for transport the SAS will engage with Regional Transport Partnerships (RTP's), Local Authorities and the Scottish Government to support them in developing integrated transport to healthcare solutions. At a local level, SAS Divisional Managers are engaged across the country with RTPs, Health Boards and Community Transport to implement the HTF. I was disappointed to read that you have no clear indication of any co-ordinated working being actively progressed and would urge you to contact SAS directly to discuss their efforts in this regard. Under the Transport (Scotland) Act 2005, Regional Transport Partnerships (RTPs) have a legal requirement to develop a Regional Transport Strategy for their area which, amongst other accessibility, environmental, social and economic objectives, should seek to facilitate access to hospitals and other healthcare facilities.

All of the efforts outlined above are a fundamental part of the strategic direction of the SAS to improve patient access and referral to the most appropriate care and to deliver the best possible service for those patients who have a clinical need for transport. That fundamental objective has not changed, what has changed is that the SAS have, more recently, been applying the eligibility criteria more rigorously and therefore potentially reducing the number of journeys they were undertaking that filled a geographic or public transport gap.

I hope you will agree that in order to develop an integrated health transport system for the benefit of patients throughout Scotland, it is for all organisations involved to work together. I hope that ATCO will support that aim.

I hope this is helpful.

Yours sincerely

JULIE MCILROY

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.scotland.gov.uk
APPENDIX 2

It is noted that the availability of public transport is often limited in rural communities and does not always offer patients with a viable mode of travel to hospital or healthcare appointments. While the Community Transport (CT) sector goes a considerable way to filling the gap in provision, the availability of such transport is not comprehensive and those CT services that do exist are sometimes difficult to access.

A bold step would be to establish a 'Scottish Volunteer Driver Network'. This network of drivers would be supported, promoted and co-ordinated by the Scottish Government (or other agency with SG funding support). Enrolment as a volunteer driver, and individual journey requests, would be made through a branded website or national helpline. A Scotland-wide volunteer driver network could raise the profile of this type of transport and help simplify the process of accessing a volunteer driver. The national scheme would operate to agreed standards and a common 'tariff' - paid to the driver by service users (patients). A national advertising campaign could both attract new volunteer drivers to the scheme (to provide the transport) and raise the awareness of this scheme with patients (who use the transport).

Time is required to investigate this initiative and develop the proposals as outlined in Appendix 2. **Recommendation** - It is recommended that the Scottish Government engage officers/consultants to undertake a short study that identifies the wider practicalities of delivering such a scheme at a national level - in particular assessing likely set up timescale, website design and development, role of local co-ordinators / helplines, legal issues, branding and advertising costs, the driver incentive scheme.

Appendix 2 - Scotland's Volunteer Drivers Network

Volunteer driving in Scotland contributes greatly to the mobility of elderly and disabled people living in rural communities. Volunteer drivers give their time to help support people from their local community - primarily by driving them to hospital and healthcare appointments.

Across Scotland, there are many successful car schemes where volunteer drivers use their own cars and in return are paid a mileage allowance. Where these exist and are flourishing it may be argued that there is no requirement to change. However, the success of some schemes, should not mask the general limitations of volunteer driving schemes - and their difficulty in providing a safety net for rural communities.

A new radical approach is required if we wish to move this sector forward, make it more accessible, more sustainable and able to provide an all round better service for Scotland's growing elderly population.
The proposal is a national network of volunteer drivers - all working under the same nationally recognised brand and governed by the same policies and procedures. The network will operate in every part of the country with local co-ordinators working with volunteer drivers and patients in rural communities across Scotland.

This is a top-down approach - because the bottom-up approach that has been relied upon to date has resulted in a fragmented and unsustainable patchwork of provision.

The proposal is based on the premise that there is a latent pool of volunteer drivers that can be tapped into - if the right marketing is used. This pool is non-working people who already have a car.

A national brand - properly marketed - is required both to attract drivers and passengers to the scheme. A national brand will increase public awareness of the availability of this type of transport service.

A persuasive marketing campaign is required but the message to potential volunteers is simple. 'Volunteer and help other people to get to hospital appointments - and in return get 1) up to £3k towards the cost of running your car and 2) 5p per litre off all future purchases of fuel.'

The message to the potential passengers is also simple... 'There are volunteer drivers all over the country who may be able to take you to your hospital appointment. Just log your trip details on our website...or phone us and we will match you to a driver. You will be expected to reimburse your volunteer's driving expenses at 45p per mile.'

The arithmetic is as follows.

Mileage reimbursement would be based on the Inland Revenue Authorised Mileage Rate - currently 45p per mile. This payment goes directly to the volunteer driver from the user. Generally, the cost of the journey will have been declared in advance of the journey being made.

Of this 45p per mile, 15p - 20p goes towards the cost of fuel. 25p - 30p is paid to the driver to be used for any purpose - e.g. wear and tear, new set of tyres, clutch replacement, purchase of their next car.

In one year, a driver could potentially drive 10,000 miles - generating an income of £4500 (45p x 10,000). Of this £1500 - £2000 would be used to cover the
increased fuel bill and £2500 - £3000 would be left over to be used at the discretion of the volunteer.

ONS data concludes that 53% of motoring costs are fixed (purchase of vehicle, taxi and insurance) and 47% is variable (34% fuel / 13% maintenance)

A further incentive to attract drivers could be offered. Once a driver has reached a milestone of 10,000 volunteer miles, they are issued with a 'gold' SVDN card - recognised at all petrol retailers and offering a 5p litre off the pump price- valid for 12 months.

If 500 volunteers, signed up and operated 10,000 miles each, that would provide 5 million volunteer miles per annum. 500 gold cards would be issued. The cost of providing the fuel discount would be £65k (based on each volunteer fuelling a 50 litre tank once per week). £2.50 saving on fuel x 52 weeks x 500 drivers. That would allow each volunteer to drive around 20,000 miles per annum.

With a national marketing campaign that stresses the financial benefits to existing car owners (as well as the benefits of volunteering), it is anticipated that there could be many people coming forward to participate in the network - from every part of the country. The 'income' from the volunteer driving and the '5p a litre saving' could help sustain people in rural communities who may struggle to meet the costs of car ownership.

One of the major weaknesses of the current patchwork of provision CT is its 'visibility'. The patient may have limited awareness of the existing schemes or how they can be accessed. A national brand with appropriate marketing will not only help in attracting volunteer drivers but will raise awareness levels amongst the general public. People needing to access this service will know about it through the widespread marketing.

The current patchwork of provision is also undermined by the complexity of processes. Different reimbursement rates to volunteers, different charges to patients, different rules of eligibility (who can use the service). A national initiative will bring clarity to a transport service that is currently subject to a multitude of different rules and regulations.

Once the network has been established and new volunteers are seeking to participate, a simple referral system is needed to match users and drivers. It is proposed that a web-based system is adopted that patients searching for a journey can register their requirements and contact details:
Registered volunteers in the local area can pick up these requests and liaise directly with the patient. After which the website entry is updated and shown as successfully matched.

Passenger payment for the journey is calculated in advance using the address details to avoid dispute. Aberfeldy to Ninewells Hospital, Dundee (2 x 64 miles @ 45p per mile) would cost the user £57.60. Further negotiation may be required for placing mileage.

For patients who are not able to use the website themselves (or via a family member), a telephone number will lead the caller to a local area co-ordinator who will help log the details. Local Area Co-ordinators could be employed on a part-time 'home-working' basis providing employment opportunity across rural communities. Their salaries will be paid centrally (with SG funding). Their role will be to provide the administration behind the scheme - primarily to help patients find journey matches, liaise with volunteer drivers and undertake necessary checks, deal with complaints etc.

The vetting of volunteers would need to be investigated, but PVG would not seem to be appropriate given that the network is based on the concept of self-referral. Self-referral means that patients are arranging this for themselves. They should enter into the arrangement with a full understanding of the relationship between themselves and the driver. There are no other 'relationships' at play.

A further word on existing car schemes. There may be some resistance to a national brand from well-run and established groups who operate successful car schemes in their community. Local schemes can continue to provide much needed journeys - but they could be encouraged to sign up to the SVDN umbrella - and operate to the same set of rules. This would help simplify the national picture.

A further word on reimbursement rates. The worked example above (Aberfeldy to Ninewells and return) gives a seemingly expensive charge of £57.60 - especially so when compared to public transport (free with bus pass) or the free patient transport service (SAS). However, the £57.60 is calculated by applying the IRAM and reflects the cost of motoring as recognised by Inland Revenue.

**Association of Co-ordinating Transport Officers (ATCO)**

18 April 2013