### **Buchan Dial-a-Community Bus**



#### PE1424/A

# PUBLIC PETITIONS COMMITTEE CONSIDERATION OF PE1424 QUESTIONS ARISING FROM COMMITTEE MEETINGS

#### Buchan Dial-a-Community Bus-

 The petitioner has referred to Buchan Dial-a-Community Bus as an example of good practice in the provision of transport for older people in remote and rural areas. The Committee would be grateful for an outline of the approach taken and the service provided in Buchan.

Buchan Dial-a-Community Bus (DACB) is a growing social enterprise in North East Aberdeenshire, focussing on reducing social exclusion through the provision of high quality community transport delivery and support services. It is a community owned Company Limited by Guarantee and Scottish Charity which has been operating for over 16 years.

Originally DACB operated as a weekly service utilising a borrowed social work minibus, driven by off duty police officers.

Since 2000 we have evolved into a major transport provider in the Buchan area and currently run several services locally including door to door shopping service, patient transport, evening youth transport, library visits, community group use as well as shopmobility.

None of these services are commercially viable but all provide an essential link for elderly, disabled, rurally and socially isolated people in Buchan.

#### Service breakdown;

#### **Shopping service**;

The shopping bus runs mainly in the Central Buchan area and encompasses 10 small villages as well as isolated farms and cottages.

The clients of this service are mainly elderly and / or disabled and thanks to Aberdeenshire Council's Public Transport Unit, the shopping service is able to access concessionary fares which mean that approx 95% of our clients are not charged for the service. The remaining passengers are charged between £2 and £4 per trip.

The clients have access to a variety of walking aids and volunteer escorts should they need it and a volunteer escort goes with every trip to act as a helper to the driver and clients.







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#### **Community Use**

In order to access the community use service the group should be a local constituted community group, however, we also take bookings from individuals who need transport and do not have transport of their own.

There is a fixed charging system in place for this service based on the mileage used.

We have a list of MiDAS trained volunteer drivers which we send out to potential users when they first book with us, they then contact the driver and makes the arrangements directly with them. However, over the years many of our regular customers have had their own driver trained which makes everything much easier.

#### **APT (Patient Transport)**;

Customers can access this service in several ways;

Self referral; as they need us they call and book the bus.

Medical personnel; the local doctors' surgeries/ nurses/health visitors often ring us before they make the appointment with the client in order to be able to assure them that transport is available.

Social work and other agencies; we work closely with mental health groups / cardiac rehabilitation groups and social work to enable their customers to access their services. This can mean that we transport one person to an appointment, take a group of mental health clients for day trips, take an excluded school pupil to other educational options, or help a socially excluded person who cannot use public transport or the Dial-a-Bus shopping service because they cannot interact with people, do their shopping once a week.

Other voluntary groups; some of our clients are already working with other voluntary groups such as the local carers/befrienders association / NSF etc.

#### **Evening Transport**

In partnership with Community Education Mintlaw we provide transport for the local young people within the catchment area of Mintlaw academy.

#### <u>Library service</u>

One evening in every two weeks we provide a door to door service for people who may have problems accessing Mintlaw library. There is a small charge per trip and bookings are taken by Mintlaw library and given to the driver on the evening of the service.

We also provide transport for other agencies e.g.;

Day care.







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Primary schools use the bus to access swimming lessons in Peterhead.

A Social Work contract to take vulnerable young men to football in Ellon.

We recently had a contract with the NHS to provide Day care transport for people with Alzheimer's to a local "day" hospital. This service closed in December 2011 after the Day Care Unit was shut.

In August 2010 we began 3 services under Contract to Aberdeen City council providing transport for school children with assisted needs and vulnerable adults.

DAB Plus (our social enterprise) also runs three mainstream school transport contracts for Aberdeenshire Council.

 The Committee is especially interested in services for older people seeking transport to and from doctor's surgeries and hospital appointments. Do any issues arise in relation to family members or carers who would escort an elderly person to such appointments?

We have no issues with taking an escort with a client, should they require it or sometimes we can provide a volunteer escort should the client ask. Going to hospital or important appointments can be daunting for many elderly or more vulnerable clients and they often feel safer and more secure if they can take someone with them.

We have to make a charge for some transport but we only charge the client, not for the escort.

The petitioner's view is that provision of health transport is uncoordinated and fragmented. The
Committee would be grateful if you could outline what work DACB undertakes with other
health transport providers such as the Patient Transport Service of the Scottish Ambulance
Service and local health and care providers.

Due to funding cuts by the council DACB had to review and cancel the majority of our Patient Transport in April 2012. However, until then we worked closely with a variety of agencies such as Mental Health, Social Work, local health clinics and the Scottish Ambulance service.

Although we no longer carry any patients for the Ambulance service (they could only reimburse our costs at 40p per mile which was impossible to afford) we worked closely with them and tried to ensure a partnership approach to the transport which helped everybody. This work showed its worth earlier this year when a conversation between the two organisations solved the long term transport needs of a young child going to hospital.

We often carry clients going to local podiatry clinics and we know that they are now seeing issues with appointments etc because this transport is no longer available.







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#### Do you have any other comments on the issues raised in the petition?

The anecdotal evidence mentioned in the petition is correct. We have heard many "horror" stories about the issues with transport and vulnerable people. For instance;

We received a call this week from a local clinic who asked us if we had taken a client to them. Since we have had to withdraw the service this month, we had not.

When we asked what happened later on, it appeared that this client had learning difficulties and had been transported through a local DRT bus service and just dropped off where the driver thought they should go. The client then sat in the café for an hour, not being aware that they were in the wrong place or what to do about it. By the time the café manager realised there may be an issue and contacted the health provider, the patient was very late for her appointment, which added stress and confusion to a vulnerable person.

We stress that this is not the local bus operator's fault; they did what they are paid and trained for. This is specialist transport and had the client been transported by us they would have been escorted into the clinic by the driver and picked up at the clinic should they need to be; thereby ensuring that they were secure and safe.

Unfortunately it appears that the NHS do not share the Petitioners wish to work closely with others on improving the provision of transport for older people.

As said earlier in this submission DACB have had their funding cut by the local council due to funding issues generally. When our local MSP recently approached the NHS in the hope that they could provide the £7,800 needed to keep this service running, it appeared that there was little willingness to do so. The Chief Executive Richard Carey wrote;

"This matter has been considered within NHS Grampian and specifically by the Senior Management Team within Aberdeenshire Community Partnership. I can advise that the local management team does not consider that there will be a significant impact on Surgery attendances should the withdrawal of services to local healthcare facilities go ahead and therefore do not believe there are compelling grounds for offering support at the expense of other funding pressures. Similarly, the local independent GP practises are of the opinion that alternative transport options are available and do not believe that financial support to DACB is at this time justifiable from them."

DACB would contend that this is wrong and the information we are hearing from people locally; both health and care providers and patients/clients themselves, would back up our assertion that although 98-99% of people can get to their destination, those who cannot have just become even more isolated because of our funding cut. These are the clients that will "fall through the net" because no-one notices









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them. They are the small, silent majority who accept that they will be ignored and forgotten by the rest of the world.

The doctors/nurses/health professionals won't know that they're not there, because they accept a certain level of "no show" appointments. Therefore, they may be right in their attestations of "no significant impact" for their organisation; the impact may not be on the large healthy NHS, but there will definitely be severe implications on the elderly and vulnerable. And please remember that, as per the **Transport for Health and Social Care paper** reports; the number of this "silent minority" is growing year on year.

We understand that in today's society there is a real need to reduce funding and cut costs and that everyone is under pressure to do so. What we cannot reconcile is that the most vulnerable, but least noticeable in our society are those who seem to suffer the impact of these cuts most of all. At this point of squeezed budgets etc we should be thinking creatively and sensibly about how to make the most of the resources we have, rather than being protective and parochial in our outlook. Working together in partnership needs to mean more than it currently does and it certainly needs to be more even handed between the large statutory organisations and the smaller voluntary sector. Otherwise nothing will ever change.





