

Back to Health Pathway

Final evaluation

Brent Carers Centre, CVS Brent and London

North West University Healthcare

April 2025

Executive summary

The programme

The Brent Back to Health project saw partners working at a community level with patients in areas of high deprivation, aiming for patients to ‘wait well’ as they were on the lists for treatment or diagnosis. An initial target specialty was identified and volunteers made calls to patients to remind them of their upcoming appointment and had protocols in place to provide support to patients where they raised issues, including flagging patients for appointment cancellation or rescheduling to the hospital. By the end of the pilot year, delivery had scaled to four additional specialties.

Evaluation approach

Using its established *Insight & Impact* evaluation service, Helpforce follows a consistent methodology to determine the impact of volunteering roles on health and wellbeing outcomes. Target outcomes are identified across a range of beneficiaries representing the people and organisations involved, and then the necessary data is collected to prove and evidence the outcomes. This evaluation consisted of:

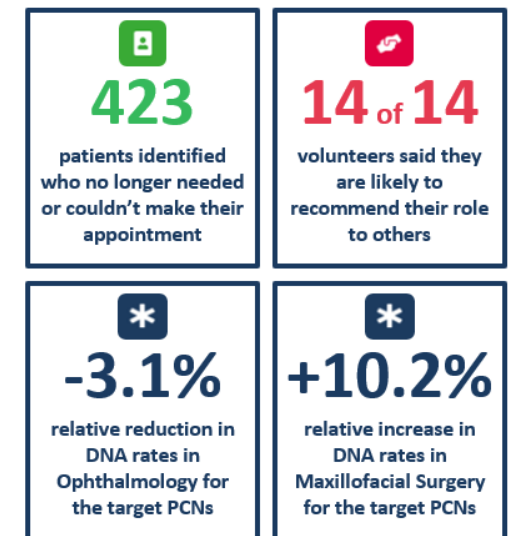
- A call tracker used to record the outcomes and actions of all volunteer calls made;
- An online survey of volunteers to understand their experience and satisfaction with the role; and
- Analysis of data on ‘Did Not Attend’ (DNA) rates provided by London North West University Healthcare.

Conclusions & recommendations

Whilst high volumes of calls were undertaken and volunteers appear satisfied with their roles, the impact on DNA rates is unclear. Analysis of the DNA data has been challenging and leads to lower confidence in the organisational impact results, however, alignment of the trends seen for the target PCNs with the non-target PCNs implies that the project has not had a clear impact. This therefore warrants further investigation, for example quality control of volunteer calls and follow up actions taken by the hospital and understanding of the wider context in each specialty. Consideration could also be given to the type of model used to operate this waiting well calls programme.

Key findings

- A volunteering service operating at scale, successfully contacting more than 4k patients in a year and growing from supporting one specialty to five.
- High levels of volunteer satisfaction and agreement that their role had a positive impact on themselves and others.
- Identification of 423 patients who couldn’t make their appointment – 79 because it was no longer needed and 344 who needed it but could not attend at the planned time.
- However, this did not lead to clear impact on Do Not Attend (DNA) rates. There was a modest decrease in DNA rates for Ophthalmology for targeted patients, but this was in line with trends seen for non-targeted patients. An increase in DNA rates was seen for Maxillofacial and Oral Surgery.



A selection of key evidence points from this evaluation.

Project context and background

The scale of missed appointments

- Missed appointments lead to delays in diagnosis and treatment, negatively impacting patient outcomes as well as NHS efficiency and performance.
- Of the 103 million NHS outpatient appointments booked in 2021/22, 7.6% were missed (a 'Did Not Attend' or 'DNA'*), equating to an average of 650,000 appointment slots wasted each month.¹
- The Brent Back to Health Pathway pilot aimed to harness the capacity of local volunteers to reduce missed appointments and the waste, inefficiencies and health inequality that come with it.
- Through supportive appointment reminder calls, the project aimed to support a reduction in health inequalities. Often the patients most in need will be the patients least likely to attend appointments due to reasons such as cost or lack of transport, information not being provided in their first language, cultural needs or work and childcare issues.
- For individuals with chronic conditions, these missed appointments can lead to worsening symptoms, disease progression, and, ultimately, more intensive and costly treatments later on.

Service development

- Local stakeholders were engaged to support the development of the service between November 2023 and April 2024.
- Representation at steering group meetings included:
 - CVS Brent
 - Brent Carers Centre
 - London North West University Hospital
 - K&W Healthcare Ltd
 - North West London ICB
 - Helpforce
- These stakeholder meetings enabled collaboration to develop the service blueprint, escalation pathways, the call script and the volunteering training.

*Please note that the term DNA is used throughout this report, selected due to it being common terminology within the Trust. This can be used interchangeably with language such as 'missed appointment'.

¹ [NHS England \(2023\). NHS drive to reduce 'no shows' to help tackle long waits for care](#)

Service overview

- The Brent Back to Health project saw partners working at a community level with patients in areas of high deprivation, aiming for patients to ‘wait well’ as they were on the lists for treatment or diagnosis.
 - London North West University Hospitals were the clinical partner, providing patient lists to facilitate the volunteer calls
 - North West London ICB were the funders of the pilot.
 - Helpforce provided support from a Project Manager and evaluated the project.
- Initially CVS Brent was identified as the voluntary sector lead partner for the project responsible for recruiting and managing volunteers and delivering the service on a day-to-day basis. During the service development, the day-to-day management of the service and volunteers was discussed further. CVS Brent are the local infrastructure body and as such do not provide support services to the local population or recruit their own volunteers. After discussions, Brent Carers Centre were identified as a local partner who could recruit volunteers and manage the day-to-day service, with the calls being made to patients and with liaison with the Trust. Brent Carers Centre allocated a member of staff to the project as the coordinator – they were in regular contact with the Trust and involved in service development.
- The project initially focussed on K&W West PCN - a population of approximately 180,000 patients and an area of deprivation and high health inequity. Using a data driven approach, the focus of the project was on Ophthalmology appointments, where it was identified that there was a high DNA rate along with a large volume of appointments. As the project progresses, and a greater volume of calls were able to be made the calls were extended to patients within Harness South PCN – a population of 85,000 patients.
- Patients received a telephone call from a volunteer who follows a pre-approved script, enabling them to remind them about their appointment and have a supportive conversation. This aided the volunteer’s understanding of how the patient had been managing while waiting for their appointment and any difficulties they may have had with accessing their appointment. Protocols were put in place to ensure volunteers could signpost patients if they identified clinical concerns or any wider needs. Volunteers were able to support individuals to cancel or rearrange their appointment by flagging this as an action for the hospital to undertake.
- The project aimed to reduce DNA rates in the target population (Ophthalmology appointments in K&W West and Harness South PCNs). Additionally, as more volunteers were recruited and trained calls were also made to patients with upcoming appointments with Maxillo-Facial and Oral Surgery, Cardiology, Diabetic Medicine and Endocrinology.
- As of March 2025, there were 17 volunteers actively contributing to the project.

Project successes

As the first project of this type in Brent there were many things which were identified and developed for the first time. This has generated a number of successes and learnings which can be taken forward onto other projects.

Scale

Brent Carers Centre have been able to successfully recruit volunteers throughout the project which has enabled the project to scale and in March 2025 saw the volunteers consistently call over 350 patients each week.

SOP

A standard operating procedure has been developed (and continually updated) to reflect the processes that are followed to ensure an effective service.

Data sharing

Development of a data sharing agreement has enabled patient call lists to be shared with Brent Carers Centre for calls to be made. This can often be a huge challenge between the voluntary sector and hospitals, and something successfully achieved by partners on this project.

Data driven

Access to local data has enabled focus of the calls to be on those who may be most likely to DNA or who live in the most deprived communities.

Reviewing hospital data ensures that the volunteer calls are directed at the most appropriate specialties – where there is a reasonable volume of appointments and a DNA rate which the hospital has identified could be improved.

Relationship development between VCSE and Trust

Working together on this project has developed local relationships and understanding of how different organisations operate.

Adaptable

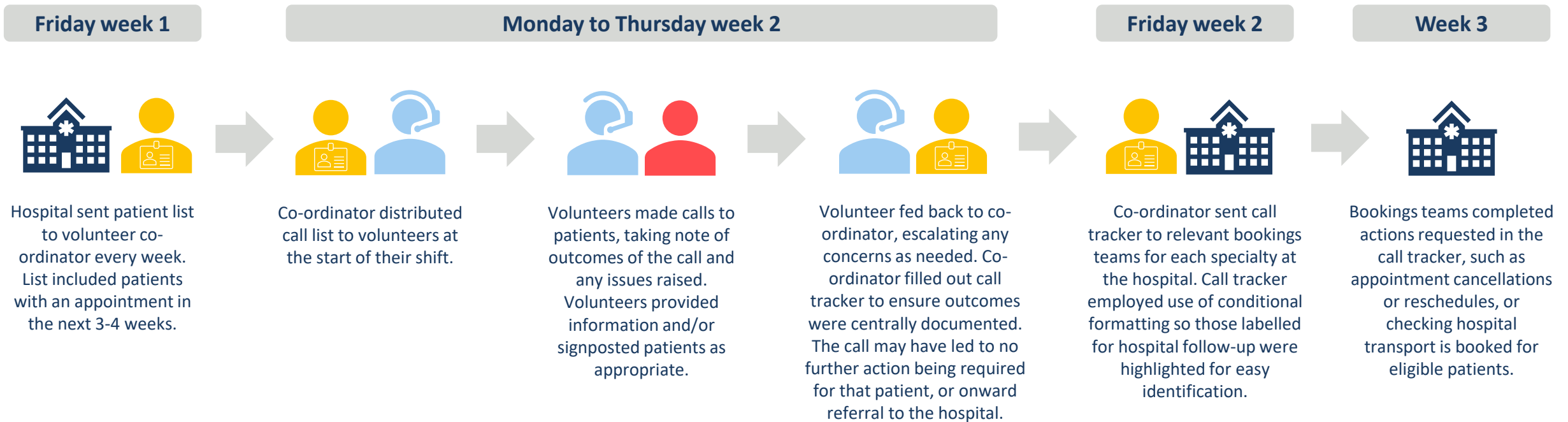
The model can be tweaked and adapted to local needs and depending on specialties being targeted. Over the course of this project the call scripts have been adapted for additional specialties and to focus on the appointment reminder aspect of the call.

Problem solving

Fortnightly stakeholder meetings have enabled a problem-solving approach, ensuring challenges have been troubleshooted together.

Service overview

The diagram below shows the typical procedure used for the service. Timelines may be shorter in some cases, for example if all calls for one specialty are completed earlier in the week, that specialty's call tracker may be sent back to the hospital sooner so bookings teams can take earlier action.



Evaluation approach: Outcomes

Helpforce's approach to evaluating...

Using its established [*Insight & Impact*](#) evaluation service, Helpforce follows a consistent methodology to determine the impact of volunteering roles on health and wellbeing outcomes. Target outcomes are identified across a range of beneficiaries representing the people and organisations involved, and then the necessary data is collected to prove and evidence the outcomes.

The target outcomes for this project were:



Patients

Improved understanding of how to
access further information and support

Best prepared for their appointments,
removing barriers to / increasing
confidence in accessing care

More informed about their care



Organisation

Reduced DNAs amongst patients with
upcoming appointments



Volunteer

Improved confidence and sense of
purpose

Develop new skills that support their
personal & professional development

Confidence that time spent
volunteering is of benefit to patients
and the organisation

Satisfied with and happy in their role

Evaluation approach: Methodology

The evaluation employed three different data collection methods to gather evidence and feedback:



A **call tracker**, filled out by the volunteer co-ordinator with information provided by the volunteers about the calls they had made. This monitored whether patients took part in the call and, if so, any actions taken as a result. It was filled out for the duration of the evaluation period, from April 2024 to February 2025. An update was made to the tracker in November 2024 to more accurately reflect the actions that should be taken by volunteers if certain questions or issues arise.



An **online volunteer survey**, asking questions about the impact volunteers felt the role has had on them and others, and their satisfaction with their experience. This was conducted in April 2025.



Analysis of **data provided by London North West University Healthcare**, completed in April 2025, on DNA rates within the target and non-target groups, to understand the organisational benefits of the project.

Throughout the report, data findings are linked back to the beneficiary using icons at the top right-hand side of the screen. Evidence strength is also rated using icons. These icons are as follows...





Insight: Call volumes and success

6,738

patients volunteers attempted to contact



4,312

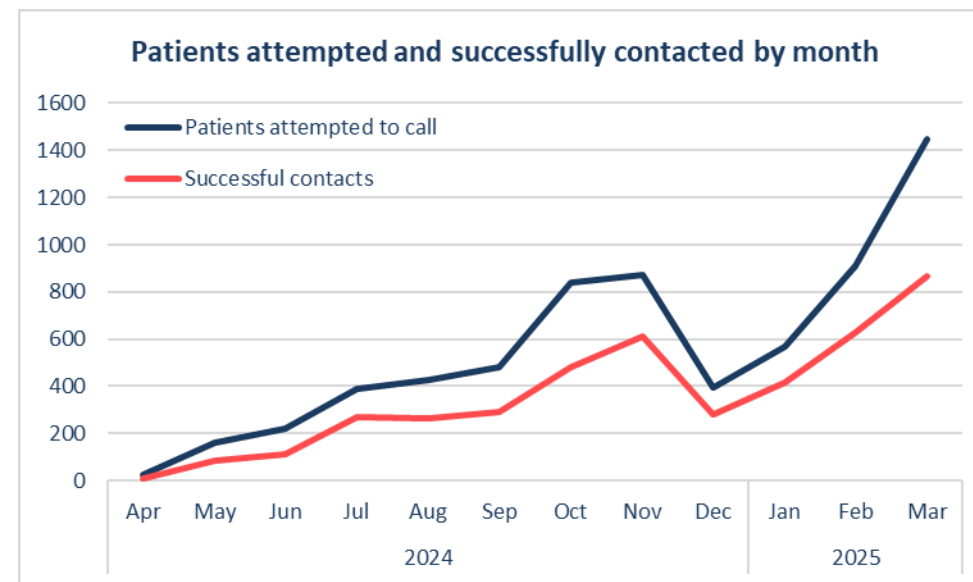
patients who answered and consented to call



64%

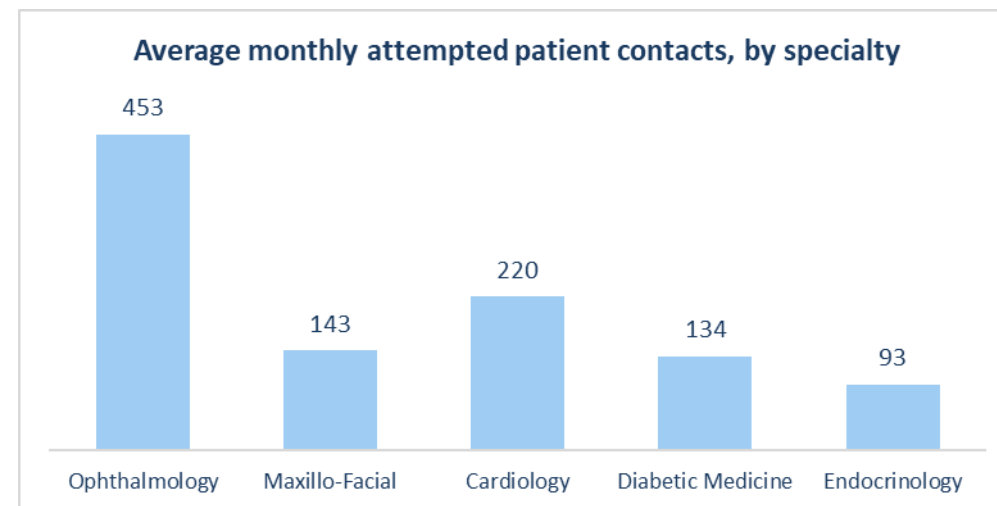
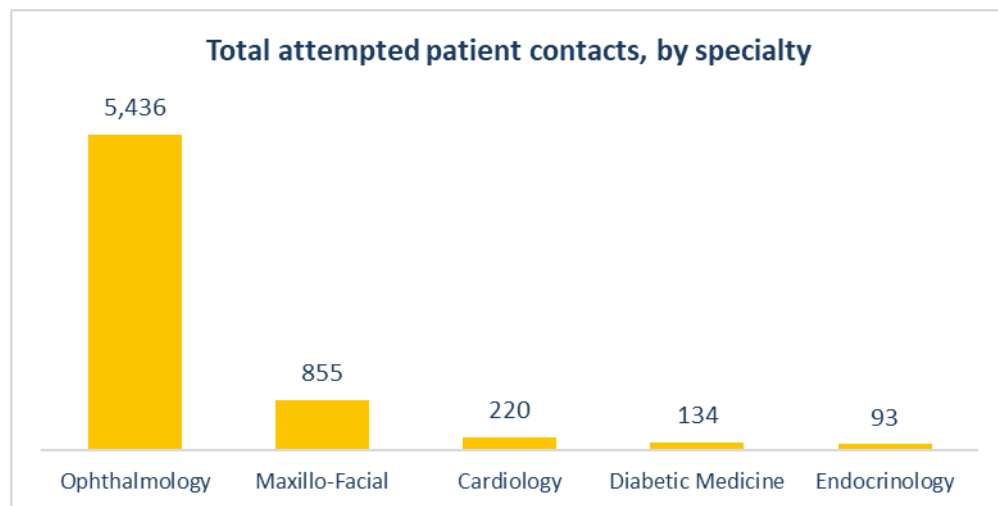
call success rate

- Between late April 2024 and March 2025, volunteers attempted to contact 6,738 patients across 11,179 calls (patients who cannot be contacted on first attempt were tried again where capacity allowed). Overall, volunteers managed to engage with just under two thirds of those patients.
- Call volumes steadily increased over the first eight months of the project, with a notable uptick in October when calls began to take place for Maxillofacial surgery as well as Ophthalmology.
- A dip was seen in December and January as volunteers were not active for part of each month due to the festive period. However, volumes in February were back to being comparable with before this anomaly.
- A peak was reached in March of 1,450 attempted and 869 successful patient contacts. This was in line with the introduction of three new specialties: Cardiology, Diabetic Medicine and Endocrinology.
- The volunteer co-ordinator reported regularly that the volunteers had been able to try to call all patients listed for that week at least once, showing that the volunteer supply could meet the demand.





Insight: Split by specialty

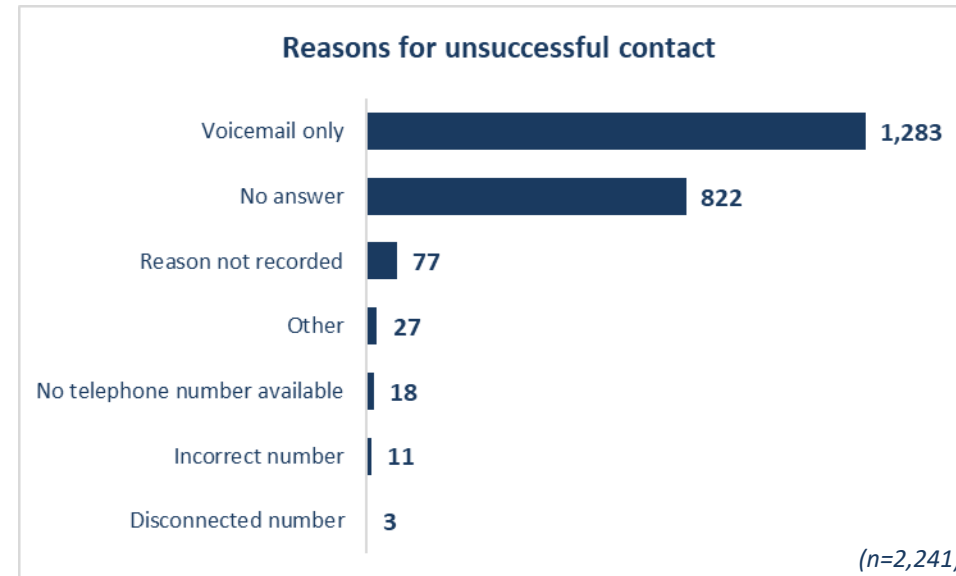



- Given that Ophthalmology was the first and only specialty calls were made on behalf of for the first six months, it is somewhat unsurprising that the vast majority of attempted patient contacts (5,436 of 6,738) were within that specialty.
- However, Ophthalmology has also had the largest average number of patients listed for a call each month, which has also contributed to this large total. The specialties introduced later tend to have less than half of the patients listed for a call compared to Ophthalmology.
- Please note, data is only available for one month for Cardiology, Diabetic Medicine and Endocrinology, so it is unclear whether this will be a continuing trend. However, subsequent specialties were selected and prioritised not only based on their DNA rates but also on the volunteers' ability to meet the call volumes required, so this is likely to be the case.



Insight: Call insights

- The main reason for not being able to contact patients was due to calls going straight to voicemail. Protocol was put in place for volunteers to be able to leave a voicemail message after multiple unsuccessful contacts, if the patient identified themselves on their inbox message. However, it appears this was not able to be used very frequently, with only 32 patients recorded as the volunteer having left a message.
- Where capacity allowed, repeat call attempts were made to patients that couldn't be contacted initially; this was the case for 2,980 patients. 37% of these patients were able to be successfully contacted on a follow-up attempt, demonstrating some value in these additional calls.

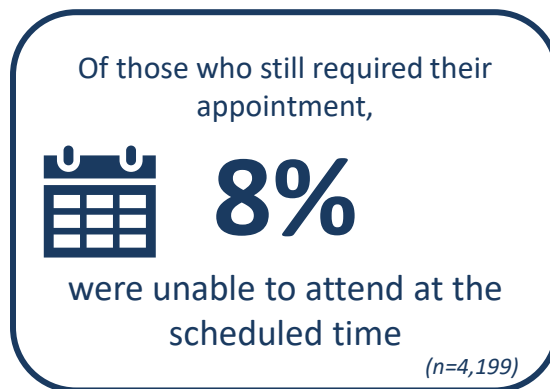
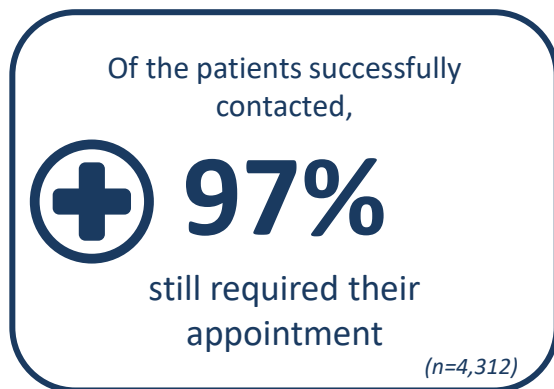



Less than 1%
of patients who
answered the call
declined to continue
(n=4,370)

- Positively, very few patients declined continuing with the call after they had answered and the volunteer had introduced themselves: only 21 did not consent to continuing, equating to less than 1% of patients who answered.
- 89% of successful calls lasted for less than 5 minutes, with most of the remainder (8%) lasting 5-9 minutes. These mostly quick calls will have helped to facilitate the high volume of patients that were able to be contacted through this project.



Insight: Identification of issues



- The majority of patients who volunteers spoke to still needed their appointment and were able to attend at the scheduled time.
- However, volunteers identified 423 patients for whom this was not the case, of which 79 said they didn't need the appointment and 344 said they did need it but could not attend. Without the volunteer intervention, this may have resulted in these appointments being wasted or patients being recorded as DNAs.
- If a patient gave a reason for not being able to attend, this was recorded by the volunteer. Usable information was recorded for 105 of the 344 who could not attend.
- The most common reason for being unable to attend was being on holiday / out of the country or having conflicting work or study commitments. This was followed by the patient having another appointment scheduled for the same time and currently being unwell or in recovery from a procedure.
- While not formally recorded, it should be noted that there was anecdotal feedback from volunteers that a number of Maxillofacial Surgery patients were unaware of the treatment they had been referred for and that they were receiving a volunteer call about.

Insight: Actions taken



- Volunteers took action on most calls, most commonly (95%) providing or reminding the patient of their appointment details.
- Outside of listing the patient for follow up by the hospital, only a small handful of patients had other actions taken such as signposting due to clinical concerns or wider needs being identified, signposting to PALS, or clarifying advice from Ophthalmology on not driving / having someone accompany them.
- 17% of those successfully contacted were listed for follow up by the hospital. This could be for a range of reasons such as cancelling or rearranging appointments, asking the hospital to check transport had been booked for eligible patients, or requesting letters / text message reminders be sent to the patient. There were also some calls where the patient had a different date / time for the appointment than the volunteer's call list stated, therefore hospital clarification was required.

NB: The base size for volunteer actions is smaller than for other measures reported to be based on successfully contacted patients. This is because volunteer actions were not gathered between January and March for Maxillofacial Surgery, due to amends being unexpectedly made to that specialty's tracker to remove the fields that enabled volunteer actions to be recorded.

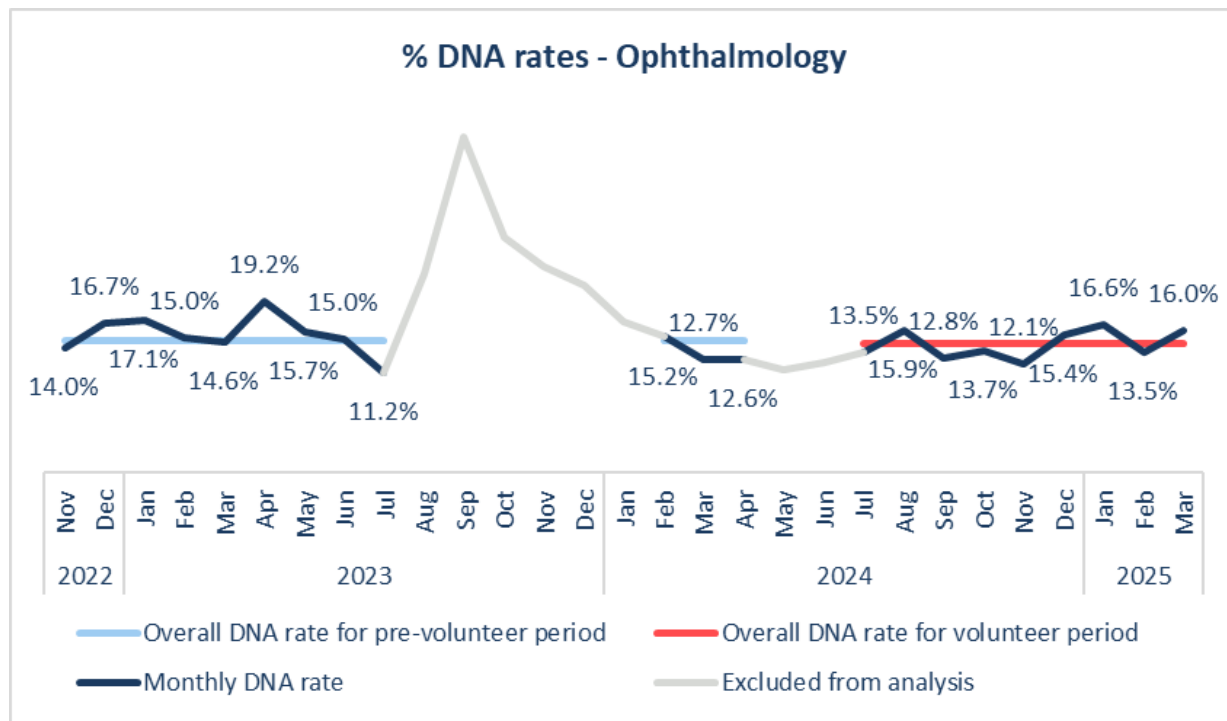
Organisational impact: DNA rate analysis - explainer

- It has not been possible to perform completely clean analysis to look at impact of the project on DNA rates. This is because:
 - A new system to record DNAs and attendances was implemented in August 2023 and appeared to cause an unusual inflation in DNA rates across the Surgery division for six months (August 2023 to January 2024), so these months have had to be excluded from the analysis.
 - For Ophthalmology, until July 2024 the list of patients to call had not been filtered down to just the target PCNs, so volunteers were calling patients from across all PCNs. Therefore, May and June 2024 have been excluded from the analysis as they do not fall into either category of months with no calls or months with targeted calls. April has been included in the pre-call comparison group however, due to such a low number of patients being contacted in that month (11 successful calls) and any calls being made that month likely relating to appointments actually taking place in May.
- For Ophthalmology, the approach taken has been to compare the period of correctly targeted calls being made (July 2024 to March 2025) to the 12 months with usable data prior to large volumes of calls being made (November 2022 to July 2023 and February to April 2024).
- A similar approach has been taken for Maxillofacial & Oral Surgery, comparing the five full months of live service in that specialty (November 2024 to March 2025) to the 12 months with usable data prior to that period (May to July 2023 and February to October 2024).
- The analysis looks at change in DNA rates for:
 - Each specialty in the target PCNs;
 - Each specialty in all PCNs other than the target ones.

This enables us to understand impact on the target group but also the wider context, to judge whether any trends seen are in line with or opposed to trends seen elsewhere.

- It has not been possible to undertake analysis on Cardiology, Diabetic Medicine or Endocrinology DNA rates due to the short period calls have been live in those specialties.
- Data on the Surgery division as a whole has only been used to help determine which months to exclude from the analysis from the system change, as described above.

Organisational impact: Ophthalmology DNA rates



14.8%

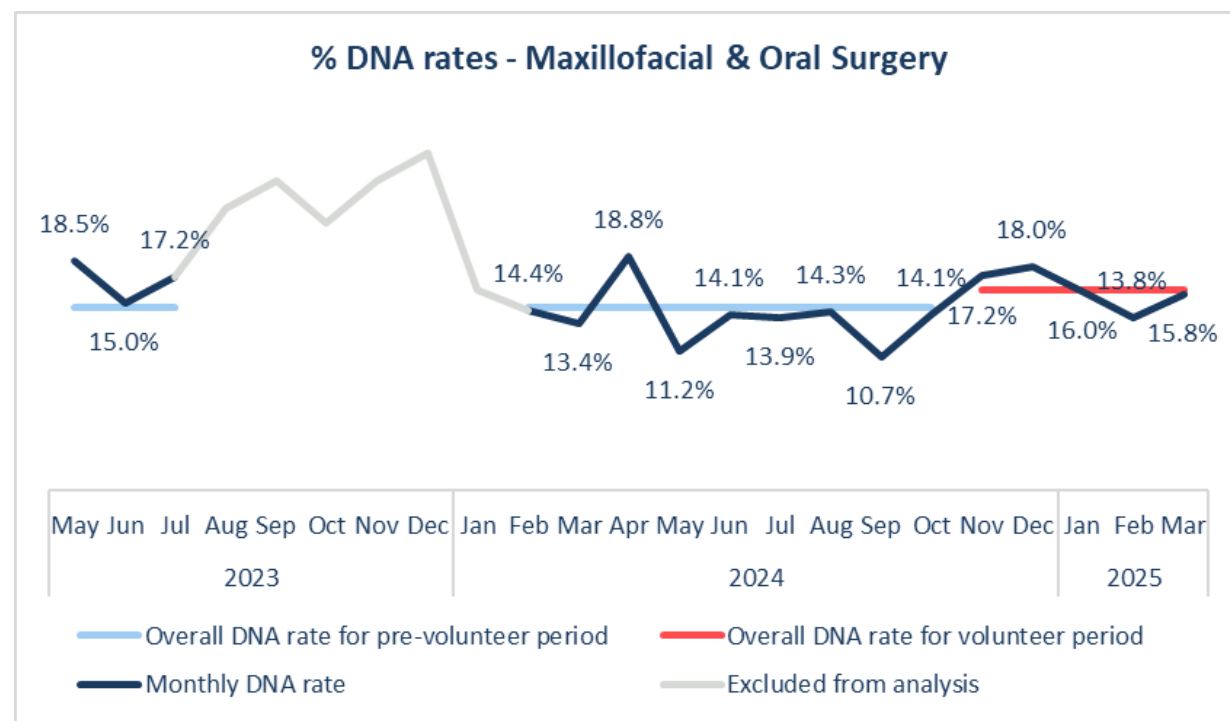
DNA rate in the 12 months with usable data prior to volunteer calls starting in earnest (Nov '22 to Jul '23, Feb to Apr '24)

14.4%

DNA rate during the period of correctly targeted volunteer calls (Jul '24 to Mar '25)

- The DNA rate in Ophthalmology for K&W West and Harness South PCN patients has decreased from 14.8% in the comparison period, to 14.4% since targeted calls have been made.
- This represents a 0.5% absolute reduction and 3.1% relative reduction in the overall DNA rate. This is a modest decrease and one which is in line with Ophthalmology for other PCNs over the same period.
- It should be noted that the monthly average number of appointments in Ophthalmology increased from the period prior to volunteer calls to the calls period, which may be further impacting on clear analysis of the DNA data. However, this trend was seen both in the target PCNs and other PCNs.

Organisational impact: Maxillofacial Surgery DNA rates



14.6%

DNA rate in the 12 months with usable data prior to volunteer calls starting (May to Jul '23, Feb to Oct '24)

16.1%

DNA rate during the period of correctly targeted volunteer calls (Nov '24 to Mar '25)

- The DNA rate in Maxillofacial & Oral Surgery for K&W West and Harness South PCN patients has increased from 14.6% in the comparison period, to 16.1% since targeted calls have been made.
- This represents a 1.5% absolute increase and 10.2% relative increase in the overall DNA rate.
- The DNA rate increased in the specialty for other PCNs over the same period, so other wider factors may be at play to explain this increase.
- It should be noted that as the calls have only been live in Maxillofacial & Oral Surgery for five months, analysis could only be completed over a shorter period compared to Ophthalmology. A longer period of analysis would be preferable to better understand impact of the calls and take into account potential seasonality.

Impact: Benefits perceived by volunteers

Through the online survey, volunteers were asked about the impact they feel the role has had on themselves and others, and their perception of the support they received. Overall, feedback from volunteers was very positive.



Impact on themselves

14 of 14 agreed that their volunteering has **increased their confidence**

13 of 14 agreed that their volunteering gives them a **sense of purpose**

13 of 14 agreed that their volunteering has allowed them to **develop new skills**

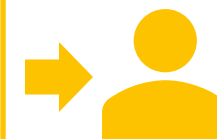


Training & support

13 of 14 agreed that they received enough **support from staff members**

13 of 14 agreed that were provided with all the **equipment they needed**

12 of 14 agreed that they received **enough training** to perform their role



Impact on others

14 of 14 agreed that their volunteering has had a **positive impact for patients**

13 of 14 agreed that their volunteering has had a **positive impact for the organisation**

NB: 'Agree' calculated by summing together responses from individuals who stated they 'strongly agree' or 'agree'. One individual said they strongly disagreed with all statements about training and support, and another strongly disagreed with the statement around their volunteering having a positive impact for the organisation. They gave no further context in open text questions and gave no other negative responses in the survey. All remaining responses were 'Neither agree or disagree' or 'I don't know'.

Impact: Volunteer satisfaction



13 of 14 volunteers were **satisfied or very satisfied** with their experience



7 were **very satisfied**



13 of 14 volunteers had their **expectations met or exceeded**



4 had them **exceeded**



14 of 14 volunteers said they were **likely to recommend the role** to someone looking for a volunteering opportunity

"It helps me to contribute to my community and also the patients."

Volunteer

"I developed confidence to my communication skills and gained knowledge for my IT Skills."

Volunteer

"I feel that my role it helps people to keep their appointments and it gives them the opportunity to change their appointments if it is not suitable for them. The patients are often grateful."

Volunteer

"It has given me the confidence of being in a work setting after not having worked for a while. I like having contact and helping people. It gives me a good feeling."

Volunteer

NB: One individual said they were very unsatisfied with their experience, and another responded 'I don't know' to what extent their expectations had been met. They gave no further context in open text questions and gave positive responses to the remaining two questions shown on this page.

Conclusions

- Partners have been able to set up and run a volunteer service operating at scale, with a dedicated team of 17 volunteers making **sizeable volumes of calls** each week. More than 11k calls have been made and over 4k patients successfully contacted across 12 months. The scalability of the service has been shown through **an increase from one specialty to five by the end of the pilot year**.
- A great deal has been achieved in developing the **processes and systems required for a joint project between the hospital and a VCSE organisation**, including setting up of Standard Operating Procedures and data sharing agreements from scratch. Engagement of both parties through regular meetings has also facilitated troubleshooting and joint problem solving.
- Volunteers were able to **identify 423 patients who couldn't make their appointment** – 79 because it was no longer needed and 344 who needed it but could not attend at the planned time.
- **Feedback from volunteers has been very positive**, with all (14 of 14) saying they would be likely to recommend the role to someone looking for a volunteering opportunity. All also agreed that their volunteering had increased their confidence and that their role was having a positive impact on patients. High levels of agreement were also seen for other measures around impact on themselves, the support received and satisfaction with their role.
- A **modest reduction in DNA rate was seen for Ophthalmology in the target PCNs** during the time the calls were made (14.8% to 14.4%), however this reduction was **in line with what was seen for other PCNs in the specialty**.
- An **increase in DNA rate was seen for Maxillofacial and Oral Surgery in the target PCNs**. Again, an increase was also seen in the DNA rate for the specialty in other PCNs. This analysis took place over a shorter amount of time than for Ophthalmology, due to calls only starting for this specialty seven months into the project.
- It should be noted that analysis of the DNA data has been challenging and leads to **lower confidence in the organisational impact results**. It is unclear to what extent the analysis is fully representative of the impact of the project. However, **alignment of the trends seen for the target PCNs with the non-target PCNs** (which have been analysed consistently) implies that the project has not had a clear impact.

Recommendations

- The lack of clear impact seen on DNA rates **warrants further investigation**. This may include:
 - **Quality control of the volunteer calls** to ensure they are being made consistently and accurate advice is being provide.
 - **Quality control of follow up actions completed by the hospital**, to ensure information in the call tracker is clear enough to facilitate this and that the actions are being followed consistently and comprehensively.
 - **Understanding of the wider context** of what may be happening in each specialty which may be affecting DNA rates outside of this project.
- Consideration could also be given to the **chosen model for this waiting well project**. Other models include:
 - A community organisation making **more in-depth, holistic calls** to identify needs, with a **dedicated, clinical point of contact** at the hospital.
 - Using a team of **hospital-based volunteers** to make calls, led by an in-house **contact centre co-ordinator who has direct contact with relevant colleagues** in each specialty to escalate issues or actions to.
 - Using **hospital-based volunteers** to make calls, with the **volunteer sitting directly with the team in the specialty** they are making calls to, so they can escalate issues or actions in the moment.