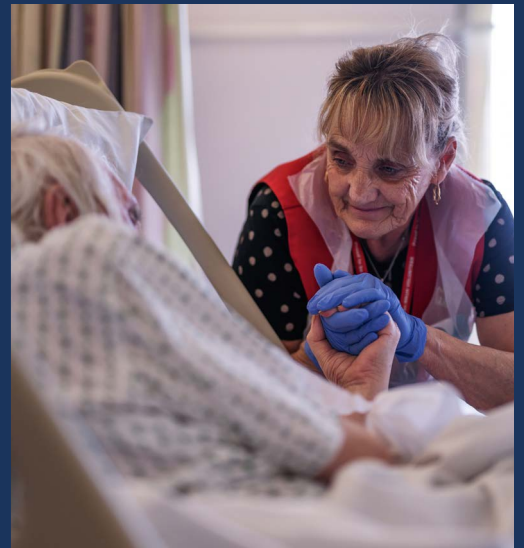

Unlocking the power of volunteering to support our NHS:

*Volunteers and the voluntary sector
supporting patients and staff
in hospital and at home*



helpforce



About Helpforce

Helpforce is a national charity focused on high impact volunteering in health and care. With NHS, care and community partners, it has built unrivalled experience and evidence of the contribution volunteering makes to the wellbeing of patients, staff and volunteers themselves.

Thank you to our partners

In this report, we're pleased to have been able to highlight some of the work we've developed and evaluated with our partners.

Thank you to our funders

Helpforce is very grateful to the many funders who support our work as a charity.

To find out more about our partners and funders, visit our website:

www.helpforce.community

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Foreword

Helpforce was founded on Sir Thomas Hughes-Hallett's conviction that volunteers could play a huge role in addressing the challenges faced by our NHS, improving patient care and staff wellbeing. I am proud to have been a co-founder of Helpforce and helped bring his vision to life.

Lord Darzi's recent report diagnosed a crisis in our NHS. The voluntary sector can play a significant role in working with this new government to get the NHS back on its feet.

Helpforce and its partners have demonstrated that intelligently designed volunteer services can have a positive and measurable impact on health and care services.

In this report, Helpforce calls for the contribution of volunteering to be recognised in the NHS 10-year plan. We call on NHS leaders and local authorities to commit to a step-change in integrating volunteering into health and care.

Volunteers can help bring about the changes we need to see in our NHS: bringing care closer to home, getting people off long waiting lists, driving productivity in hospitals, and re-engaging staff. Above all, volunteers help to empower patients.

I commend this report to you and hope it creates momentum for us to scale and spread the power of volunteering.



*Dr Anna Dixon MBE MP
Helpforce Chair*



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Executive summary

Helpforce is a national charity which exists to accelerate the impact of volunteering in health and care.

Drawing on our experience working with partners across the NHS, care and the voluntary sector, Helpforce has built up expertise and evidence of what works. We bring specialist knowledge and tools to our partnerships, working together to establish and evaluate the volunteering services that meet their challenges.

This report focuses on how volunteering and the voluntary sector can address the challenges faced today across the NHS, as set out by Lord Darzi in his recent independent review. Volunteers can make a meaningful contribution to help shift **care closer to home, help people get off waiting lists and back to work and to support staff and patients in hospital.** Helpforce's Insight and Impact evaluation service and other research have demonstrated the impact of volunteers on NHS operational and strategic objectives at scale.

With the NHS facing significant systemic challenges, we must now harness the capacity and capability of the 6.5 million volunteers based in our communities. This report sets out our call to action for:

- NHS leaders to proactively engage with the voluntary and community sector on their biggest challenges.
- Voluntary and community sector leaders to measure the impact of their work to better evidence its value to the NHS.
- DHSC and NHS England to recognise the importance of volunteering in the NHS 10-year plan.

87%

of hospital staff agree volunteers improve the quality of service they can provide

The percentage of people saying they were confident managing their own health rose to

76%

from 59% when they had support from a local community service

People leave hospital up to

3 hours earlier

if volunteers bring their medication to their home

For further evidence of the impact of volunteering and information about our work, please visit our website: www.helpforce.community

Introduction

Volunteering is often overlooked and seen as a ‘nice to have’.

This is a strategic error.

As this report demonstrates, volunteers and the voluntary and community sector hold a wealth of untapped potential to contribute to the operational and strategic objectives of the NHS.

Lord Darzi’s recent review of the NHS¹ in England heralded a stark call to action, laying bare the very real challenges in the system today. These challenges are serious and systemic and Lord Darzi is right to call for “a collective endeavour” to turn the NHS around. That collective endeavour must include the contribution of volunteers: to harness the potential not only of the 50,000 volunteers in NHS trusts², but unlock the capacity and capability of the 6.5 million volunteers based in our communities.³

This report sets out the evidence for how volunteers can tackle some of the most endemic problems in the NHS identified in Lord Darzi’s report. Whether it’s shifting care closer to home, helping people to get off waiting lists and back to work, or supporting patients and staff, the evidence from Helpforce’s Insight and Impact service and other organisations is clear, and these results can and have been demonstrated at scale.

87%

of hospital staff agree volunteers improve the quality of service they can provide⁴

The percentage of people saying they were confident managing their own health rose to

76%

from 59% when they had support from a local community service⁵

People leave hospital up to

3 hours earlier

if volunteers bring their medication to their home⁶



1. The Rt Hon. Professor the Lord Darzi of Denham OM KBE FRS FMedSci HonFREng, *Independent investigation into the National Health Service in England* (September 2024)
2. NHSE, volunteer survey (2024, unpublished as of November 2024)
3. Charity Commission, *Charities in England and Wales*, (11 November 2024)
4. Helpforce data aggregated from across evaluations
5. Helpforce, *Cornwall Community Hubs Evaluation (2023)*
6. RVS, *Barnsley Hospital data - from Pick Up and Deliver, based on TTOs, January to April 2024*

In January 2022 NHS England set up the NHS Volunteering Taskforce,⁷ co-chaired by Sir Tom Hughes-Hallett, Helpforce’s founder, and Dame Ruth May, then Chief Nursing Officer for England. The aim of this work was “to stimulate transformational change in volunteering”. Some individual recommendations⁶ are being taken forward (see right) but the system has not yet delivered against the Taskforce’s ambition to “turbo-charge” volunteering.

Helpforce’s mission is to deliver this step-change in impactful volunteering nationwide, as we have done with health and care partners across the country. Our call to action is for:

NHS leaders to proactively engage with the voluntary and community sector on their biggest challenges:

- Support the development of the voluntary and community sector infrastructure to enhance its capacity to engage with the NHS.
- Learn from existing effective models, foster meaningful partnerships between the NHS, local authorities and the voluntary and community sector to create strong networks of health and care support within local communities.
- Involve the voluntary and community sector in the design and delivery of support to people before and after their hospital stays.
- Provide consistent and long-term funding to allow the voluntary and community sector to plan and deliver their services more effectively.

Voluntary and community sector leaders to measure the impact of their work to better evidence its value to the NHS:

- Measure the impact of their work by outcomes for people, not by volume of activity or time spent. This will enable the sector to better demonstrate its value and underpin future investment in the sector.

DHSC and NHS England to recognise the importance of volunteering in the NHS 10-year plan.

As the NHS enters a new chapter in its history, the contribution of volunteering must be a valued part of the answer. This report sets out how.

7. NHSE, NHS Volunteering Taskforce – report and recommendations (June 2023)
8. RVS, Data from annual surveys: Volunteers March n= 6302; Patients June/July 2024, n=687; Referrers Oct, n=345)
9. RVS, Barnsley Hospital data – from Pick Up and Deliver, based on TTOs (January to April 2024)

Some welcome national initiatives

Volunteering for Health

Volunteering for Health is a £10m programme that is being delivered through a partnership between NHS England, NHS Charities Together, and CW+ (a charity working with Chelsea and Westminster NHS Foundation Trust). From 2024, it has grant funded 15 projects led by Integrated Care Systems (ICSs), aiming to speed up change by helping to break down barriers to volunteering, test new volunteering infrastructure models, and develop guidance and best practice for all systems. It aims to influence the policy environment and increase our understanding of the impact of volunteers and volunteering across the NHS.

NHS Volunteering website

One of the Taskforce recommendations was that NHS England should invest “in a recruitment portal as a national point of contact for all health and care volunteering opportunities”.

NHS England has now created a website, volunteering.england.nhs.uk/volunteer allowing people to find and apply for health-related volunteering opportunities in their area.

This single ‘front door’ to volunteering across healthcare makes it easier for people to learn about volunteering, give their time and enjoy the benefits volunteering provides. It’s free and easy to use, built with digital accessibility in mind and shaped by extensive user research.

The website is available to NHS and voluntary and community organisations recruiting volunteers, helping to build awareness of volunteering’s role in both sectors.

NHS and Care Volunteer Responders (NHSCVR)

NHSCVR is a unique partnership between a charity (Royal Voluntary Service), a public service (NHSE) and a tech company (GoodSAM). It can match, via an app in real-time, requests for support from staff or patients with members of the public that can lend a hand. The programme can speed up patient discharge, provide practical support to patients at home and deliver equipment for virtual wards. It is a safety net – which can support mass mobilisation of volunteers – in times of high demand on the system.

In the past four years the programme has delivered over 2.6 million activities supporting the NHS, supported over 221,000 individuals, and over 1 million members of the public responded. Some key impacts:⁸

- Each volunteer contributes 71 minutes of activity per month.
- 52% of volunteers have capacity to do more, if needed.
- 29% of volunteers credit NHSCVR with interest in or getting a job in the NHS.
- 40% of patients agreed they visited their GP less often; 35% attended A&E less frequently.
- Patients are discharged three hours earlier - by removing the need to wait for medication.⁹

Improving integration between the NHS and the voluntary sector: Helpforce ICS Back to Health programme

Thanks to generous funding from The National Lottery Community Fund, Helpforce is developing major volunteering projects with Integrated Care Boards (ICBs) and a provider collaborative: Cornwall and Isles of Scilly ICB, the Foundation Group, Norfolk and Waveney ICB, North East and North Cumbria ICB, North West London ICB, Sussex ICB.

Working in each Integrated Care System (ICS) around a particular place, over the next three years the programme will demonstrate how support from volunteers can improve people’s health and care. Key to achieving this will be identifying how to improve the integration of the voluntary and community sector with their NHS partners.

Helpforce will be sharing lessons learned throughout the programme on its website.

Care closer to home

“ ”

*“Too many people end up in hospital,
because too little
is spent in the community” **

It makes sense for patients, and their carers, to be supported where possible in their own community. Volunteers are not only drawn from local communities, they **are** the community. Our work with partners demonstrates the valuable role community-based voluntary services play in meeting people’s needs without resorting to already overstretched NHS services, such as primary care.

In Cornwall, Helpforce has evaluated a community hub model (see case study on page 9). It is a place-based model with a network of over 51 diverse ‘hubs’ run by the voluntary sector that act as a point of support for communities. As well as signposting to local community services, the hubs assess people’s needs and help them access timely support, making it more likely they can stay at home rather than resorting to hospital care. If the Cornwall hubs did not exist, **50% of people** said they would have approached a healthcare provider for support.

In this example, the partnership between the voluntary sector and the NHS is a core part of the ICB’s strategic direction. The sectors are equal partners with two voluntary sector representatives on the ICB board and senior NHS representation on voluntary sector boards.

Equally important is the presence of a convening umbrella body in the voluntary sector, to navigate existing voluntary services and unlock the potential of a broader network of community support for the NHS. In Cornwall this is provided by a strong collaboration of key voluntary sector organisations.

The success of the model, demonstrated by the Helpforce evaluation, has resulted in Cornwall and Isles of Scilly ICB providing £700,000 funding per year for three years to the Community Gateway and hub network, shifting funding and care from hospitals into the community.



CASE STUDY:

A strong network of community support in Cornwall

The Community Gateway and community hubs are a key element of work in Cornwall to keep people’s preventive healthcare and treatment close to home. Between May 2023 and June 2024, Cornwall and Isles of Scilly ICB reported that people used the hubs almost 225,000 times.

The Community Gateway: is a phone-based service run by Age UK Cornwall from 8am to 8pm, seven days a week. Volunteers and voluntary sector professionals start with a conversation about ‘what matters to you’, aiming to direct people to the right support, including place-based support with a community hub at the centre of this.

Community hubs: have existed in Cornwall for some years and, more recently, Volunteer Cornwall has been working with voluntary sector partners to build the Community Hub Network. Each hub is unique in its make-up, reflecting its community. Hubs support users to navigate community services that can support their financial, physical and mental health and wellbeing.

The services include stroke support, frailty and falls prevention, cancer and pain cafes, peer support, and bereavement support. They work with one another across the network and have strong links to their local Primary Care Networks.

“If I had not come here when I did, I would not have gone to rehab and not be at the point where I might be able to get my son back. This has taken five years of coaching commitment to support my journey.” Hub user

Evaluation results¹⁰

- Of **11,604** user interactions between November 2022 and March 2023, the most common reason for using hubs was for emotional health and wellbeing support (77%), and physical health (37%).
- If the hubs did not exist, **50%** of users said they would have approached a healthcare provider for support.
- Users feeling confident they could manage their own health increased from 59% to **76%**.

“ ”

“...more than a million admissions or readmissions to hospital per year [are] from conditions that should not normally require hospital treatment”



Helpforce is working with our partners to create call centre services helping people after they leave hospitals – checking they’re coping and helping to reduce avoidable readmissions, as in North Tyneside (see case study right and the Kingston example on page 11).

CASE STUDY:

North Tyneside discharge support

Helpforce is in the early stages of helping partners in North Tyneside set up a new service to support people discharged home from hospital who are not deemed to need health or social service support – so called ‘pathway 0 (zero)’. People on this pathway may still need extra help, and the service aims to increase people’s confidence to cope at home, refer people to community support services, and reduce avoidable readmissions to hospital.

The ‘Settle at Home’ service is being co-ordinated on the community side by North Tyneside VODA, a well-established voluntary sector organisation with multiple existing links to the health service. People are visited at home immediately after discharge to check, for instance, for fall risks, that the heating is working or if they need any shopping. They might be referred at that point to VODA’s network of support services, such as ‘good neighbour’. They then get a follow up call after 30 days.

With funding from the Better Care Fund, the project has established data sharing protocols – a key element of working between health and voluntary sector partners – and started operating in November 2024, aiming to spread the service across North East and North Cumbria ICS if it proves successful.

Volunteers from a local area and services like the Cornwall hubs can act as community champions; a bridge between people and health and care services, signposting people to services, communicating health messages or running outreach sessions. A truly representative group of volunteers can provide an invaluable trusted person in marginalised communities, helping to tackle the worrying inequalities identified by Lord Darzi. Relatively low-level interventions, such as group activities and companionship can be preventive, helping build health and people’s confidence in managing their own health and wellbeing.

“ ”

“On any given day, over 2,000 people aged over 65 are admitted to hospital in an emergency for a condition that could have been treated earlier in the community or prevented altogether (such as a fall)”

CASE STUDY:

Bradford Well Together

Bradford Well together is a long-standing community service run by Bradford District Care NHS Foundation Trust. It aims to connect local people to activities that enhance their health and wellbeing and reduce social isolation. Volunteers deliver activities like crafting, creative writing, mindfulness, peer support and walking groups.

Helpforce worked with Well Together to help its services recover after the pandemic, looking at improving referral pathways, operational issues such as volunteer recruitment and establishing an evaluation framework.

Evaluation results¹¹

- **90%** of people using the Well Together service said they were fairly or completely confident managing their physical health after participating in groups, compared to 35% before.
- **89%** of said they were fairly or completely confident managing their mental health after participating in groups, compared to 31% before.

CASE STUDY:

Falls prevention at Kingston Hospital NHS Foundation Trust

As part of a long-standing partnership with Kingston Hospital NHS Foundation Trust, Helpforce’s Insight and Impact team have set up evaluation frameworks to explore the impact of the Trust’s three Volunteering Community and Outreach Services. These provide community exercise, community rehabilitation and discharge support.

The services aim to reduce the deconditioning that can take place after a stay in hospital and so reduce the risk of falling, increase social connectivity, and improve quality of life.

Evaluation results

Helpforce found the Volunteering Community and Outreach services:

- **Improve patients’ physical outcomes:¹²** Community rehabilitation volunteers maintained or improved strength, mobility and balance, by demonstrating and helping with physiotherapy-prescribed exercises in a group or one-to-one in the patient’s home. Patients’ fear of falling decreased and their confidence to cope at home and functional health measures, such as sit-to-stand, increased.
- **Increase community connectivity:** Support from volunteers helped 54% of people who had never previously engaged with any local groups or services to do so.¹³
- **Reduce risk of readmission:** There was emerging evidence¹⁴ that the readmission rate of patients who received volunteer support through the discharge service was considerably lower (9%) compared to the control group (25%).

11. Helpforce, *Helpforce help Bradford Well Together to scale and evaluate their impact on the local community* (September 2022)
12. Helpforce, *Community Rehabilitation Volunteers Evaluation Report, Kingston Hospitals NHS Foundation Trust* (July 2024)
13. Helpforce, *Discharge Support Volunteers Evaluation Report, Kingston Hospital NHS Foundation Trust* (August 2024)
14. These results are promising but should be treated with caution because of the difference in numbers in the intervention group (n=79) and control group (n=1008). Also, the control group readmission rate is based on hospital data records, whereas the readmissions for patients who were supported by a volunteer is based on self-reported readmissions.

“ ”

“The NHS is not contributing to national prosperity as it could”

People getting off waiting lists and back to work

Lord Darzi points out that there is a virtuous circle from supporting people to get back to health and back to work. Not only is it better for individuals' wellbeing; having more people in work grows the economy and generates higher tax receipts to fund public services. At the start of 2024, 2.8 million people were economically inactive due to long-term sickness. According to Lord Darzi's review, more than half of the current waiting lists for inpatient treatment are working age adults. Targeting the efforts of volunteers and the voluntary sector on services proven to increase the efficiency and effectiveness of hospital activity can help reduce waiting lists, speed up treatment and help get people back home and back to work.

“ ”

“Long waits have become normalised across the NHS and public satisfaction has declined as a result”

CASE STUDY:

A pathway of volunteering services at George Eliot Hospital

George Eliot Hospital NHS Trust set up the Back to Health Pathway across Warwickshire North place by combining new and existing services in hospital and in the community, with volunteers working alongside staff to support patients at all stages of their treatment and recovery journey. Among other key characteristics of the Pathway, a Back to Health Nurse builds clinical relationships across the hospital, and maximises the value of the volunteer data insights to improve patient experience. And Community Engagement Officers work directly with the community and with voluntary organisations to identify and help develop the right support services pre- and post-discharge. Volunteering is now firmly embedded in the strategic planning and operations at the Trust.

Helpforce evaluation results¹⁵

The Trust achieved impact at scale by investing in infrastructure and integrating volunteering into their business as usual processes:

- 40,100 patients were supported.
- Volunteers contributed 111 working weeks of productivity gains, with response volunteers completing 1,225 tasks, including making 315 deliveries to patients' homes.
- 2,181 calls made to patients waiting for appointments.
- 3540 calls were made to discharged patients. In one 6-month period, 9% of 582 patients contacted were referred on to services in the community.

The Pathway is continuing to develop, with a team of trained volunteers calling over 5,500 patients per month and using AI to target calls to people most at risk of missing their appointments (see page 14).

As Lord Darzi sets out, waiting times have significantly increased over the past 15 years and reversing this will take time. The impact of sustained long waiting lists can be moderated by helping people to 'wait well'.

Helpforce has worked with partners offering successful community-based prehabilitation or 'shape up for surgery' services. Research¹⁶ suggests the fitter, stronger and healthier patients are going into surgery, the lower the risk of complications (such as infections and blood clots), the more successful the operation, and recovery, are likely to be. This reduces the length of stay after the operation.¹⁷

These kind of interventions can potentially get people back to work more quickly and decrease the need for ongoing support from formal NHS services.

Call centres: Volunteers bridging the gap between the NHS and community

Call centres can help pre- and post- treatment, providing a supportive interface for patients between the NHS and the community. Based and run from within the NHS (see George Eliot NHS Trust example left) or the community (Hillingdon on pages 14 and 15), the call centres Helpforce and its partners have set up share these characteristics:

- Trained volunteers make the calls.
- Volunteers use clinically designed call scripts.
- Volunteers have the capacity and information to refer people to relevant community support.
- The call centres provide feedback to the NHS. Depending on the call centre's purpose, this could be about the issues affecting people's health and wellbeing, how well the NHS is communicating with them, or how easy it is to access NHS systems (see examples in Hillingdon case study).

15. Helpforce, Back to Health Pathway Final Report George Eliot Hospital NHS Trust (2024)
16. Clegg et al. Frailty in elderly people. Lancet. 2013; 381 (9869): 752-762
17. Hughes, M. J., Hackney, R. J., Lamb, P. J., Wigmore, S. J., & Harrison, E. M. (2021). Prehabilitation before major abdominal surgery: A systematic review and meta-analysis. BMJ Open, 11(9)

Another way to help people ‘wait well’ and make sure they get their diagnosis or into treatment as quickly as possible, is ensuring they can attend their appointment. As well as their impact on patients, missed appointments waste staff time and equipment use, and absorb extra administrative time to manage missed and rescheduled appointments.

Helpforce has extensive experience of supporting partners to set up effective call centres, where volunteers contact people on waiting lists to remind them of their appointment and remove any barriers to attendance (see box on page 13).

For instance, at George Eliot Hospital NHS Trust in Warwickshire (see case study on page 13), after an initial pilot, volunteer calls have resulted in a 6.7% reduction in the DNA (did not attend) rate (a fall in the rate of missed appointments from 8.7% of all appointments before calls were made, to 8.1% after they were).¹⁸ The volunteers are now being trained to undertake more complex calls, including assessments

for referrals to other hospital-based services such as a clinical frailty care pathway or signposting people to other community-based services.

The impact of this service is now being further boosted by the use of an AI tool allowing volunteers to target calls across 12 specialist clinics. This has resulted in a further 12% reduction in the DNA rate (8.1% to 7.1%).¹⁹ The software uses anonymised data to identify the factors that put people most at risk of missing appointments. This generates call lists for volunteers, targeted on people who are more likely not to be able to attend their appointment. Often, these are more vulnerable or marginalised people, and helping them attend their appointment alleviates one contributor to health inequity. The system also enables booking teams to cancel and reschedule appointments based on outcomes of the volunteer calls, and ensures they can find other patients to fill freed up slots.

CASE STUDY:

Checking in on people waiting for ophthalmology appointments in Hillingdon

Helpforce is supporting Hillingdon Hospitals NHS Foundation Trust and H4All (the local arm of voluntary sector organisation, 3ST, Third Sector Together) to establish and evaluate a community-based call centre, helping people to ‘wait well’.

The project focuses on a Primary Care Network (PCN) area with high levels of deprivation and health inequity. The initial focus is on ophthalmology appointments, where there was a high level of missed appointments, with potentially significant consequences if people don’t get the right treatment at the right time.

The volunteers make the call, following a pre-approved script to help them have a supportive conversation.

The aim is to understand how the person has been managing while waiting and any difficulties they have with accessing their appointment. The volunteers then take any necessary actions, such as providing guidance about the appointment, reassuring patients, and identifying any necessary referrals to community services. Volunteers can help people access their appointments by arranging transport, an interpreter or asking the clinical lead to contact the patient.

Strong links with the hospital

An ophthalmology clinical lead has been seconded to the project for two days a week and is the single point of contact from the Trust. They were instrumental in sharing the project with colleagues and designing the volunteer call scripts. Since the project went live, they have been available to deal with any calls that unearth clinical issues.

Evaluation results²⁰

22% relative reduction in the level of missed ophthalmology appointments for patients living in the target area (from 12.8% to 10%).

“ ”

“Instead of putting their time and talents into achieving better outcomes, clinicians’ efforts are wasted on solving process problems”

Use of volunteers in hospital can increase productivity of NHS staff and improve patient flow through the hospital. The active responder volunteer role uses trained volunteers to undertake tasks across a hospital site depending on need, including pharmacy, pathology and sample runs, and providing discharge support. Evaluation has found that volunteer action has saved staff time. For example, collecting medicines from the pharmacy for

patients to take home yielded 29 minutes of time per collection and sped up the patient discharge process by an average of 44 minutes per patient. At George Eliot Hospital responder volunteers provided the equivalent of 111 working weeks of productivity gains across one year. This frees up clinical and nursing staff to spend more time achieving better outcomes for patients, rather than being bogged down by time-consuming administrative tasks.

There is emerging evidence of a positive impact on health inequalities with a 38% reduction among patients in the most deprived part of the target area (from 17.9% of all appointments to 11.1%).²¹

A feedback loop

The project is gathering information to build understanding of the reasons for the level of missed appointments. These are examples taken from volunteers’ reports:

“Patient tried to cancel her appointment over the phone many times, but was unable to get through. She eventually had to go to the hospital in person to rearrange it.”

“Patient previously had a procedure, and was told by the surgeon not to start using drops until after his follow up appointment. The follow up was rescheduled, and he is now unsure if he has been without drops for too long. Additionally, on the letter, it said not to stop using drops before the appointment.”

“Patient was booked for an eye injection and review, however she was not able to have treatment as she had no one to be with her afterwards.”



18. Based on analysis by Deep Medical who developed the AI tool
19. Analysis by Deep Medical. Between May and September 2024 they reported 3,828 targeted calls made, 47% successfully. 199 patients converted from possibly missing an appointment to attending, 428 additional appointment slots uncovered.
20. Helpforce, *Back to Health interim findings, Hillingdon and H4All* (July 2024)

21. As indicated by the indices of multiple deprivation 2019. These findings will be verified in Helpforce’s published full evaluation in 2025

Supporting staff and patients

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“Every day, more than a million NHS staff start their shifts ready to do their best for their patients. All too often, they end their shift frustrated and exhausted”

The NHS is nothing without its staff. Lord Darzi’s report vividly describes staff feeling disempowered, overwhelmed and frustrated by the system getting in the way rather than enabling them to care for their patients. Volunteers can help. Helpforce evaluation demonstrates volunteers make staff feel less stressed²² and 87%²³ say it improves the service they can offer to patients.

Helpforce has supported trusts to establish and evaluate dining companion and theatre support roles. The volunteer has the time to dedicate to supporting the patient, freeing up staff to undertake the clinical or medical aspects of their role, safe in the knowledge that the patient has the help they need. As well as relieving the load on staff, this has a material impact on patients with 18% more patients supported by a dining companion reporting they had enough to drink when they received volunteer support, and 95% said the volunteer cheered them up. Using the

evidence from the Helpforce evaluation of this service in Salford, the care organisation secured funding for a co-ordinator post and to roll out the volunteer service across other hospitals.²⁴

A hand-holding volunteer role has been pioneered at Moorfields Eye Hospital. Some of the tests and procedures carried out at Moorfields can feel invasive and challenging for patients. The volunteer ‘hand holder’ role has been shown to reduce levels of anxiety and stress for 95% of patients who are undergoing a procedure. 82% of patients who had volunteer support rated their experience of being shown care and compassion as excellent, compared to 70% of those who did not. As well as being a significant support to patients, Helpforce evaluations have also identified there was a reduction in the number of cases requiring sedation, in turn reducing the amount of time spent on a ward post-procedure, saving staff time and enabling them to care for more people.²⁵

“ ”

“Pressure and stress are at high levels which contributes to poor morale. This leads to burnout, absenteeism, high turnover, and the loss of trained staff”

In partnership with 55 healthcare organisations, Helpforce has rolled out a Volunteer to Career (VtC) programme supporting more than 500 people to explore and embark on careers in health and care. Potential NHS employees (volunteers) are given the chance to ‘try before they buy’ through a carefully structured and supported programme which retains the flexibility of volunteering. This has widened

participation and attracted a diverse group of people, often more reflective of the local community than other approaches to growing the workforce. To date 72% of volunteers who completed the VtC pathway have secured employment or further education or gone into training.

As well as the positive results for volunteers:²⁶

- 84% of staff said volunteers on the programme reduced pressure on them and allowed them to deliver better care.
- Staff working alongside VtC volunteers had a more positive view of their organisation, with the proportion saying they’d recommend their organisation as a place to work increasing by 13 percentage points over the course of the project - from 73% before the project started to 86% at its conclusion.
- The project led to volunteers being more appreciated by and included in organisations, with scores for ‘volunteering environment and culture’ increasing by an average of 14 percentage points (from 76% to 90%). And the proportion of staff who agreed volunteers were ‘embedded as a key part of their team’ increasing by 17 percentage points from 56% to 73%.





CASE STUDY:

Volunteers signing up to train as midwives: Shrewsbury and Telford Hospitals NHS Trust

Shrewsbury and Telford was one of the projects in an NHS England funded programme, designed to explore the potential of the Volunteer to Career approach in 28 health and care organisations.

They now have 29 volunteers who went through the VtC programme signed up to complete a midwifery degree.

“Volunteers are incredibly important to our hospitals and it is a delight when their support can be used to carve out a life-long career within the NHS. What makes the Volunteer to Career (VtC) programme so special is the additional support and guidance it offers to our volunteers. The programme offers placements to gain experience, and training sessions with clinical leads to develop their skills and knowledge.”

Nigel Lee, Executive Director of Strategy and Partnership, Shrewsbury and Telford Hospital NHS Trust.

CASE STUDY:

Evolving volunteer services in ambulance trusts

According to the Association of Ambulance Chief Executives (AACE) there are an estimated 10,000 Community First Responders (CFRs) in UK ambulance trusts, where volunteers are sent out on less serious calls, while remaining in contact with a paramedic.

A Helpforce evaluation of the ‘low acuity’ CFR role, piloted by North West Ambulance Service, found that in over 77% of cases the volunteer was able to provide suitable support and an ambulance was no longer required.²⁷

Volunteers joining the service

East of England Ambulance Service NHS Trust (EEAST) was one of the 28 projects in the NHS England funded programme. They developed a Volunteer to Career pathway to allow their CFRs to learn more about and apply for paid roles within the service.

- 10 volunteers completed 1,148 volunteering hours between May 2023 and April 2024.
- 4 of 8 volunteers who completed the pathway secured employment.
- 28 percentage point increase in staff agreeing that ‘volunteer support is helpful in allowing me to have enough time to deliver good care’ (from 45% to 73%).
- 57 percentage point improvement in staff saying ‘volunteers improve the working life of staff’ (from 30% to 87%).

Conclusion and recommendations

This report has set out examples of excellence in volunteering: true partnership between the NHS and voluntary sector resulting in timely preventive care for people in their communities, increased efficiency in hospitals and improvements in staff, patient and volunteer wellbeing. So much more could be achieved if these examples, and the lessons from the NHS Volunteering Taskforce, could be replicated nationwide.

The NHS and the voluntary and community sector have two distinct identities, cultures and ways of working. But what unites the two is a shared passion for supporting the health and wellbeing of local communities. The *Health and Care Act 2022* put in place ample infrastructure to facilitate this integration between health, care and wider community services.

Yet as Lord Darzi observes, putting ‘integrated care’ into a title does not make it so.

The NHS is in serious trouble and it cannot turn itself around in isolation, without the help of local communities. To deliver this step-change in the impact of volunteering, Helpforce is calling for:

1

NHS leaders to proactively engage with the voluntary and community sector on their biggest challenges:

- Support the development of the voluntary and community sector infrastructure to enhance its capacity to engage with the NHS.
- Learn from existing effective models, foster meaningful partnerships between the NHS, local authorities and the voluntary and community sector to create strong networks of health and care support within local communities.
- Involve the voluntary and community sector in the design and delivery of support to people before and after their hospital stays.
- Provide consistent and long-term funding to allow the voluntary and community sector to plan and deliver their services more effectively.

2

Voluntary and community sector leaders to measure the impact of their work to better evidence its value to the NHS:

- Measure the impact of their work by outcomes for people, not by volume of activity or time spent. This will enable the sector to better demonstrate its value and underpin future investment in the sector.















3

DHSC and NHS England to recognise the importance of volunteering in the NHS 10-year plan.

As the NHS enters a new chapter in its history, awaiting the 10-year plan to secure its future, the contribution of volunteering must be a valued and integrated part of this future.

At a glance - Volunteers and the voluntary and community sector supporting our NHS

Helping people wait and recover well and stay well at home

Home and community	Hospital		Home and community
<div><p>Pre-appointment calls</p><p>Reduce missed appointment rate – by 22% (12.8% to 10%) in <u>Hillingdon's</u> ophthalmology department.</p><p>Also refer callers to support to help with barriers to attending or wider health and wellbeing issues.</p></div>	<div><p>Dining companions</p><p>Improved staff productivity – 77% of staff in <u>Salford</u> reported that dining companion volunteers saved them one hour or more on an average day.</p></div>	<div><p>Active responders</p><p>Productivity gains – over six months, volunteers at <u>George Eliot Hospital</u> contributed 111 weeks of support across the hospitals, freeing up staff time.</p></div>	<div><p>Discharge calls</p><p>Reducing readmissions – emerging evidence that readmission rate of patients who received discharge support calls from <u>Kingston</u> volunteers was 16% lower than the control group. And 64% of people improved their level of confidence to cope at home after volunteer support.</p></div>
<div><p>Community support</p><p>Increased confidence – 90% of people in <u>Bradford's</u> community groups felt confident managing their physical health after being in the groups, compared to 35% before.</p></div>	<div><p>Mobility volunteers</p><p>Increased chance of discharge to usual place of residence – a promising link shown in <u>Sandwell</u> between patients getting mobility support and being discharged home.</p></div>	<div><p>Plus many other roles, including:</p><p>Emergency department, theatre support, ward helpers, pharmacy support, maternity support, reception meet and greet.</p></div>	<div><p>Falls prevention and rehab</p><p>Increased functional fitness – support from <u>Kingston</u> volunteers led to improved physical health outcomes.</p></div> <div><p>Settle in service</p><p>Increased confidence – People supported by volunteers in <u>Norwich</u> after they'd left hospital felt safer.</p></div>
<div><p>Community responders</p><p>No need for ambulance call out – in 77% of cases where a volunteer Community First Responder attended for the <u>North West Ambulance Service</u>.</p><p><u>RVS responders</u> have supported over 200,000 people, who report going to the GP and A&E less.</p></div>	<div><p>Volunteer drivers</p></div>	<div><p>Community support</p><p>Reduction in need for NHS services – 50% of <u>Cornwall</u> community hub users reported that they would have approached a healthcare provider for support if the hubs weren't available.</p></div>	
<div></div>		<div></div>	
<div><p>Getting to appointments and connecting with support</p><p>Volunteer calls help get people to their appointments, so they get diagnosed or into treatment quickly and directed to support.</p><p>Voluntary and community sector-run support services improve the general wellbeing and health of often marginalised groups, and help people prepare for surgery or other treatment.</p></div>	<div><p>Helping patients stay healthy</p><p>Volunteers help tackle deconditioning and loneliness, reducing the chance of a longer hospital stay. They also support patients and reduce pressure on staff.</p></div>	<div><p>Getting patients out of hospital and home</p><p>Roles to help get people home, like helping with discharge planning and fetching medication, and volunteer drivers.</p></div>	<div><p>More settled and well at home</p><p>Services offered by the NHS and voluntary and community organisations that help people to recover and stay well.</p></div>



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