

Guidance for Community Transport: Using CT Services to make home delivery of food, goods and medicines during COVID-19 emergency.

Last updated: 23 March 2020

Introduction

As the situation around COVID-19, more commonly known as coronavirus, develops we want to make sure that our members can access the guidance they need to understand any actions or precautions they might need to take.

You can always find the most up to date guidance from CTA at cta.uk.org/covid19-guidance/ where you can also download it as a PDF.

In this document, you can find detailed guidance on using community transport services to make home deliveries of food, goods and medicines for those who have no other means of getting what they need, something that is especially important with the current measures around social-distancing and isolation. CTA has been working with John Taylor and John Atkins of the TAS Partnership to create this document.

As legislative provisions are introduced, and when any lockdown provisions are announced, we will update this guidance note – keep checking cta.uk.org/covid19-guidance/ for any updated guidance.

A key role of CT is to take its passengers to supermarkets and town centres to buy weekly provisions and other items. Guidance around the need for self-isolation and social distancing means that collective and even individual travel using CT services is not recommended for vulnerable passengers. Given that many CT passengers are in a higher risk category due to age and health factors, this is a critical issue. Continuing service delivery is therefore not recommended primarily because of the risks for passengers, but also because of the associated risks for staff and volunteers, and the CT's general duty of care.

Nevertheless, this group of passengers who are most at risk and therefore advised to stay at home, will also contain many without family or neighbour support networks. They are also unlikely to have been able to prepare as effectively for an extended period of isolation at home in terms of a stock of

groceries. CTs have a duty to provide continuing support to them in ways that are effective, but which minimise the risk of the virus being transferred.

An obvious direct way of continuing to support vulnerable persons in the community will be to provide a delivery service, using the existing CT resources (vehicles, membership, staff, volunteers, etc). So, in effect, the goods will be taken to the user, rather than vice versa. Many voluntary sector bodies such as Age UK, Red Cross, and RVS offer home shopping delivery services using volunteers' cars. CT can simply adopt this model.

Age UK (ageuk.org.uk/services/in-your-area/shopping/) offers a number of shopping services, two of most relevance here are:

- Ordering online shopping for those without internet capability using standard supermarket services – this is done by telephone liaison – at present these services are extremely overloaded.
- Volunteer to buy shopping at supermarket and then deliver it– charge to cover mileage. Shopping list is confirmed in advance on phone. At this point, this approach seems likely to be of most value.

Our suggestion, therefore, is that CTs simply replicate this approach.

Legal Issues

- For vehicles using section 19 and section 22 permits – a permit is only granted to an organisation to use a vehicle(s) to carry passengers for hire or reward. Consequently, it has no effect in respect of the carriage of goods. However, despite any charge made for the delivery in a Permit vehicle, there would be no requirement to obtain a Goods Vehicle Operator Licence because the key Act only applies to the operation of 'goods vehicles'. These are defined as motor vehicles "constructed or adapted for use for the carriage of goods", so unless you adapt your minibus in some way so as to facilitate the carriage of goods they are outside this legislation. Note that temporarily taking out removable seats would not count as adaptation because the maximum notified passenger capacity would remain unaltered; but unbolting fixed seats would in principle constitute a notifiable alteration and might be seen as an 'adaptation to carry goods'.
- Vehicles with a maximum GVW below 3.5t are outside Goods Vehicle Licensing in any case – this covers cars, MPVs and many small minibuses. There is thus no licensing issue for community cars carrying goods.
- Note that the use of a vehicle to carry goods will fall outside of BSOG and the mileage cannot therefore be claimed despite the beneficiaries.
- For all other purposes (e.g. annual testing taxation, etc.), the vehicles remain classed as PCVs; they do not become goods vehicles.
- There are no implications for driver licensing – assuming no more than 'at cost' charges are made, then this will be "non-commercial" driving for the purpose of licences and Driver CPCs.

- Volunteer car driver reimbursement remains subject to the usual income tax limits (45p per mile up to 10,000 miles, 25ppm thereafter) – these apply to all miles reimbursed, whether with passengers or with goods, and regardless of the organisation driven for i.e. the limit is personal to the volunteer, not to the organisation paying them.

In practice, the use of private cars (or fleet MPVs) / motorbikes (24ppm reimbursement limit) or even bicycles (20ppm reimbursement limit) in an urban area may be the best approach to start with. Minibuses are only likely to be cost effective if a large quantity of goods needs delivering or there are multiple drop-offs.

Insurance

This could technically be considered a change of use of your vehicles – consequently, we recommend speaking to your insurer and informing them of what is happening. Because there is a significantly lower risk when undertaking goods delivery than there is when carrying passengers, we do not think that this will present any great problem. However, insurers might consider that delivery drivers are increasing their or the organisation's risk, so ensure that they have considered Employers and Public Liability insurance.

Food & Other Items

Many supermarkets are restricting quantities (e.g. one item of a kind per person). If a volunteer is shopping for more than one person, special arrangements will need to be made with the supermarket involved. It may be better if supermarkets can pre-pack each order – a number (e.g. ASDA) already have 'click and collect' arrangements.

Food should be pre-packaged – many supermarkets are now wrapping all loose food with the exception of vegetables but wrapping may extend to those shortly.

Where chilled or frozen food is being carried and is being delivered straight from the supermarket to the recipient, vehicles should be equipped with freezer bags to maintain temperature. If the delivery is likely to involve an extended journey, then use a freezer box / portable refrigerator - these are available from camping equipment stores and run off 12V power sources – commonly a cigarette lighter socket.

Collecting shopping lists will initially take some time – there will be a need for phone calls and discussion of brand preferences, dietary needs, etc – shortages may need alternates to be bought. CTs should make clear to recipients that they cannot guarantee delivery but will do their best and will expect any purchases made on the recipient's instructions to be paid for.

Note that there are complex rules surrounding the commercial carriage of foodstuffs, covering temperature control, hygiene, separation of food types. The advice in this note is only applicable to the non-commercial and ad hoc delivery of groceries to vulnerable individuals for the duration of the Covid-19 emergency. Any CT considering grocery delivery on a longer-term or more extensive basis should take separate advice.

Pharmacy

The main issue here will be observing the protocols for collecting prescriptions on behalf of someone else:

1. If prescription is sent from GP to pharmacy directly, you can collect the medicine on behalf of your service user if that person has told the pharmacy that they are happy for you to do so.
2. If the GP surgery issues a paper prescription, this can be taken to any pharmacy or dispenser. You can collect a paper prescription from a GP surgery for a third party if that person has told the surgery they're happy for you to collect it. You will usually be asked to confirm the name and address of the person you're collecting the prescription for. The GP surgery is not legally required to check your identity, but some surgeries may ask for proof of identity to prevent the wrong prescription being given out. You can take a prescription to the pharmacy to collect someone else's medicine for them. The patient must complete part 1 of the prescription form (FP10) and the person collecting the medicine must complete parts 2 and 3 which includes identifying whether the recipient is exempt from prescription charges. So this will mean taking the prescription to the individual for them to complete it before going to the pharmacy.

In both cases above, a named person is required (ID could be checked), so it is essential that the driver is not changed at short notice. You can find more information at [nhs.uk/common-health-questions/caring-carers-and-long-term-conditions/can-i-pick-up-a-prescription-for-someone-else/](https://www.nhs.uk/common-health-questions/caring-carers-and-long-term-conditions/can-i-pick-up-a-prescription-for-someone-else/)

Many pharmacies already offer prescription delivery services (in some cases without a charge), so it would be worth checking how they are coping with demand during the emergency and potentially offering to voluntarily augment these existing prescription delivery systems.

Practical Points

As this situation develops, a lot of organisations and individuals are trying to help – many ad hoc street/neighbourhood support groups have already been set up - co-ordination becomes particularly important. You should liaise with your local authority (particularly adult social care / older people's services) as well as with other third sector groups through voluntary sector networks, so as to ensure that the service offer is co-ordinated and joined-up, and does not involve unnecessary duplication – this is really important to ensure that a consistently high standard of service, particularly hygiene arrangements, can be offered. This will give you new opportunities to network and work with and for other agencies.

Is there a requirement for your local food bank to introduce home deliveries to avoid breaches of social distancing requirements? Can you work with them to provide this?

Consider how you will contact members and publicise the service. You may need to take steps to ensure that you will be able to operate this service whilst working from home, e.g. by having the facility to divert calls to the core phone number to a sequential list of alternative numbers. Agree the periods when you can take bookings and ensure that you have the resources to stick to these.

Ensure that you can cover both telephone and email bookings. Call backs, support calls and deliveries can of course take place outside these core booking times.

You must consider whether any of your existing volunteer drivers fall into 'at risk' groups, in which case you should exclude them from this service. This may mean that you need to appeal for more volunteers. Whilst you can fast-track any training, volunteers will still need to be DBS checked. During the current emergency, you can speed this up by checking ID documents by video link – see [gov.uk/government/news/covid-19-changes-to-standard-and-enhanced-id-checking-guidelines](https://www.gov.uk/government/news/covid-19-changes-to-standard-and-enhanced-id-checking-guidelines).

We recommend that, given the nature of the service users, safeguarding training is included in your training package. As well as delivery drivers, volunteers to handle customer communications via telephone or email will also be important. The more volunteers that you have available, the more the contact with service users can extend into a social chat going beyond the immediate need for groceries. This is a worthwhile activity in itself to support service users' ability to maintain social distancing or self-isolation without actually feeling isolated.

Every vehicle should be equipped with hand sanitiser, disposable gloves, disposable tissues and a bag or container which used / potentially contaminated material can be dropped into for secure disposal later. Volunteer training should include hand-washing, use of hand-gel, disposal of contaminated material and how to take off disposable gloves without touching the outer surface. (Lots of training material and downloadable posters available from NHS websites).

Let your funders and/or service commissioners know about your change of activity.

Liaise with your local supermarkets / pharmacies so that they know about and can potentially publicise your service. You will also need to discuss with them whether you can get priority considerations, e.g. in timing slots / access, given the vulnerable nature of your users. You will also need to ensure that you can identify to the supermarket when one of your volunteers will be shopping for multiple service users so that they are not subject to limited item purchase restrictions. You may be able to obtain bulk supplies of plastic shopping bags albeit recognising that these need to be recharged to the service users.

Where the driver will be delivering to more than one household, you will need to set up a fool-proof system for ensuring that the correct groceries go into a marked bag for each different recipient in such a way that the driver should not be confused. If there is any concern, they should be able to check the order directly themselves or by contact with base.

Finally, you will need to consider the arrangements you can make for service users to pay for the service. Given the variety of ways that CTs charge, there won't be a single system, but obviously you will want to minimise or eliminate cash handling, potentially through web-based card payments or by after the event invoicing. Now may be the moment to implement the capacity to accept telephone or web-based card payments if you don't have this already. Your financial administration will need to be developed to cope with this new challenge.

Customers

It will be critical to understand the situation of each customer, and create categories e.g.:

- a) Socially Self-Isolated (social distancing) – but no symptoms
- b) Self-Isolated – some symptoms but non-conclusive (unconfirmed COVID-19)
- c) Self-Isolated - (person or someone else in household is confirmed COVID-19)
- d) Other serious illness or health issues (unrelated to COVID-19)

Delivery Protocols

These may vary according to the customer situation as above but it may be prudent to assume all are category c) above, which will require:

- Delivery of bags of shopping to door and no further – recipients should be invited to name the best drop off point – could be to back door or yard, for example. Crates or bags must not enter the property and be passed back. Shoppers will have to accept that carrier bags must be paid for and once shopping has been delivered, they cannot be returned or passed back to the driver.
- The driver should not touch the door or ring the bell with a naked hand – use a disposable tissue as a barrier.
- The driver should give themselves a separation bubble of at least two metres from the door.
- Drivers must not enter the property.
- Drivers should not accept any cash or other items from the service user.
- Unless drivers are on a tight schedule, they should be able to engage in brief conversation with the service user, in particular to ascertain their health and that of anyone else in the household, or any significant household problems exist (water leaks, etc.) which the service user is not able to deal with. These should be reported back to the CT base to respond to, potentially through signposting. The driver should not offer to deal with them directly, whether there and then, or later.
- The driver must wash their hands at the earliest opportunity or at least use the hand sanitiser on the vehicle.

We understand this is a time of real uncertainty for our members and, as your membership organisation, we'll be doing everything we can to make sure you have the guidance you need to make informed decisions on your activities going forward. As a reminder, you can access the latest guidance at ctauk.org/covid19-guidance/ as well as contact our advice team. To ensure that you speak to the right person the first time, we would ask that you contact us via email on advice@ctauk.org to receive a call back.