

# Community transport

## Key issues

**Beeline is a community transport provider covering North Warwickshire. This is not the leafy Warwickshire of Stratford and Warwick, but the northern ex-mining villages between Tamworth and Nuneaton and Coventry. We provide transport for non-urgent medical appointments, including GPs, clinics and dentists etc for local residents who have no access to a car or public transport. Patients pay our drivers a mileage rate to reimburse them for the costs they incur.**

We have a small infrastructure which provides the liaison between client and driver, organising the journeys and supporting the volunteers.

This is not covered by the mileage rate paid by clients and has traditionally been provided by local authorities and the NHS and, naturally, this is being significantly reduced. We are lucky enough to have some reserves which we can draw on but, obviously cannot do this indefinitely. We have always run on a shoestring and obviously don't expect there to be no change for us when everyone is under financial pressure.

However, we sometimes feel that funders forget that 98% of the people involved are volunteers and this does mean that they see things differently from paid staff. Our drivers are happy to drive and support patients (often waiting for long periods for return journeys) but are not happy to get involved in bureaucracy. Any increase in reporting requirements tends to result in a reduction in the number of drivers, reducing our capacity and hence the funding.

Funding paid in arrears can cause problems for us, particularly if it is for things like introducing new systems which has an up-front cost. We have no problem at all in being accountable for the public money we receive, but it would be nice if funders could agree on the data they want so that we don't have to

produce different formats for different agencies.

We can't increase our income by diversifying because the last thing we would want to do is undercut local taxi firms, so we stick to our strict criteria for accepting clients. For some of our customers there is no practical alternative to our services since, even if there are buses, they often go "all round the houses" so the return trip may take several hours and taxis are just too expensive. We operate in communities where neighbours and families do as much as they can but not everyone in a rural area has a car, and many patients are not fit to drive by the very nature of their condition anyway.

We do some fundraising and get donations from the local community but our volunteers are mainly involved in driving and our capacity for finding people to get engaged in fundraising is limited.

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