

## Supported Bus Consultation

# QUESTIONNAIRE



The council is reviewing all its services to achieve value-for-money and keep our expenditure within budget following the financial settlement announced by the Government for this council in December 2015. We have already saved £118m over the last six years, but there is a new £16m funding gap to fill. This has resulted in the council (similar to many other councils) considering making savings in the cost of subsidising buses. Our proposal will save about £0.6m per year.

The council has launched an eight week public consultation on public transport services it supports financially with a public subsidy. 59 bus services are affected and we are asking the public how the changes might affect them before making a decision.

We will do our best to ensure no community is left without a bus service, and we will continue to invest locally in transport provided by community groups for trips to hospital or shopping.

This questionnaire should be completed having regard to the list of bus services currently supported financially by the council and the council's proposals to withdraw those that we have ranked a lower priority.

Please refer to our 'Review of Bus Services' at [www.eastriding.gov.uk](http://www.eastriding.gov.uk) should you wish to find out more about the reasons for this consultation on transport needs and supported bus services.

**The feedback from this consultation will inform the council's decision.**

June 2016



# QUESTIONNAIRE

1 Are you a bus user?

- Yes  No

2 How often do you travel by bus?

- At least 5 days a week  2/3 times a week  Once a week  
 Once or twice a month  A few times a year  Never (go to question 5)

3 Which buses do you currently use? (please specify service numbers in the boxes below)

Service:  Service:  Service:   
Service:  Service:  Service:

For what purpose do you travel by bus? (please tick all that apply)

- Work  Education or training  Shopping  
 Health (doctors/hospital etc)  Visit family or friends  Recreation/leisure  
 Other (please give details)

4 Do you (please tick the relevant box)

- Hold a concessionary pass for free travel  Pay a fare

5 Do you have regular access to a car?

- Yes  No

6 Which option do you support to make a saving from the council's spending?

- Option 1 Withdraw all supported bus services. Saves £1.3m per year  
 Option 2 Withdraw low priority supported bus services. Saves £0.6m per year – Our Proposal  
 Option 3 Other saving (please specify)

7 Having looked at Our Proposal (Option 2) will this have an impact on you?

Most of the proposals have alternative travel options (please tick the relevant box)

- No impact  
 Some impact  
 Significant impact  
 Don't know

**8** If you answered 'some impact' or 'significant impact' to question 7 please tell us how this would affect personally.  
(please tick the relevant box)

- It would make me travel at a different time
- It would make me travel on a different day
- It would stop me using any public transport
- It would make me use a different means of transport (e.g. use community transport, cycle, taxi or travel by car)

Please add more information below, if needed

**9** Please use the box below to tell us any other views you may have on the proposals to change supported bus services in the East Riding and add any other general comments or suggestions you would like to make.

If your preferred option is Option 1 please tell us why you have chosen this option.

**10** What is your postcode?

# EQUALITY SECTION

**1** Are you?  
 Male  Female  Prefer not to say

**2** Do you consider yourself to have a disability?  
 Yes  No

If so, please indicate the type of disability or illness you have. You do not need to be registered disabled. You may tick more than one.

- Physical impairment such as difficulty moving your arms or mobility issues  
 Wheelchair user  
 Sensory impairment such as being blind or having a visual impairment  
 Sensory impairment such as being deaf or having a hearing impairment  
 Mental health condition such as depression, dementia or schizophrenia  
 Long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy  
 Learning disability or difficulty such as Down's syndrome or dyslexia or cognitive impairment such as autistic spectrum disorder  
 Prefer not to say  
 Other (please state)

**3** Please indicate your age group:  
 Under 12  12-17 years  18-24 years  25-34 years  35-44 years  
 45-54 years  55-64 years  65-74 years  75-84 years  85 or older  
 Prefer not to say

**4** Please indicate which ethnic group you consider you belong to:

#### White

- English / Welsh / Scottish / Northern Irish / British  Gypsy / Irish Traveller  
 Other white background (please state)

#### Black / African / Caribbean / Black British

- African  Caribbean  
 Other black / African / Caribbean background (please state)

#### Other ethnic group

- Arab  Other ethnic group (please state)

#### Asian / Asian British

- Indian  Pakistani  Bangladeshi  Chinese  
 Other Asian background (please state)

#### Mixed / multiple ethnic groups

- White and black Caribbean  White and black African  White and Asian  
 Other mixed / multiple ethnic background (please state)

*Thank you for taking the time to fill in this questionnaire*

Please place your completed questionnaire in an envelope and mark it **Freepost PASSENGER SERVICES UNIT** to return (please do not write anything else on the envelope)