Back to Health Pathway

Final evaluation

Hillingdon & H4All

February 2025

helpforce

Executive summary

The programme

The Hillingdon 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. A target specialty was identified and volunteers made calls to patients to remind them of their upcoming appointment and have a supportive conversation to identify any support needs they had. This then led to referrals and signposting to relevant places, such as a clinical lead, VCS organisation or another partner.

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;
- A semi-structure interview with the clinical lead for the programme; and
- Analysis of data on 'Did Not Attend' (DNA) rates provided by The Hillingdon Hospitals.

Key findings

- A 15% relative reduction in DNA rate for the target specialty and PCN. This reduction was highest for those living in areas of high deprivation, suggesting a positive impact on patients at higher risk of health inequalities.
- High levels of volunteer satisfaction and agreement that the role they do has a positive impact on patients.
- Delivery of added value to patients, through the identification of issues and information provided by volunteers, and more complex actions undertaken by the volunteer co-ordinator and clinical lead.

A selection of outcomes evidenced by this evaluation.

Conclusions & recommendations

The positive results of this evaluation suggest value in continuing and potentially expanding this programme to other specialties. However, consideration is required around longer-term funding sources to facilitate sustainability and the clinical lead role to support scalability of the service.

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 Hillingdon and H4All 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. They attended a workshop in November 2023, after which there were regular steering group meetings.
- Representation at the workshop and steering group included:
  - H4All
  - 3ST
  - Hillingdon Hospital
  - Hillingdon Confederation CIC
  - Clinical Pharmacist Lead, Colne Union PCN
  - 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 Hillingdon Back to Health project saw partners working at a community level with patients in areas of high deprivation, aiming for patients ‘wait well’ as they were on the lists for treatment or diagnosis.
    - H4All was identified as the voluntary sector partner for the project, responsible for recruiting and managing volunteers and delivering the service on a day-to-day basis.
    - Hillingdon Hospitals were the clinical partner, providing patient lists to facilitate the volunteer calls and hosting the clinical lead (see below).
    - North West London ICB were the funders of the pilot.
    - Helpforce provided support from a Project Manager and evaluated the project.

- The project focussed on Colne Union PCN area - a population of approximately 47,000 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.

- Patients received a telephone call from a volunteer who follows a pre-approved script, enabling them to 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. The volunteers then took any appropriate actions, such as providing guidance about the appointment, reassuring patients, and identifying opportunities for referral to community services. Volunteers could support individuals to access their appointments by arranging transportation, arranging an interpreter or asking the clinical lead to contact the patient.

- A clinical lead within Ophthalmology at The Hillingdon Hospitals was seconded to the project for 2 days a week. The clinical lead was the single point of contact from the Hospital Trust. Early in the project they were instrumental in sharing the project with colleagues and designing the volunteer call scripts. Since the project went live, they were available to deal with any calls that unearthed issues. These calls were highlighted by volunteers and escalated by the co-ordinator at H4All. The clinical lead and the co-ordinator at H4All were in regular contact to escalate issues and identify service improvements. Where needed, the clinical lead called patients to follow up on complex questions or concerns (e.g., where the patient feels their eye health is deteriorating). They also rescheduled appointments as required.

- The project aimed to reduce DNA rates in the target population (Ophthalmology appointments in Colne Union PCN). Additionally, the project gathered useful information from patients to understand the reasons for the high DNA rate and seek to increase onward referrals for support from community services.

- As of January 2025, there were eight volunteers actively contributing to the project.

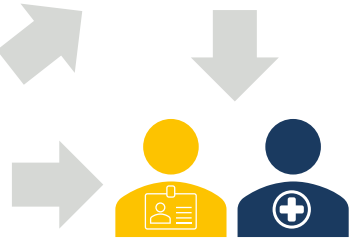
Service overview

Hospital sent patient list to volunteer co-ordinator every 4 to 6 weeks. List included patients with an appointment in the next 2 to 3 months.

Co-ordinator distributed call list to volunteers at the start of their shift.

Volunteers made calls to patients, facilitating a supportive conversation and taking note of outcomes of the call and any issues raised. Volunteers provided information and/or signposted patients as appropriate.

Volunteer fed back to co-ordinator, escalating any concerns as needed. co-ordinator filled out call tracker to ensure outcomes are centrally documented. This may have lead to no further action being required, or one or more follow up actions.



Co-ordinator followed up with the patient directly as required. This may have been to gather more information for the clinical lead or to action more complex referrals / signposting.

Co-ordinator fed back to clinical lead about any actions which required their input, such as appointment changes and clinical concerns.

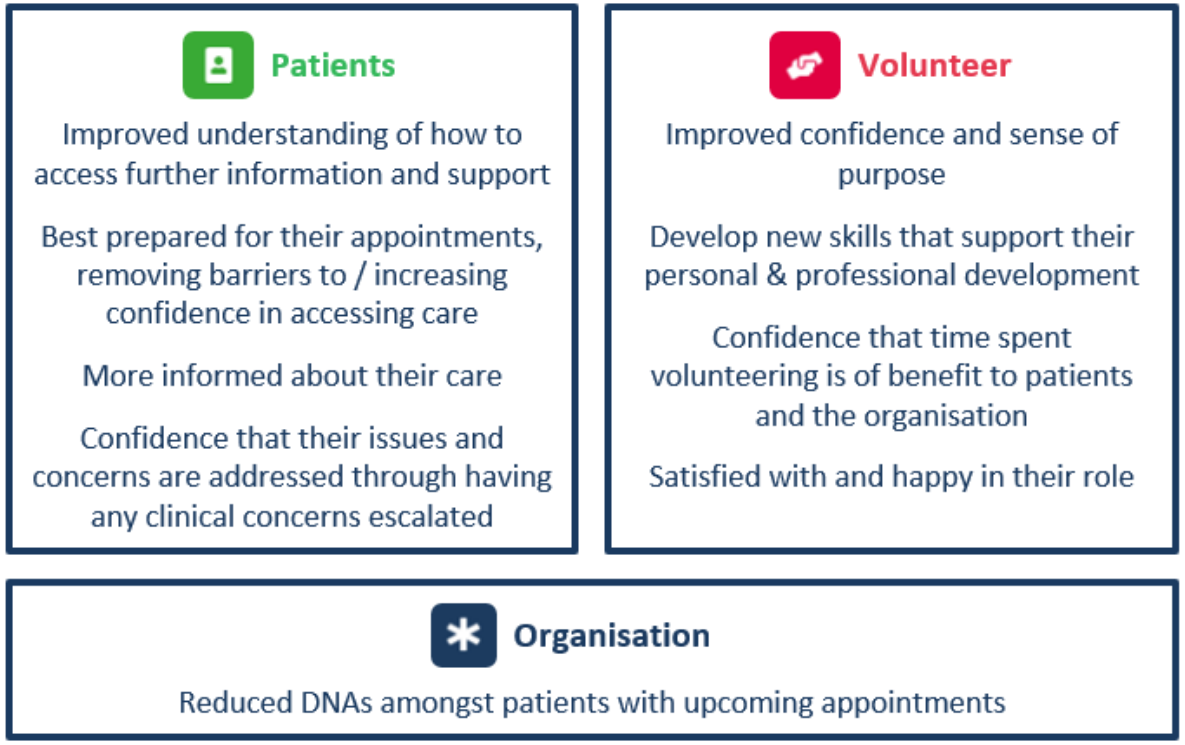
Clinical lead liaised with patients who require follow up and other teams in the hospital as necessary (e.g. bookings, specialists, other specialities), depending on what was needed.

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:



Evaluation approach: Methodology

The evaluation employed four 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 concerns raised and actions taken as a result. It was filled out for the duration of the project, from December 2023 to January 2025.

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 twice: in April 2024 after four months of live service and in February 2025 at the end of the evaluation period.

A **semi-structured interview** with the clinical lead for the project conducted in February 2025, to gather their feedback on how the project went operationally and their perception of its impact.

Analysis of **data provided by The Hillingdon Hospitals**, completed in February 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…

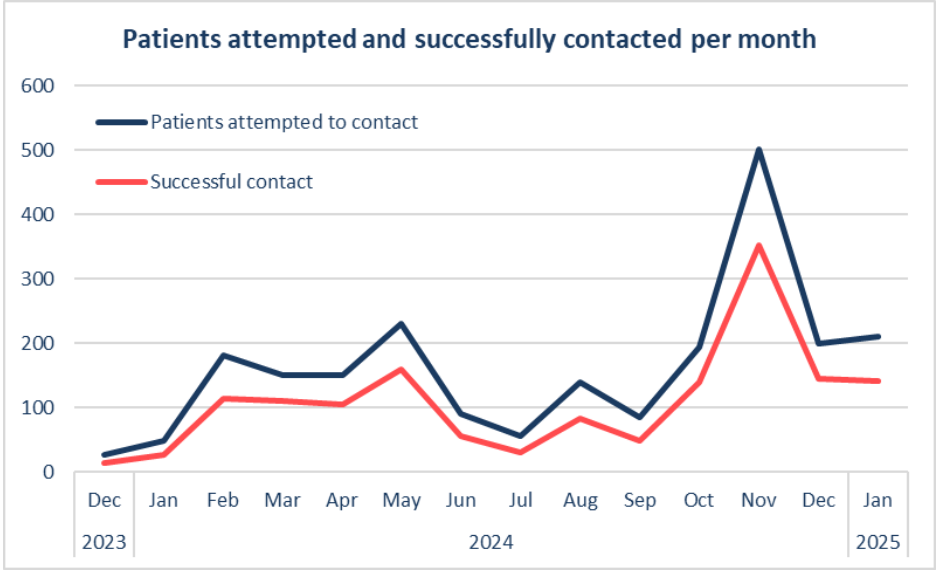
Insight: Call volumes and success

2,263
patients volunteers attempted to contact

1,522
patients who answered and consented to call

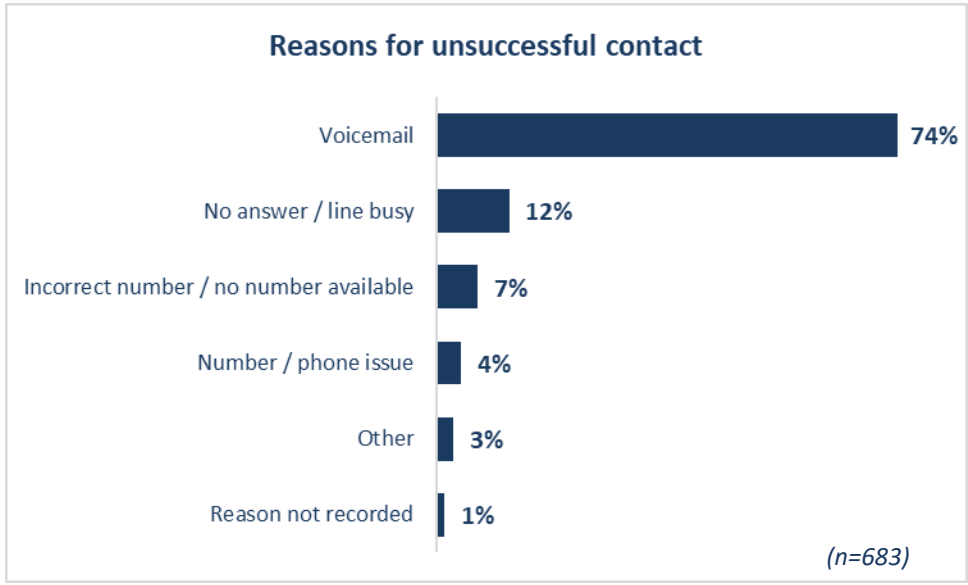
67%
call success rate

- Between December 2023 and January 2025, volunteers attempted to contact 2,263 patients across 2,945 calls (patients who cannot be contacted on first attempt are tried again where capacity allowed). Overall, volunteers managed to engage with two thirds of those patients (or in the case of 66 patients, with a caregiver).
- The volume of successful calls was low in December 2023 and January 2024, as volunteer activity was paused while the presence of a data sharing agreement was confirmed. The volume of successful contacts then increased to at least 100 per month up to June 2024.
- Contacts dipped again in the summer months, due the co-ordinator having to take unexpected leave and then leaving their post, and the workload of H4All meant their responsibilities couldn't be covered by other staff members.
- However, the allocation of a new co-ordinator resulted in at least 140 successful contacts being achieved each month from October 2024, with an all-project high of 353 seen in November.



Insight: Call insights

- The main reason for not being able to contact patients was due to calls going straight to voicemail, followed by the call ringing out or the line being engaged. However, 7% were due to an incorrect number or no number at all being in the patient list provided by the hospital.
- Where capacity allowed, repeat call attempts were made to patients that couldn't be contacted initially; this was the case for 623 patients. 45% of these patients were able to be successfully contacted on a follow-up attempt, demonstrating the value of these additional calls.
- Positively, very few patients declined continuing with the call after they had answered and the volunteer had introduced themself: only 15 did not consent to continuing.
- 76% of successful calls lasted for less than 5 minutes, with most of the remainder (19%) lasting 5-10 minutes. This shows that volunteers can facilitate a supportive conversation over a relatively short space of time.



Only 1%

of patients who answered the call declined to continue

(n=1,580)

Insight: Identification of issues

Of the patients successfully contacted,

94%

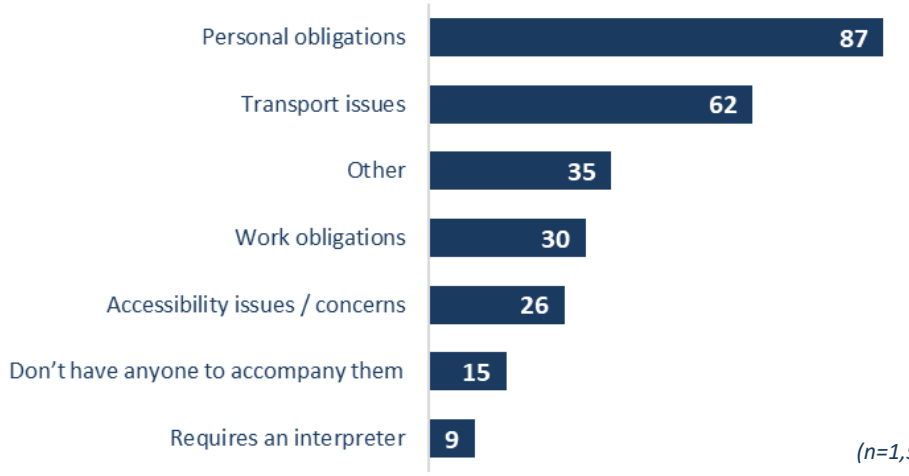
still required their appointment *(n=1,522)*

Of those who still required their appointment,

14%

were unable to attend at the scheduled time *(n=1,434)*

16% had barriers to attending their appointment recorded. This was across both patients who reported they could or could not attend.



- The majority of patients who volunteers spoke to still needed their appointment and were able to attend at the scheduled time. However, volunteers identified 221 patients for whom this was not the case, of which 59 said they didn't need the appointment and 162 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.
- Barriers to being able to attend the appointment were recorded if mentioned by patients. These were relatively evenly split between those who still needed and were able to attend their appointment, and those who weren't able to attend.
- Personal and work obligations were more likely to be cited by those who couldn't attend their appointment, while those who would be attending were more likely to mention transport and accessibility issues. This enabled action to be taken to support their attendance, for example providing directions or checking that transportation was booked for them.

Impact: Volunteer actions

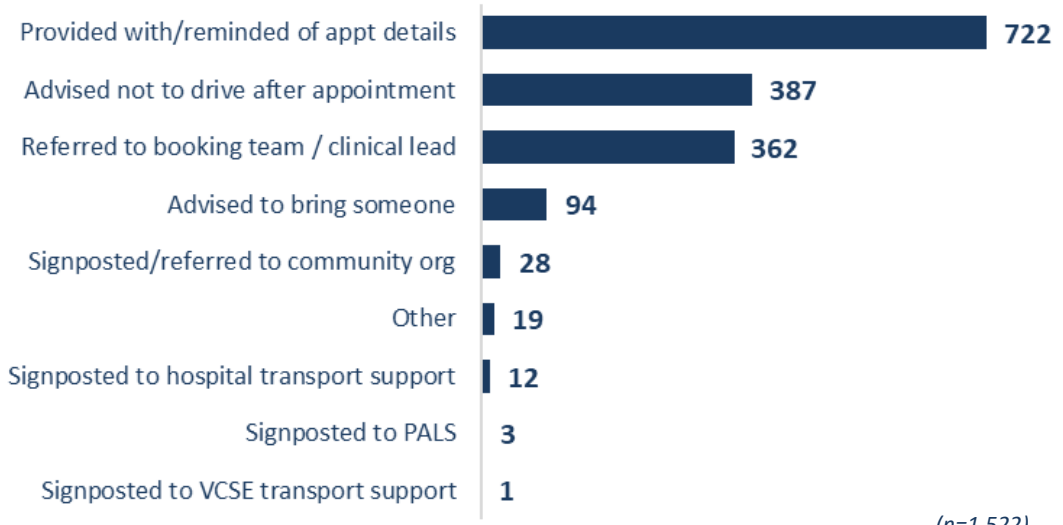
Of the 1,522 patients who were successfully contacted…

77% resulted in action taken

31% required a staff member to follow up

- The most common action taken as a result of the call was to provide/remind the patient of their appointment details. However, others were also given vital information to facilitate the appointment, e.g. being advised not to drive or to bring someone with them for support.
- 28 patients were signposted / referred to community support, some to multiple sources. The main signpost / referral destinations were Carers Trust (11), MyHealth workshops (7) and H4All triage (6). Smaller numbers were for Carers UK, Age UK, the Eye Care Liaison Officer and DASH.

The volunteer actions taken as a result of the calls were:



- Just under a third of patients required a staff member to follow up, which in most cases was the named clinical lead for the project.

Patient case study 1

Case studies provided by the volunteer co-ordinator provide further insight into the actions taken as a result of the calls.

A volunteer phoned a patient for a Waiting Well call. She was experiencing lots of migraines and headaches linked to her eye condition. Additionally, she had a number of socioeconomic issues that were affecting her ability to manage her health.

The patient had moved to the UK from India a few years ago, to get married. She then became the victim of domestic violence and had to leave her husband. She does not have leave to remain in the country, so is unable to work or receive any benefits. As a result, she was reliant on foodbanks and was living in a family friend's spare bedroom. She was depressed as a result of these issues. Additionally, she has a 4 –year-old daughter to care for. The volunteer passed this information on to co-ordinator, who called her back to find out more information.

The co-ordinator learned that the patient's daughter was in nursery 3 hours a day, and she was having counselling through a local organisation called Homestart. It was also learned that she was receiving regular food parcels from a foodbank. The co-ordinator discussed what could be done to support her and agreed that a request would be made for the clinical lead to call her to discuss the migraines and headaches she was having, to see how they could be managed.

It was also agreed that the co-ordinator would send her some details of charitable organisations who could support her, including a local domestic violence charity, as well as a charity that provides free legal advice, to advise her on issues relating to her immigration status. The co-ordinator followed up with her a few days later and agreed to make a referral to the law charity for support, as she did not feel able to contact them herself at the moment.

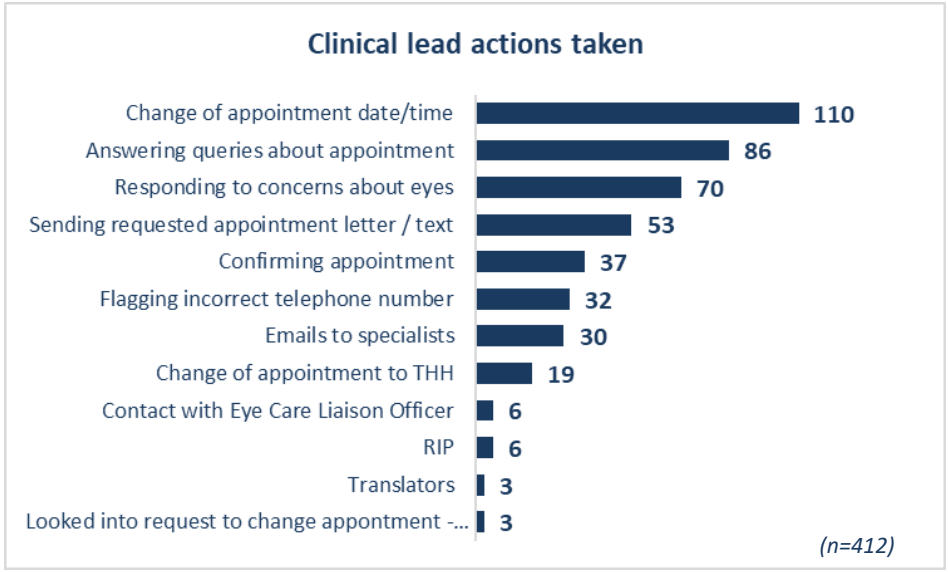
Patient case study 2

A volunteer called a patient for a Waiting Well call, ahead of an appointment for an intravitreal injection. The phone number was for his daughter, who is the patient's carer. She explained that after the last appointment, the patient had had a fall and spent a few days in hospital. She was concerned that he was not currently well enough to have treatment. She was not sure whether to reschedule the upcoming appointment, or bring her dad in for a check up, even if he was not going to have treatment. The clinical lead was asked to call her to advise on this.

The patient's daughter also mentioned that she had been unable to get a GP appointment for her dad for a check-up after the fall. The co-ordinator offered to contact the GP surgery and request that they contact her to arrange an appointment.

Additionally, during the call it transpired that she was supporting her elderly parents a lot, and this had become a caring responsibility. She was asked if she would like to be referred to the Carers Trust for support, and she agreed to this. She particularly wanted support with applying for a blue badge for her dad, which they will be able to help her with. The carer was grateful for the support provided to her.

Impact: Clinical lead actions



- The clinical lead dedicated to the project kept a record of all patients referred to them and subsequent actions taken. They recorded a total of 412 patients' details received from H4All for follow up, with the most common actions they needed to take being a change in appointment date/time or answering queries the patient had about their appointment, e.g. the reason for the referral, type of appointment, transport questions.
- However, 70 patients required follow up due to concerns raised about their eyes on the volunteer call, and 30 required follow up with a specialist via email (there may be overlap in the patients needing these actions to be taken). From discussion with the clinical lead, the contact with specialists was not limited to those within Ophthalmology as some concerns related to other specialties that the patient was under the care of.
- The clinical lead being an Ophthalmology specialist and familiar with the hospital put them in a strong position to deal with concerns that may otherwise have gone unreported until the appointment or for which volunteers may have had to recommend the patient attending their GP, calling 111 or attending A&E at an eye hospital.

"Patients that I've called for their eyes, at least they don't have to worry about that side because I was able to explain things to them and I was able to pass that information to the doctors because I could add it on to the patient record for their visit. So I suppose like an in-between, someone who could see what was needed for these patients and if there was nothing needed, I was able to reassure them and advise what they need to do."

Clinical lead

"I also know this place and I know who to e-mail stuff to for who would change the appointment for [other specialties], so all that information I know. So I'm able to contact the right people. I was able to sort a couple of things out for other specialities, a patient who was waiting for the pain clinic, so I was able to speak to them as well and get things sorted out for the patient that way as well."

Clinical lead

NB: There is a discrepancy between the number of patients recorded in the call tracker for staff follow up and the number of patients recorded by the clinical lead. This may be due to issues with data completeness.

Insight: Clinical lead stories

The clinical lead also provided a range of examples where they felt that the volunteer call had uncovered issues where they were able to take action and felt this had resulted in better patient outcomes.

Information received from H4All: *"Patient was phoned yesterday by Lister ward at the hospital and told the appointment was cancelled due to the junior doctors strike, and has been rescheduled for June 14th [from February]. She is worried about this as is currently unable to drive (appt is for laser treatment) and as she is 80 she doesn't want to lose that ability. Says she would be happy to accept any last minute cancellations."*

Action taken: Appointment rebooked for early March.

Information received from H4All: *"Patient's appointment has been cancelled 3 times, and she said her eyesight is starting to affect her daily life. As she is waiting for laser, I was not sure a referral to [the Eye Care Liaison Officer] would be appropriate as this doesn't seem permanent."*

Action taken: Call made to the patient who explained they were really struggling with glare/light. Clinical lead agreed to send the patient information on where they can buy anti-glare glasses to block out some light/glare. Clinical lead also shared their contact details and advised the patient to contact them directly if they had any worries regarding their vision/appointments.

Information received from H4All: *"Patient feels her eyes are getting worse, and fears she will go blind. She said she had asked the nurse at the community clinic for a referral for laser treatment but when she called the hospital they didn't know anything about it. Could you please call her to discuss if laser treatment is an option for her, and if not how to manage her deteriorating eyesight? She was quite anxious and frustrated."*

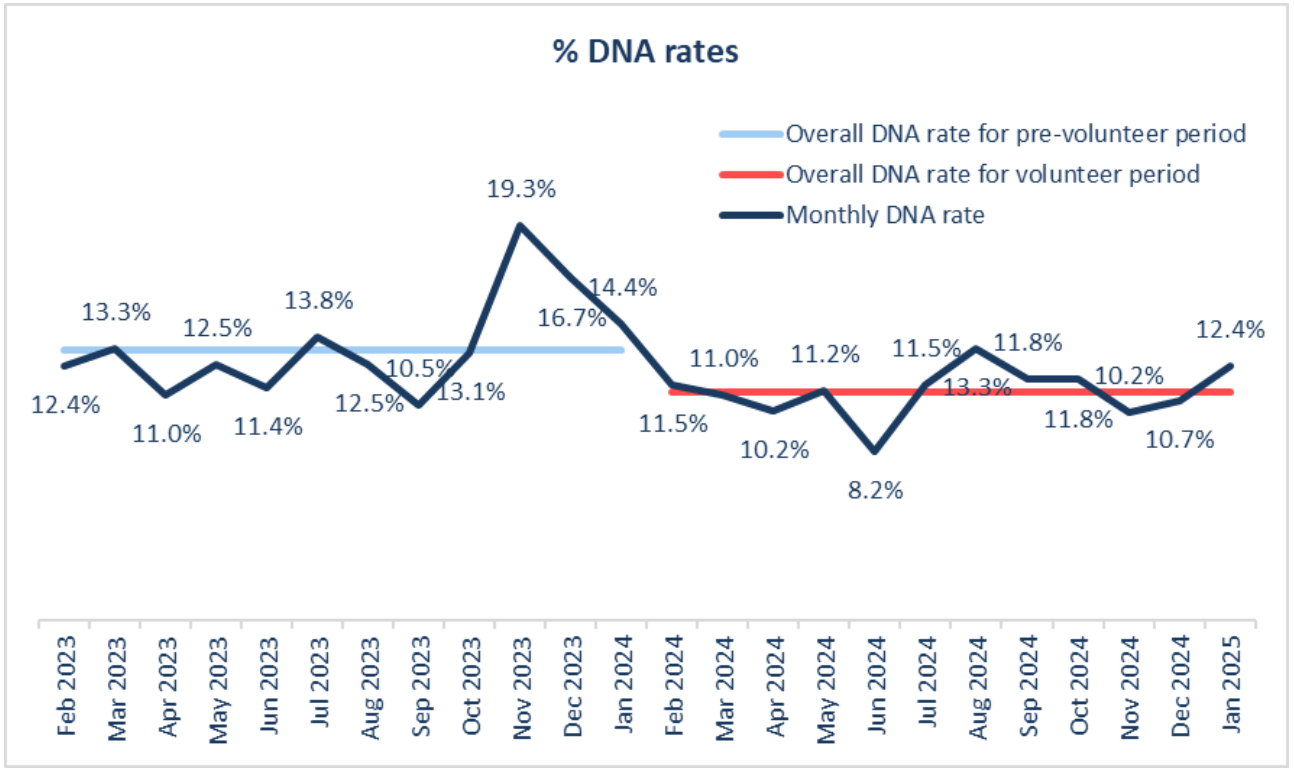
Action taken: Email sent to Clinical Nurse Specialist who called the patient and she requested to see consultant. From the consultation, the patient was referred to Cornea clinic which led to having a procedure which has improved her vision.

Information received from H4All: *"Patient has pain in back and neck and had an appointment at the pain clinic. She was unhappy with how it went, and didn't feel she got any pain management advice. She was told she needed injections in her neck but is worried as she has a lump on her neck, and doesn't know if that would stop her from getting injections. Would you please be able to follow up on the outcome of this appointment for this lady/ call her to discuss how to help manage her pain."*

Action taken: Email sent to pain secretary/nurse, requesting they call the patient. Pain department contacted patient and organised their treatment.

Organisational impact: DNA rates

Alongside perceived benefits for patients, the project has also been able to deliver positive impact for the organisation through a reduction in patients not attending appointments.



13.2%

DNA rate in the year prior to volunteer calls starting in earnest (Feb '23 to Jan '24)

11.2%

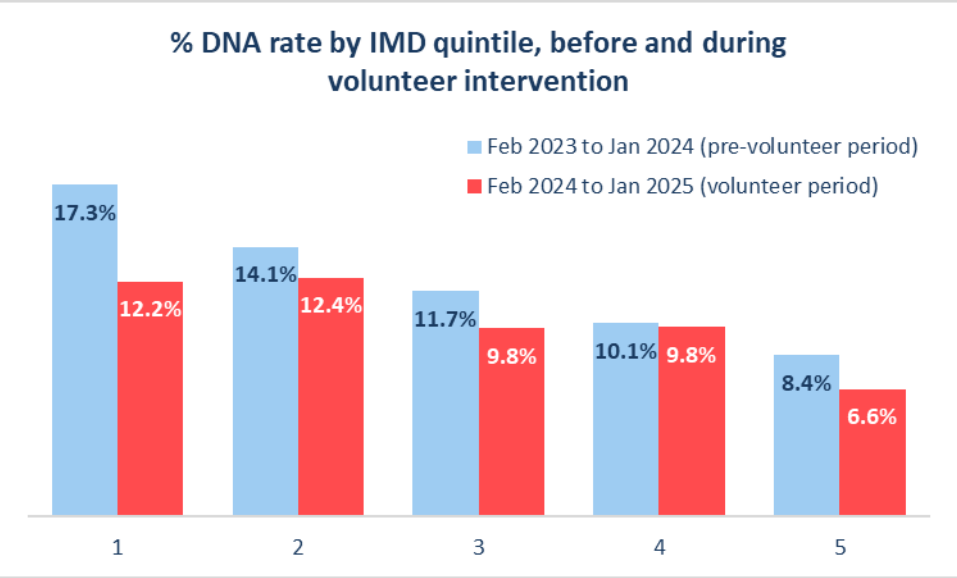
DNA rate during the period of consistent volunteer calls (Feb '24 to Jan '25)

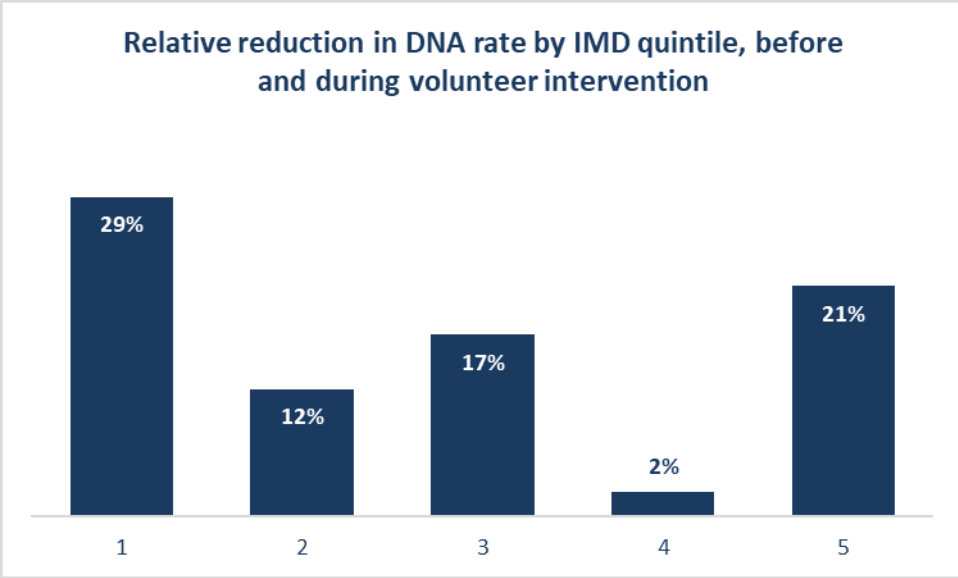
- The DNA rate in Ophthalmology and Medical Ophthalmology for Colne Union PCN patients has decreased from 13.2% in the year prior to consistent volunteer calls being made, to 11.2% since calls have been made.
- This represents a 2% absolute reduction and 15% relative reduction in the overall DNA rate, which is a statistically significant change.
- There were notably high DNA rates and lower numbers of appointments in November and December 2023 which may be affecting this comparison. However, there was a similar dip in appointment numbers in December 2024 without a spike in DNA rate.
- The DNA rate for patients in other PCNs did not change to the same extent over this time period, seeing a 0.5% absolute reduction and 4% relative reduction (12.4% to 11.9%).

DNA data for Ophthalmology and Medical Ophthalmology for patients registered with a GP in Colne Union PCN. A small volume of calls were made in December and January (representing 7% and 10% of total appointments respectively) due to issues with a data sharing agreement, therefore these months have been classified as the period prior to calls being made due to the small proportion of patients reached. February 2023 to January 2024: 701 DNAs out of 5,321 appointments. February 2024 to January 2025: 611 DNAs out of 5,471 appointments. Statistical significance tested using a two-tailed z-score test at the 95% confidence level. Please note, the above DNA data includes paediatric patients, although this patient group were not included in the calls.

Organisational impact: DNA rates

- There also appears to have been positive impact on those at risk of health inequalities: patients living in areas of high deprivation.
- In the year prior to the volunteer intervention, for patients in Colne Union PCN, the higher the level of deprivation in the area the patient lived in, the more likely they were to not attend their Ophthalmology appointment, with the DNA rate highest for those living in quintile 1 (the most deprived) of the Index of Multiple Deprivation (IMD).[2]
- During the volunteer intervention, however, there was a flattening of this discrepancy. While the DNA rate was still highest for those living in areas of higher deprivation, it was much more comparable for those living in quintiles 1 and 2. This is reflected in the greatest reduction in DNA rate being for those living in quintile 1, at a 29% relative reduction.



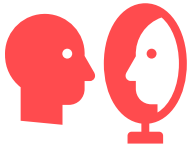


[2] English indices of deprivation 2019 - GOV.UK

DNA data for Ophthalmology and Medical Ophthalmology for patients registered with a GP in Colne Union PCN. Analysis based on grouping IMD deciles 1 and 2, 3 and 4, 5 and 6, 7 and 8, 9 and 10 to create quintiles. February 2023 to January 2024: 5,278 total appointments. February 2024 to January 2025: 5,414 total appointments. Total appointments is smaller than for overall DNA analysis on the previous slide due to a small number patients (43 and 57 respectively for each time period) not being labelled with an IMD decile in the data. Please note, the above DNA data includes paediatric patients, although this patient group were not included in the calls.

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 themself

12 of 13 agreed that their volunteering gives them a sense of purpose

11 of 13 agreed that their volunteering has increased their confidence

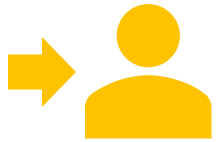
11 of 13 agreed that their volunteering has allowed them to develop new skills

Training & support

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

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

12 of 13 agreed that they received enough training to perform their role



Impact on others

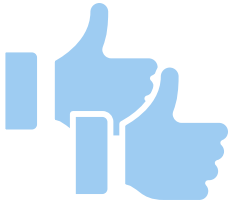
12 of 13 agreed that their volunteering has had a positive impact for patients

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

NB: 'Agree' calculated by summing together responses from individuals who stated they both 'strongly agree' and 'agree'. All remaining responses were 'Neither agree or disagree' other than one volunteer who said they disagreed with 'I received enough training to enable me to perform my role'. No open text comments were given to elaborate on this further.

Impact: Volunteer satisfaction

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



8 were **very satisfied**

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

6 had them **exceeded**

A question about likelihood to recommend was introduced the second time the survey was conducted. **7 of 7 volunteers said they were likely to recommend the role** to someone looking for a volunteering opportunity.

"My volunteering role is making a huge difference, especially in improving my communication skills."
Volunteer

"I have already recommended volunteering to my colleagues."
Volunteer

"I hope that in providing this service it will decrease the number of no shows in the eye clinic and presume this is being measured. I also think that for many patients I have spoken to they have valued the contact. In some cases to the extent of enjoying the human contact."
Volunteer

"I have felt safe and secure in the environment I am in and listened to and have the right support as a volunteer, and I am really grateful for my time and experience I have with H4ALL with more to come."
Volunteer

Conclusions

- Partners have been able to set up and run an effective volunteer service, with volunteers making **sizeable volumes of calls** and **established processes to escalate concerns and actions**, either via the volunteer co-ordinator or the dedicated clinical lead.
    - Unexpected leave followed by the **volunteer co-ordinator** moving on from the role did impact on call volumes partway through the year, showing **the importance of this role** in supporting volunteers and the processes around the programme.
- Volunteers were able to identify 221 patients who couldn't make their appointment – 59 because it was no longer needed and 162 who needed it but could not attend at the planned time. Without the volunteer intervention, this **may otherwise have resulted in these appointments being wasted** or patients being recorded as DNAs.
- Additionally, 387 patient were advised not to drive to the appointment – without this advice, there is potential that any procedures or tests at the appointment may not have been able to take place.
- The dedicated clinical lead for the project has been able to work through all actions assigned to them, from simple appointment cancellations or reschedules, through to advising on more complex clinical concerns. It appears that their **familiarity with both the specialty and the hospital** as a whole has allowed them to **provide added value for patients**, such as being able to look into queries regarding other specialties.
- During the time the volunteer calls have been running, **a 15% relative reduction in the DNA rate** has been seen for the target specialty and the target PCN (13.2% to 11.2%). This is a **statistically significant change**, and the change seen for other PCNs over the same time period was not to the same extent.
- Additionally, there appears to have been a **positive impact for those at risk of health inequalities**, namely those living in areas of high deprivation. The greatest relative reduction in DNA rate was for those living in quintile 1 (the most deprived) at 29%.
- **Feedback from volunteers** has also been very positive, with all (13 of 13) feeling **satisfied in their role** and that it had met or exceeded their expectations. Almost all (12 of 13) agreed that their **volunteering has had a positive impact for patients they support**.

Recommendations

- The positive results from this evaluation suggest that there would be **value in continuing and potentially expanding** this volunteering service to other specialties wanting to improve their DNA rates.
- In this case, **consideration should be given to the role of the clinical lead** for the programme and whether they need specialised clinical knowledge or could work across multiple specialties.
    - Having one lead per specialty means that it is likely that all escalations could be dealt with by that one person, including clinical concerns. However, this may limit the scalability of the model.
    - Having one lead for all specialties means there is one dedicated contact for the volunteers / volunteer co-ordinator and supports scalability to multiple specialties. However, they may not be able to support with clinical concerns if they are more specific to a specialty.
- The pilot has also demonstrated the **importance of identifying sustainable funding sources** for programmes of this type. Ideally, initial backing needs to be for longer than one year to allow time for proof of impact, with a longer-term funding source identified if successful. **Shorter-term funding can limit the sustainability of the work** and can lead to risks, for example:
    - The volunteer co-ordinator role can only be advertised as a fixed term contract, which can be difficult to recruit to and/or replace partway through the year if required.
    - It may be more difficult to retain volunteers due to uncertainty.
- The pilot has also enabled the development of some **critical success factors which should be taken into account** for sustainment of the work, or by other organisations looking to set up a similar service. Please see the next slide for further details.

Critical success factors

Local	• Calls are made locally, by local volunteers • Supports development of partnerships with local health and care providers and NHS Trusts • Local third sector organisations can add value with good knowledge of local services to signpost or refer patients to
Data driven	• Access to local data to focus the calls 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
Adaptable	• The model can be tweaked and adapted to local needs and depending on specialities being targeted, e.g. calls can be short appointment reminders or more in-depth conversations that focus on wider patient wellbeing; calls can be anything from 24 hours to 3 weeks before the appointment
Volunteer-led	• It is a personal call • There are a group of volunteers dedicated to the project - if the patients calls back, they could speak to that same volunteer again
Simple	• Simple for the hospital - they provide a call list, and the volunteers make the calls • Hospital is provided with a set of actions in return, e.g. reschedule appointment
Quick escalation	• Single points of contact within the community and hospital means that any issues can be escalated and dealt with quickly
Pathways developed	• Wider stakeholder engagement will develop service pathways – clinical pathways where the patient has concerns that needs escalating, admin pathways for rebooking or arranging interpreters, and community pathways for signposting or referring to local support services
Clinical leadership	• Clinical leadership from the trust is key. Project has engagement from a lead within Ophthalmology as well as well as a strategic lead (Director of Transformation & Improvement / Director of Strategy)