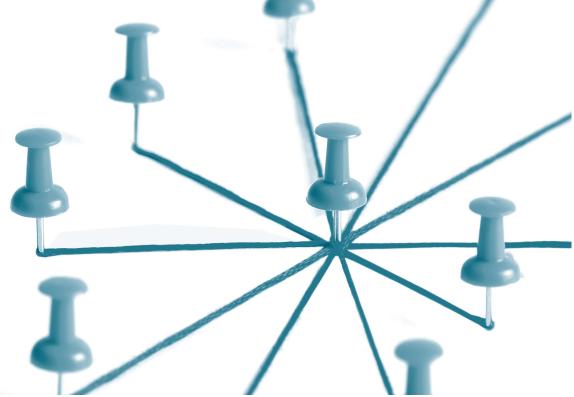# Transport for health and social care

Report supplement: The views of voluntary sector providers

AUDIT SCOTLAND

Auditor General for Scotland

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He is responsible for investigating whether public spending bodies achieve the best possible value for money and adhere to the highest standards of financial management.

He is independent and not subject to the control of any member of the Scottish Government or the Parliament.

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The following bodies fall within the remit of the Auditor General:

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• government agencies, eg the Scottish Prison Service, Historic Scotland
• NHS bodies
• further education colleges
• Scottish Water
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Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. It provides services to the Auditor General for Scotland and the Accounts Commission. Together they ensure that the Scottish Government and public sector bodies in Scotland are held to account for the proper, efficient and effective use of public funds.

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Part 1. Introduction

Background

1. Audit Scotland published its national report, *Transport for health and social care* on 4 August 2011. The report is available at www.audit-scotland.gov.uk. As part of our audit we commissioned George Street Research to obtain the views of voluntary sector organisations that provide transport for health and social care. This supplement accompanies our national report and summarises the main findings from our work with voluntary sector providers.

2. The report is organised into four parts: **Part 2** considers access to transport for health and social care; **Part 3** examines how resources are used; and **Part 4** looks at the coordination of services.

Methodology

3. Audit Scotland commissioned George Street Research to speak to voluntary sector providers in focus groups (small discussion groups) or in interviews. Focus groups were conducted in three locations covering urban and rural areas (Glasgow, Perth and Inverness). In a small number of instances respondents were recruited from neighbouring areas to obtain wider geographical coverage. Where respondents were unable to attend groups, in-depth interviews were conducted by telephone. A topic guide was developed to help structure the discussions **(Appendix 1)**.

4. The voluntary sector providers included in this report are not intended to be representative of all service providers. We attempted to get as wide a representation as possible across organisations of different sizes, service type and location. Thirty-two people took part in focus groups and interviews - a detailed description of the sample of participants is included in **Appendix 2**.

Part 2. Access to transport

Lack of services and the role of the voluntary sector

5.   Strong views were held by everyone in the focus groups and interviews about the lack of alternative services for many of the people who use voluntary sector transport services. Many people are not able to use public transport due to costs, lack of flexibility, lack of availability in some remote areas and accessibility issues, for example if several people who need a wheelchair are travelling together. Not all people who need access to health and social care services have family or friends who can take them to their appointments, and for those who do they may be reluctant to rely on this support over a long period of time. These transport difficulties are not only relevant in rural areas:

> *"Someone can be in the middle of a town – or a city – and be just as isolated as someone living out in the sticks…. [People] might say 'oh, but you get ten buses driving by your front door every day', but if you have to then walk up a hill 300 yards, and if you've got arthritis and then you're on that bus and the bus driver's driving like a rally driver and you've fallen, you're not going to use public transport".*

Providing social support

6.   Providers were keen to discuss the added value of the services they provide, highlighting the social support provided to vulnerable people:

> *"They need lots of help to get into and out of the mini bus, some of them come in wheelchairs, others find walking extremely difficult and they are being cared for on the mini bus as well as onto and off it… Yes, the quality of care I think, being treated as human beings with needs".*

> *"So the transport is the main part that will bring them to us, but it's not necessarily the most important part… It's the communication, the contact... and for a lot of them, it's being in the community... and keeping in touch with what's going on in the community".*

> *"Those who are socially isolated obviously whether by reason of physical or mental disability, we target them, we target the isolated elderly in particular and you know people who are disadvantaged for one reason or another. We try and make sure that they are included in society to the best of our ability and their ability".*

Information about transport services

7.   Providers highlighted concerns about the quality of available information about transport services and that it is important that staff and service users are clear about the services available. Signposting to voluntary sector transport services tends to be informal and based on specific individuals being aware of different community transport providers. For example, different wards within the same hospital often provide different transport advice to patients depending on the knowledge of individual staff.

> *"We find that, you know, departments of the hospital like occupational therapy will phone down to get a car to take people, you know, to their homes etc... And doctors will probably recommend, so just word of mouth..."*

Transport in rural areas

8.   Services operating in remote rural areas face particular challenges in providing transport, particularly due to the needs of remote communities that are not necessarily covered by regular public transport. Providers highlighted that planning transport services in rural areas and considering how best to use resources can be complex. For example, there are instances where it is more cost-effective for a driver to wait for long periods between dropping passengers off and taking them back again, because the distances involved mean it is not economical for them to try and fit in other services, or return to their base and come back.

9.   Providers raised concerns about the costs of fuel where they operate transport services in rural areas. Concerns were also raised that the HMRC mileage rates are not necessarily appropriate for voluntary sector transport services in rural areas. For example, there is a change in mileage rate after 10,000 miles (the rate drops from 40p to 25p), which affects those in rural areas disproportionately:

> *"In the Central Belt… you could do hundreds of trips a year and you're nowhere near 10,000 miles… but most of our drivers will do that well within the year, because of the distances involved. You know, one trip from Wick to Inverness return, that's 500 miles And some of our drivers do it two to three times a week. And they're now saying 'no'. You know, 'if you pay me 25 pence a mile, I'm actually paying for the privilege of doing your work for you'."*

Transport permits

10.   Community transport services can operate under two different permits – Section 19 or 22 of the Local Transport Act 2008. Section 19 permits are issued to organisations which run buses but do not make a profit, for example to transport their members or people whom the organisations exists to help.

Section 22 permits are issued to organisations providing a community bus service, but not making a profit. Vehicles operating under this permit are local bus services and can carry the general public.

11. Some providers noted that they are considering applying for Section 22 permits and looking to expand their services. Offering flexible routes to be used by the general public could offer useful transport to people living in areas with limited public transport, and would also allow voluntary sector groups to fund some of their other services for more vulnerable user groups. This is most relevant where commercial operators may be reducing their services:

> *"So if there's a route within your locality where – and this has been happening a lot – where the big commercial bus operators are pulling back on services… then you can use Section 22 to run a bus service".*

12. However, the majority of respondents, especially those from smaller organisations, do not have the capacity to allow them to expand in this way. Even those who may have the capacity to do this raised issues relating to the practicalities of operating under Section 22. Services need to be fully timetabled, there are penalties for any failures in service delivery, and *"there's a lot more rules and regulations"* which makes it difficult to rely on volunteers:

> *"You need to make sure it's timetabled and that it's running… You'd probably need to pay a driver, because you couldn't rely on volunteers. A volunteer could say, 'I don't want to do it that day'. You need to do it or you get fined by the traffic commissioner"*

Part 3: How resources are used

Funding and sustainability

13. Perhaps unsurprisingly given the current economic climate, the main issue mentioned by all respondents was funding. Services tend to be funded from several sources and most receive at least some funding from their local council, a smaller number are part-funded by the NHS, and yet more are self-sustaining through fund raising activities and income from the provision of training. However, most services have seen funding from a range of sources decline in recent years, and this is a particular concern for organisations receiving core funding from the public sector in the context of spending cuts.

14. There was a considerable amount of uncertainty about future funding levels, particularly in the context of public sector funding cuts. Participants noted that this can have a significant impact on services - sometimes at short notice:

     "Yes, we were obviously originally under the Rural Community Transport Initiative… and then that was transferred across to the local council, so they continued that up until this… financial year… But because of the cuts at the moment, we are kind of in limbo because they have not come and said to us that they will continue or what they will do with it… We do expect them to continue it but at what level, we don't know".

15. Providers also expressed concern about the sustainability of the services they provide. While voluntary sector providers may be able to source funding to run their service, difficulties arise when they need to spend money on vehicle maintenance or replacement:

     "And then obviously finding replacement vehicles, because our vehicles are now getting old… We would have to find funding for it… With the vehicles getting older it is costing us a lot more for repairs... Wear and tear is taking its toll".

16. Conversely, some respondents reported being able to access funding for capital costs but not for running costs. In addition, funding can often be short-term which makes planning ahead very difficult for some services.

17. A decline in funding has also meant that some providers have had to make paid staff redundant or at least reduce their hours, with a consequent increase in reliance on volunteers, which can cause difficulties in the longer term, for example:

"Many [services] are totally self financing, and so they do their own fund raising, they depend on volunteers forking money out of their own pockets… for petrol and car maintenance etc. and I think it is mainly people like that who think, 'look, how much more do I have to give?'".

18. Some respondents noted that it is difficult for transport providers to access funding because they are not directly providing frontline services - they are seen as an intermediary, allowing people to access health and social care services but not providing these directly:

"It's traditionally very hard to get funding to sustain community transport… There's a lot of funders out there who'll not fund it, because… you know, they don't see it like a cancer service that is providing, you know, help".

19. Applying for funding can also be a burden on voluntary organisations, particularly if they have limited staff resources and are applying to a wide variety of organisations with different application and reporting requirements:

"Funding in general… is an absolute nightmare… particularly for the smaller groups, in that every funder has his or her own system for applying for, monitoring, for reporting etc and so they are reinventing the wheel all the time".

Public sector procurement

20. A number of issues were raised in relation to public sector procurement. Firstly, several respondents suggested that although they might consider tendering for public sector contracts, they were put off by the procurement process. This was particularly frustrating for providers who feel they are able to deliver the contract requirements but simply do not have the capacity to complete the bidding process:

"It's about getting the support so that we're able to bridge that gap… I actually think the majority of groups would be able to run the transport with no problem at all, but it's all in getting to that stage, and building up your confidence and being able to do it".

21. A small number of respondents argued that public sector bodies focus on lowest cost rather than best value when procuring services, when in fact voluntary sector providers are able to meet people's needs:

"Public sector procurement doesn't take enough notice of things other than price when it comes to transport contracts… [There is a need for] a realisation that cheapest isn't always the best… The private sector do exactly what they're paid for – quite rightly – but there's no other benefits… There's no social benefits for your people on your bus".

22. It was suggested by some respondents that there is a problem relating to public sector perceptions of voluntary sector providers. Respondents highlighted that, despite their policies and procedures, and maintenance checks, there remains an attitude that community transport is 'unprofessional':

> *"And there's still this perception of community transport – it's full of volunteers, which means it's amateur-ish, unprofessional, 'one man and his dog'.. There's still all of that… and that needs to be overcome".*

23. The issue of contracts and service level agreements was also raised in this context, with some respondents suggesting that partner organisations such as the NHS need to be convinced that community transport providers are reliable before they will enter into any contractual agreement.

> *"You have to be able to prove that the service that you're offering is reliable, sustainable, and dependable… If you're dealing with the Health Service as your client and at the end of the day the only way they're going to work in the long-term… is if they're buying into a service which they know is there year after year… If you can show the… NHS a well-defined and well-managed transport scheme, then they'll fund it".*

24. Although a substantial number of voluntary sector providers receive council funding, few have formal contractual agreements to provide specific services for them. Instead, arrangements tend to be more informal, for example:

> *"The only real contract that we have is with [council] who give us some funding and… it was agreed that... something like 30 per cent of our rounds would be [for the council] so they know that they can ask us to do a certain number of rounds. I mean that's taking people to resource centres or day centres etc. I mean it's not even in print, actually, but it was an agreement that we made with them, that that was possible".*

25. Having a service level agreement or clear contract about what services are going to be provided was seen to be important in terms of ensuring effective delivery. A small number of participating organisations do have NHS contracts; for example, one provider has an agreement to provide transport to hospitals – for this group it was important to have a clear outline of how many trips they are expected to do:

> *"We originally had a service level agreement which said, 'we will do this and we will do it in that way' and we've been running it for three years now. The service level agreement has been there but the project fortunately has been so successful it's never referred to... We're committed to doing 25 pick-ups a week next year for the price that they're paying, and we've always met that".*

26. Participants noted that it is common for the NHS to pay volunteers' expenses rather than fund the service as a whole or contribute to any ongoing costs such as administration. Respondents did comment that they would prefer a more formal arrangement to help with planning ahead and assigning volunteers to specific tasks.

Recruitment of volunteers

27. Recruitment of volunteers can be difficult for voluntary sector providers. Although some respondents reported having no shortage of volunteers, most indicated that this can be difficult and services often rely on a small number of dedicated individuals which can lead to 'volunteer burnout'. For example:

   "We're struggling to get volunteers to drive the bus, and the one man who's doing it all the time, and it is telling on him"

   "With all the volunteering, it's about how you treat your volunteers, and don't overwork them. I know a few transport organisations where they almost drag the driver out of the bus, because he's done that many hours and wants to do it. But again you have to make sure you're looking after them and the organisation, that they're not driving too much".

28. Most organisations recruit via word of mouth and through local personal contacts. Few voluntary providers said that they advertise or operate a more formal recruitment process. Finding time for development and recruitment can also be an issue for providers, especially if the organisation is run solely by volunteers. This is a particular challenge when providers are trying to extend services into new areas:

   "For us it's about balance, because we need to recruit people in a certain area before we can promote the service there. You might have a couple of volunteers in an area providing no service, so they're getting bored and restless and they go elsewhere, and you end up losing. So it's like a constant battle".

29. Services operating in remote rural areas face an additional challenge in relation to recruiting volunteers. Ideally, volunteers would be recruited in areas where the service has customers, but this is not always the case and it can be difficult to match volunteers to service users on a geographical basis. This means that volunteers can have to travel long distances to reach their customers and unless they are extremely committed they may choose not to do such long journeys.

30. Maintaining momentum and enthusiasm among volunteers was also mentioned by some respondents as an issue. Concern was expressed in several focus groups about an increasing demand on volunteers in the context of the 'Big Society':

"There's going to be more need for voluntary organisations to step up and provide a service. Now we can only provide what we can with the volunteers we have... So we're going to have to bring in more volunteers to support the service… If we can't get someone to do it, we just can't do it, you know? It's a great idea, this [Big Community], but unless the structure's there, the money's there to bring volunteers in, to pay for the transport and all that goes with it, then…"

31. The age of volunteers was frequently mentioned, with many organisations noting that their services are run by an increasingly elderly volunteer workforce "the traditional volunteer mini-bus driver is normally male, 65 and over". Voluntary providers are aware of the challenges that this poses given the aging population.

Improving cost effectiveness

32. Respondents argued that their cost effectiveness is hard to measure because their work is preventative and they feel they are saving health and social care service money by providing transport, for example saving money in missed medical appointments, delayed discharges and allowing people to remain at home rather than moving to nursing homes:

"You cannot measure the amount of money that they will be saving the NHS and social work… By... groups and the dedication of the people... helping that person that one day a week, because if you couldn't get out then, you know, what happens if... their mental and physical condition then deteriorates? They become depressed and isolated. In hospital... what's the cost on that? If you get them out that one day a week... say, away from social work… And that's never been measured…"

"It's putting a cost on providing these services, what that's actually saving… That funding is going to be put back and put back and you're going to end up with nothing but at the same time the bills will continue to rise, both from health and from social care".

33. Few respondents had undertaken specific work to assess the cost effectiveness of the services they provide but felt that they were delivering a service with very little cost. However, several people noted that their organisations have to be cost-effective by necessity - lack of funds mean there is no room for inefficiency:

"Last year, I think we did over 900 trips. We have a very small pool of drivers and when I'm saying that we get funded, our total funding I think last year was £7,000 that we had in total? So we do an awful lot for that £7,000."

"There's a car scheme that runs 6,000 patient transport journeys a year for about... 4 grand. But again, it's being run by a volunteer, who's dedicated to what she does".

34. Community transport can fill a gap if the ambulance service cannot transport a patient home when they are discharged:

> *"It's the case now where… they're trying to do a lot more day surgery. You can't get out of that hospital unless you have somebody collect you and sign for you … If they didn't have anybody, they would need to stay in hospital for 24 hours… If you actually paid organisations like these to do that kind of service, then not only are you providing a better quality of service – people are getting home – but you're saving a hell of a lot of money".*

Part 4: Coordination of services

Involving the voluntary sector in service planning

35. Respondents suggested that greater coordinated working (both within the voluntary sector and with the public sector) could increase the efficiency of services and make them more cost effective: "It's about...streamlining that so you can then put the resources into... the right areas". For example, voluntary sector providers could share administrative resources and make booking services more efficient, and share access to vehicles to make best use of these.

36. Several providers argued that the public sector should involve the voluntary sector and give them a greater role in helping to plan transport services:

    "We need to work together and you need to involve us in planning transport. We're there but we need to be involved… And my biggest concern is it's not just us having funding problems, it's the councils and the NHS etc. You know, if they struggle themselves and then coming looking to us for help, we might not be there"

37. Providers highlighted the need for public sector organisations to value what community transport can offer, despite the need to reduce spending:

    "I would say that the policy at the strategic level, the understanding of what we actually do... and the value of what we do. I think that's one of the challenges… I think there's a real risk that the decision-makers within local authorities who have supplied our funding, at some point, are going to miss – or not have the level of understanding of the value of what it is we do... And they'll look at it as a cost-saving and it's not been..."

    "The statutory sector needs to see what... or be educated and informed about what the community transport sector can bring to the table, to actually meet their needs as well… But there's a huge job on both sides to make that happen… And there needs to be willingness on both sides".

    "I know a lady from Glenpark who had to go to the Western General and she didn't know anything about us, and she hired a taxi. Seventy pounds there and £70 back… Then she found us".

A need for leadership and coordination

38. It was suggested that there is a need for an overview of all the vehicles owned by the voluntary sector, health service, councils (including across departments, eg social work, education, community education etc) and examining whether existing resources can be better utilised:

"If we could get a system in place… with a common booking entry, so that somebody could call up a vehicle that was available, irrespective of whether that was actually in the ownership of the health board, the council, the third sector, then it might lead to more viability, more sustainability all round... That is what we should aiming for".

39. Respondents also made suggestions about actions other organisations could take to improve cost effectiveness of transport for health and social care:

"We quite often wish that the people making appointments would look at the postcodes and maybe send two or three people to the same clinic at around the same time, because we've had people going to the same postcode, and I've had to send them in three different cars because of the time".

40. It was suggested across several groups and interviews that there is a need for strategic coordination to improve service:

"It's no good trying to get the councils... and the ambulance service trying to talk to each other. That's just... at the edges of what's needed. It actually needs a fundamental restructuring of how transport is delivered and funded in Scotland... That's a big thing... But that's the only way it's going to fix it. Otherwise we're just going to come back in another ten years and we'll be talking to the same people".

41. There was a certain level of frustration with the perceived lack of coordination among public sector agencies, with respondents having to speak to different departments instead of having a named 'transport' officer:

"The problem I think I have with [NHS board]… it's actually trying to get them to nominate a person... who can deal with transport. At the moment… I've got to go through Finance, where I should really have a Transport contact".

42. As well as acting as a point of contact for transport providers, it was suggested that having someone in place to control all transport issues would lead to greater efficiency within such public sector organisations. For example, simply coordinating appointment times with patient locations could cut down the need for overnight stays and reduce costs for the health service:

"You know, someone actually controlling that budget… Someone saying 'right OK, this is what's happening, we need to look at all the assets in place across the area and see how we can best use them'… Saving them a fortune and helping sustain some of these community transport groups… It's really easy".

43. The idea of coordination does not only apply to transport provision, but was seen as a wider issue for the health and care sectors to consider. Voluntary sector transport providers noted their role in helping to ensure that patients do not need to stay in hospital longer than is clinically necessary and in helping ensure that people are able to get to the health and care services they need.

Working with other voluntary sector providers

44. Participants said there was scope for voluntary sector organisations to work better together::

> "[Community sector organisations] need to be working more closely together, developing standards in practice, so that we begin to... you know, the likes of the [RTP]… local authority and the NHS have got a confidence that the people they have given contracts to do maintain their vehicles properly and all the rest of that".

45. This is an area where 'umbrella' organisations such as local community transport associations can play a role, encouraging local groups to work together and share resources:

> "What we have tried to do from the community point of view is to enable community and hospital car groups to work together so what they hopefully will then do is provide quality transport solutions. We try and enable local groups to keep administration costs to an absolute minimum, consistent with safe and effective operation".

46. One respondent involved in a network suggested that there is still a long way to go in encouraging voluntary sector groups to work together. However, networks do provide a range of other help and support for community and voluntary sector providers, including:

- keeping groups up-to-date with legislative changes

- producing and providing information packs / protocols

- advice and practical help recruiting volunteers

- provision / facilitation of training

- negotiating benefits such as preferential rates for public and employers liability insurance

- facilitating Disclosure Scotland checks.

47. Providers highlighted that although sharing resources is a good idea in principle, there is often resistance to this at the individual service level, for example providers want to keep access to their vehicles 'just in case' rather than letting other people use them. For some organisations, particularly smaller groups with access only to volunteers using their own cars, it is not practical or feasible to

share vehicles. There may also be an element of competition among voluntary sector providers, making them less likely to join forces, as suggested by this respondent:

> *"The fact is, the [voluntary] sector is very good at helping people. And I don't know if it... it's actually, when it comes to helping each other, that's the embarrassment ... It's getting harder and harder because everybody's touting for the same money... And previously it was grant-funding; now it's agreements so everyone's fighting for that little pot, but at the end of the day where there is duplication you need to get rid of that and focus the resources you've got into the best way... not just having a service for the sake of having a service. You know, where you can actually bring two services together and you can get more out of the money you've got".*

48. It was also suggested within the focus groups that joint working within the voluntary sector may be undermined by public procurement systems. One respondent noted that his organisation has spent the last ten years building up a partnership approach with other local community transport providers, but that this trust could deteriorate if there is an increase in public sector procurement:

> *"You don't share information in the way that you would... It's organisational survival... and you might put in a bid to undermine a previous partner, because that's the best thing you can think of doing to protect your own organisation".*

Working with public sector partners

49. Although some voluntary providers said that they work with the public sector through service level agreements, this was limited and most joint working involves informal signposting rather than formal partnership agreements. However, respondents recognised the benefits of partnership working and a joined-up approach to delivering services:

> *"I would like to see a lot more co-operative working and a lot more understanding through the partnerships of the different needs and the different skills and things which one and other could offer, and attempt to piece together some kind of strategy to meet the local need".*

50. A key theme to emerge in the focus group discussions was the need for proper funding agreements to be in place, and a tendency for public bodies to expect the voluntary sector to provide services or 'pick up the slack' without charge because of the 'voluntary' nature of their work. Some respondents suspected that this could be linked to a perception that because a service is run by volunteers, it does not need to charge for its services:

> *"And Social Work are constantly calling us and saying, 'Can you do this?' And you say, 'you want me to give you a price on it?' 'What, you mean charge us?' And then they don't want it... They were thinking we were going to do it for nothing"*

"The fact is, local authorities and health – even within local authorities – work in silos. We need some joined-up thinking and joined-up budgets here. [We are] not actually asking for new money, you're actually asking for the money that's spent at the moment. Spent better, more imaginatively".

51. There were strong feelings that joint working with NHS boards and the ambulance service needs to improve and participants raised particular concerns about picking up gaps in ambulance service provision without being properly funded to cope with increasing demand:

"At the moment we're taking quite a lot of people who have actually been let down by the ambulance service… They've been told by the doctor or GP that the ambulance service will [take them]… They phone a few days before their appointment and say 'I've been let down and can you help..?' It's happening a lot and it's going up and up and up… They suddenly don't match the criteria, or [SAS] can't offer it at that area, or they've got too many journeys on or... they just haven't shown up".

"You know we learned over a… long period of time, that whilst probably… patient transport works fairly well for 90 per cent of its service users, but approximately 10 per cent it seems to us, and particularly in the rural areas, get a pretty raw deal… It was one of the challenges and difficulties that people got quite reliant on us because patient transport would let them down so often".

52. Several respondents also highlighted the potential to make better use of council resources and services. Suggestions included:

- councils helping to maintain community transport vehicles

- access to council trainers

- provide access to fuel depots at cost price.

- allow community groups to use council vehicles when they are not in use

- better coordination of council vehicles during the day to free up resources

- help smaller voluntary sector organisations with the procurement of replacement vehicles.

Appendix 1: Topic guide

The following question areas were developed to provide a framework for discussion. All relevant topic areas were discussed and covered at some stage during the group sessions.

Background

- Background information on role.

- Role and responsibilities within organisation; length of time in organisation; is role voluntary or paid.

- Background information on organisation.

- Size of organisation, services offered, geographic area covered.

- How is the organisation funded / supported to provide transport for health and social care?

- Type of people accessing the services and their particular needs, number of people accessing each of the services; what services are being accessed / requested.

- Eligibility criteria used (who is eligible to use their services? Are there restrictions eg Section 19 permits? Any restrictions placed on them from other sources, eg funding bodies?).

- How do people access the service? E.g. book it directly/ referred from social work or a health professional etc.

Key issues for provision of transport

- What are the key issues facing the provision of transport for health and social care for your organisation / the voluntary sector (prompt with):

- funding issues

- recruitment of volunteers

- health and safety issues

- geographic location

- distances to be travelled

- conditions of contract(s)

- contracting systems

- capacity issues

- cancellation of other transport and having to 'fill the gap' at short notice

- specific user groups (eg older people, people with a disability)

- any others?

- geographical differences

- are there different approaches employed in different areas; what are the particular challenges in city / urban / remote / rural areas and how are these addressed?

Key issues for service users

- What are the key reasons people use these services?

- What does it mean to their daily life / what would be their situation if that transport was not available?

- Do service users know / understand what services they are eligible to access? Do they know how to access relevant transport?

Other providers (spontaneous, then prompted)

- What other providers of transport for health and social care are respondents aware of (e.g. NHS Boards, Scottish Ambulance Service, councils, other voluntary organisations etc).

- Do other providers know about voluntary organisations providing transport in their area? Do they signpost people who need transport to voluntary organisations? Is this done in an appropriate way? Do they have realistic expectations of what you can provide?

- Does respondent's organisation work alongside any of these and, if so, which ones and why?

- How have working relationships with other transport providers been set up and organised and how effective / useful are they?

- How are these relationships managed long term?

- Is there any co-ordination of services with other providers; how is this set up and how is it managed; how effective / useful is this (does this involve integrated booking systems / fleet / other systems?)

- What are the advantages and disadvantages of co-ordinating services with other providers of transport for health and social care?

- How do the key issues / challenges faced differ across different providers?

Joint / partnership working

- Details of integrated working eg with councils, RTPs, NHS boards, SAS, community health partnerships, other voluntary organisations.

- To what extent have you been involved in planning transport services for health and social care in your area eg on a working group?

- What features make a success or otherwise of joint working; what works well and what does not – what are the challenges of joint working?

- Examples of partnership working that has led to improved efficiency / service improvements; what are these improvements to services and in what ways have they benefited the respondent's / other organisations / service users?

- Efficiencies and service improvements from the individual point of view (eg do they have any examples of positive impacts on individual service users?)

- Examples of good practice in integrated service provision that respondents have been involved in or heard of.

- Are some providers better / worse to work with in partnership and what are the reasons for this?

Cost effectiveness / potential efficiencies

- Have you done any work to assess the cost effectiveness of the services you provide, either yourself or in partnership with the public sector?

- Thinking in particular about the unique role of the voluntary sector, do you have any comments or thoughts about ways to make transport for health and social care more efficient and effective?

The future

- What are the future issues / challenges etc in providing transport for health and social care (short, medium and long term)?

- Conditions of contracts, diminishing public transport services, relationships with other providers of transport for health and social care, funding etc.

- Any suggestions for strategies to improve transport for health and social care in the future eg permits under Section 19 / Section 22 ?

- Voluntary sector providers offering services on public transport routes.

- Other ideas for improvements in terms of efficiency / joint working etc.

- How do respondents perceive the shape of future provision of transport for health and social care?

- What needs to be done to ensure good partnership working between different types of organisation in the provision of transport for health and social care?

- Any other comments.

Appendix 2. Profile of focus groups and interviews

The voluntary sector providers who took part in this audit offer a wide range of services to a variety of client groups. Services range from minibus hire, dial-a-buses, community car schemes, school transport services, and specialist transport to hospitals or GPs and other health services, transport to day centres and to a range of social activities such as lunch clubs and social groups. Many providers provide transport for specific groups of people such as older people, while others offer general services to a wider group of people.

Some transport services provided by the voluntary sector providers we spoke to are run on set days, whereas others are more flexible. Some providers receive referrals through health or social work staff, or from individual day centres or residential homes while others allow individuals to book the service directly.

Exhibit 1

Composition of focus groups and interviews
Focus groups and interviews were held in three locations and included representatives from different voluntary sector providers.

Location	Focus group respondents	Interview respondents	Total
Glasgow	8	1	9
Perth	10	2	12
Inverness	5	6	11
Total	**23**	**9**	**32**

Source: George Street Research, 2011

Exhibit 2

Service type and service coverage
Focus group and interview participants represented different types of service provision.

Service type	Number	Service Coverage	Number
Transport provider	23	UK - national	5
Other service provider	9	Scottish - national	2
-	-	Scottish - local	25
Total	**32**	**Total**	**32**

Source: George Street Research, 2011

Exhibit 3

Size of organisation

Focus group and interview participants represented organisations of different size.

Number of paid staff in the organisation	Number of people taking part in the research from an organisation of this size
None	1
One	5
2-5	9
6-10	3
11-20	3
21-50	2
51-75	1
76-100	1
101-150	-
151-200	-
Over 200	2
Don't know/ not sure	5
Total	**32**

Number of volunteers in the organisation	Number of people taking part in the research from an organisation of this size
None	4
One	1
2-5	-
6-10	1
11-20	6
21-50	5
51-75	4
76-100	-
101-150	1
151-200	2
Over 200	1
Don't know/ not sure	7
Total	**32**

Source: George Street Research, 2011

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