IMPERIAL COLLEGE HEALTH PARTNERS

Helpforce Companions Final Evaluation

Imperial College Health Partners

April 2022

Executive summary

This report is ICHP's final evaluation of the Helpforce Companions programme, a volunteering initiative that began in October 2020 to support GP practices and their patients, particularly patients who are socially isolated or have needs beyond medical care. The aims of this evaluation are to report on outcomes of the programme to date and how these compare to resource use, reflect on changes in processes since the interim evaluation in October 2021, and make recommendations for GP practices considering similar programmes. Although the project was extended to March 2022 in October 2021, it continued to be impacted by Covid-19 and Omicron pressures that affected the volunteers' ability to meet patients face to face.

Helpforce Companions was implemented differently in each of the PCNs where it was piloted. For the NeoHealth Practices (in Kensington & Chelsea), the intervention focused on longer-term befriending and companionship support and was initially age-restricted to those under 65. At the Bush Doctors practice (in Hammersmith & Fulham), Helpforce Companions volunteers primarily escorted patient to appointments (e.g. medical appointments) on a one-off basis.

Patient satisfaction with the programme was high, with most people rating the support they received as "Very good". Social Prescribing Link Workers (SPLWs) and practice staff were also very positive about the programme, as demonstrated by the decision of the Golborne practice (NeoHealth) to continue to support the programme financially. However, given the small sample size and high variation between individuals, we could not see a significant difference in the main outcomes of interest (wellbeing and GP appointment attendance) before and after support. Over the whole period of the project, support was provided to 40 patients (21 completed referrals at Bush Doctors; 19 active / finished at NeoHealth PCN) – a maximum of 4 escorting activities per month were completed at Bush Doctors, and around 16 patient-volunteer pairings were active at NeoHealth practices by the end of the evaluation period.

We also reflected on the processes for Helpforce Companions, building on the interim evaluation from October/November 2021. During the ramp-up phase of the work, some progress was made in addressing the recommendations made in the interim report. For example, practices began to more clearly define volunteer tasks and secured greater commitment from practices involved. Other aspects of the programme that worked well were:

- Collaboration between Volunteer Management Organisations (VMOs) and SPLWs
- Recruiting practice patients and psychotherapy students to act as volunteers (NeoHealth)
- Establishing processes for data collection on volunteer interactions.

Some of the key barriers that contributed to low number of patients supported by Helpforce Companions compared to the resource invested were:

- Difficulties in recruiting volunteers at Bush Doctors
- Lengthy process to match volunteers and patients at NeoHealth practices
- Low capacity of delivery staff
- Low number of referrals (partly due to overlap with Omicron wave in December)

Some of the key areas to consider for practices aiming to implement a similar programme and demonstrate impact:

- Restricting volunteer activities to specific tasks and a specific length of time (i.e. increasing throughput by reducing overly bespoke tasks)
- Focusing on a different patient population – e.g. elderly people with less complex needs
- Finding ways to standardise/simplify processes – e.g. be less strict on matching for less complex tasks like escorting
- More training and support for volunteers
- Greater engagement of practice GPs, especially with volunteers
- Committing resource to data collection

There is some potential to the programme: there is a need for escorting and befriending from segments of the population, and high levels of satisfaction by patients and volunteers. Scaling this to additional practices would have to be done recognizing and addressing the barriers and areas for improvement above. At the end of the report, we provide a set of minimum requirements that we would suggest any practices, considering setting up a similar model, should meet.

Context and aims of this evaluation

Helpforce Companions is an initiative supported by the health and volunteering promotion charity Helpforce. Helpforce Companions links local organisations with GP practices with the aim of testing whether volunteers can carry out useful and fulfilling tasks to support GP practices and their patients, particularly to provide companionship to patients who may be isolated. The project hopes to demonstrate that this type of project can have a positive impact on patients' health and wellbeing and on the practice itself by releasing pressure on GP appointments. Helpforce Companions was due to start in February 2020 but was delayed until October 2020 due to Covid-19 pressures on GP practices. Although the project was extended to March 2022 in October 2021, it continued to be impacted by Covid-19 and Omicron pressures that affected the ability to recruit volunteers and the volunteers' ability to meet patients face to face.

Helpforce Companions was initially piloted by The Bush Doctors in Shepherd's Bush (Hammersmith & Fulham) and The Golborne Medical Centre, West London in Ladbroke Grove (Kensington & Chelsea). From late 2021, Golborne Medical Centre also expanded Helpforce Companions to two other practices in the NeoHealth PCN, Notting Hill and Exmoor. "NeoHealth" in this report therefore describes the 4 practices (Golborne – Ramasamy practice and Golborne - Razak practice, Notting Hill, and Exmoor) which are taking part in Helpforce Companions. The main differences between the practices were:

- Patient eligibility - At NeoHealth, initially only patients under 65 were eligible for Helpforce Companions at NeoHealth because of the borough's existing MyCare MyWay programme, which coordinates care for those aged 65 and above. Over the course of the pilot, NeoHealth worked with MyCare MyWay to include appropriate patients in Helpforce Companions. However, most patients supported by NeoHealth remained between age 30-59 and they often had complex health needs (See Demographics of patients supported – Appendix 1). Eligible patients at Bush Doctors were not age restricted.
- Type of intervention and support provided – at NeoHeath most of the support provided by volunteers was long-term and of a befriending nature, involving a wide range of activities which evolved as the patient and volunteer became closer (e.g. from shopping assistance to escorting to a hairdresser's appointment). Initial requests also varied and the SPLW at NeoHealth reported some mismatched expectations about the programme. Bush Doctors volunteers focused mostly on one-off support e.g. escorting or prescription collection.

The Helpforce Companions process relies on GPs and Social Prescribing Link Workers (SPLWs) identifying patients they think will benefit from volunteer support and the SPLW contacting the patient to determine how they might be able to assist the patient. If they think that there is a role for a volunteer, they will refer the patient to the Volunteer Management Organisation (VMO). For NeoHealth the VMO is Age United (part of Age UK) and for Bush Doctors it is Urban Partnership Group (UPG).

This evaluation of Helpforce Companions focuses on the ramp-up period of the programme from December 2021 to end of March 2022, following the interim review of the programme in October 2021. Given the detailed process evaluation we conducted last time, this summative evaluation will focus primarily on:

- reporting on outcomes of the programme to date and how these compare to resource use
- reflecting any changes in process since the interim evaluation
- making some recommendations for any practices considering similar programmes

Methodology

This evaluation involved both quantitative and qualitative data collection feeding into a process and impact evaluation. An outcomes framework was developed with input from with both practices (Bush Doctors and Golborne Medical Centre, Razak and Ramasamy) during two workshops attended by GPs, the SPLWs and volunteer managers (VMs) for each practice and the VMO. The outcomes selected for both practices differed slightly due to differences in the interventions (see outcomes framework in Appendix 2 – e.g. for Bush Doctors given that they decided to focus on escorting, measuring wellbeing changes would not be meaningful as most support is one-off and not over a prolonged time period).

Qualitative data collection

Qualitative data was collected via semi-structured interviews with staff, patients and volunteers. Staff interviews were conducted in more detail in October (n=7) with follow-up interviews conducted in April to provide an update on changes made in the last 6 months (n=3).

Volunteer and patient semi-structured interviews were conducted by Helpforce with some questions added by ICHP (n= 4 volunteers, n=3 patients); notes were analysed by ICHP to identify key themes mentioned by patients and volunteers about what they enjoyed about the programme and areas for improvement.

Quantitative data collection

A variety of data collection tools were used to collate data on activity, resource use and volunteer satisfaction, namely:

- **Spreadsheet to register staff hours** – tool developed by ICHP to monitor the number of hours spent by staff on Helpforce Companions each week
- **Volunteer-patient interaction 30-second survey** – 30-second survey to be filled in by volunteers after each interaction with patients, only administered at NeoHealth; n=59 interactions registered between September 2021 and March 2022; some volunteers refused to fill this in
- **Volunteer start survey** – 30-second survey with questions on volunteer motivation and wellbeing questionnaire. This was only circulated for volunteers with Age United (NeoHealth).
- Volunteer end survey – 2-minute survey with questions on volunteer satisfaction, wellbeing and interest in healthcare careers after programme; this survey was filled in at both practices (Bush n=8, NeoHealth n=3)
- **Volunteer-patient management spreadsheets** – spreadsheets for both practices recording number of patient referrals, dates of referrals and types of activities requested; results of friends and family test also recorded in this spreadsheet
- **Friends and family test (FFT)** – one-question satisfaction survey conducted over the phone with participants by SPLW or other practice admin staff, either right after volunteer support (for one-off activities) or at least 6 weeks post start of support (for longer term support e.g. befriending)

For a smaller group of patients (n=16) we collected more in-depth health outcomes data following the procedure detailed in application to the data access committee (extension approved in March 2022). The main data recorded and submitted directly to the central WSIC team were:

- NHS numbers to allow for patient tracking across care settings
- ONS4 wellbeing questionnaire results – administered to NeoHealth patients at the start and 6 weeks after start of support by volunteers (some variation in these dates)

Deidentified data was made available to ICHP for further analysis (see following section).

Analysis of WSIC data

Data from 16 patients was analysed by an ICHP analyst in the deidentified server to explore outcomes related to 3 main questions:

1. **How representative were patients in the sample from patients from the 4 practices they came from and the PCN overall?**
   We analysed the percentage of patients from each gender, age group, ethnicity and the Index of Multiple Deprivation (IMD) decile in the sample vs all patients from the PCN and the 4 specific practices patients came from; we also analysed the number of GP appointments for patients in the sample compared to the overall PCN (GP appointment numbers measured as the number of days where GP read codes were added in patient record; there might be a slight undercount where patients have had multiple appointments in a single day)
2. **Did patients' wellbeing improve while they were being supported by Helpforce Companions?**
   We analysed results from the ONS4 questionnaire submitted at the start of support and 6 weeks later. Only 7 of the 16 patients had both start and end questionnaire administered so we could only analyse wellbeing changes in those. Changes are displayed for each individual question of ONS4 as it is not meaningful to combine them.
3. **Did patients' attendance of GP appointments change during the period of support?**
   We analysed the number of GP appointments for the cohort in the year before the start date of support and in the period of support and calculated the average number of GP appointments per month as described above. No significant change could be seen comparing patients before and during the period and comparing the sample group of patients to a virtual control group of other practice patients with similar demographics in the same time periods.

Limitations of data collection and analysis

There are multiple limitations to this evaluation. The patient cohort included very complex patients and broad inclusion and exclusion criteria, which means a much larger number of patients would be required to

be able to make conclusive statements about impact. There could also have been confounding factors in wellbeing driven by improvements or worsening in patients' conditions that we would not be able to control for in this sample. The intervention would also benefit from being better defined – support included going for walks, shopping, picking up prescriptions, escorting and meeting up for coffee among other activities which all could impact outcomes differently. There was also no defined duration for support which limited our ability to pick a specific point in time to assess outcomes. Even when that point in time was defined (6 weeks post start of support) there was limited capacity from the practice to collect wellbeing data at the right time meaning the follow up ONS4 data was collected at any point between 6 weeks later to 8 months later. Finally, there was limited VM capacity to send out volunteer surveys at the appropriate times (start of activities + end of activities) meaning that we could not assess any wellbeing changes in volunteers.

Impact of the programme

Patient impact

The project led to a high level of satisfaction in patients that were supported, but no definite conclusions could be made on impact on wellbeing and appointment attendances due to the low numbers of patients who completed the intervention.

After receiving support from Helpforce Companions, patients were asked to rate their experience with the project and if they would recommend it to friends and family who might be interested (Figure 1). In Bush 8 out of 21 patients were called. In NeoHealth, 10 out of 19 active or finished patients were called. Satisfaction was high with most people answering the FFT with "Very Good." Patients added additional comments in response to the FFT survey and in patient interviews that emphasized how valuable they found their experience:

- "It has given me strength to cope"
- "It has helped to embed better practice in my life"
- "I have been able to do things at my own pace, [volunteer] has been an absolute star, I'm a lot more independent than I was"
- One patient "would like to become a Companion herself at some point. She saw the value of it giving people a purpose and something or someone else to think about".

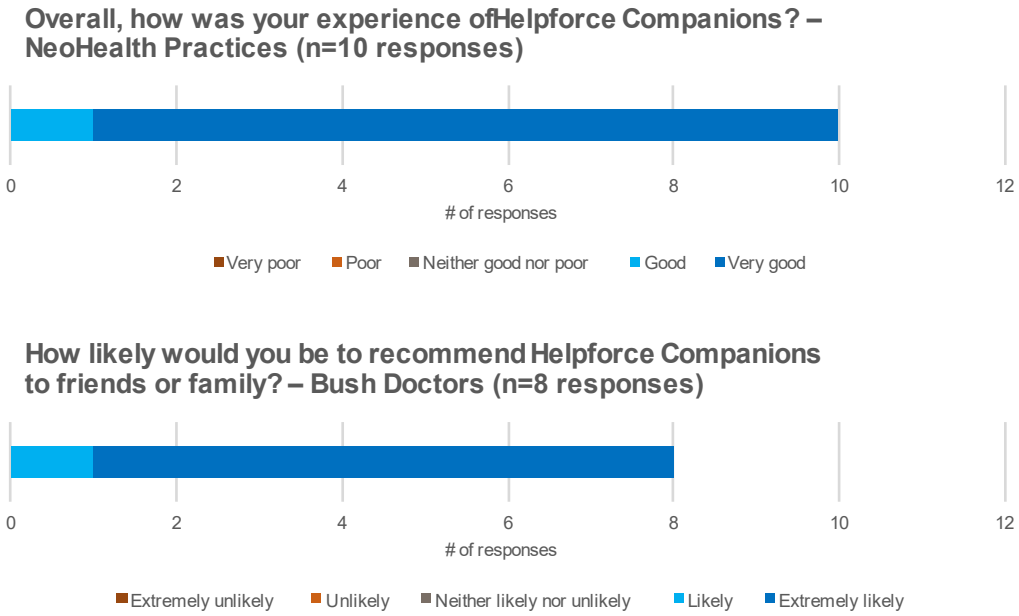


Figure 1 - Patients supported by Helpforce Companions at Bush Doctors and NeoHealth practices were very happy with support received. Results based on Friends and Family Test conducted over the phone

For the cohort of patients who received longer-term support from NeoHealth practices, we also looked to analyse the potential impact of Helpforce Companions on their wellbeing and their usage of healthcare (e.g. number or intensity of primary care appointments). This cohort of patients (n=16) was mostly aged between 30 and 59 and were representative of their GP practices in terms of ethnicity and IMD score (See Appendix 1 for additional demographic detail).

To assess the impact of the programme on individuals' wellbeing, patients were asked to rate their wellbeing at the beginning of their engagement with Helpforce Companions and then again after receiving a minimum of six weeks of support (Figure 2). Wellbeing was measured with the ONS4 tool, which assesses four dimensions of wellbeing on a 0-10 rating scale. Although the size of the patient cohort meant that there wasn't a significant difference in before/after ratings of wellbeing, this measure could capture the impact of longer-term volunteering on wellbeing in a larger cohort.

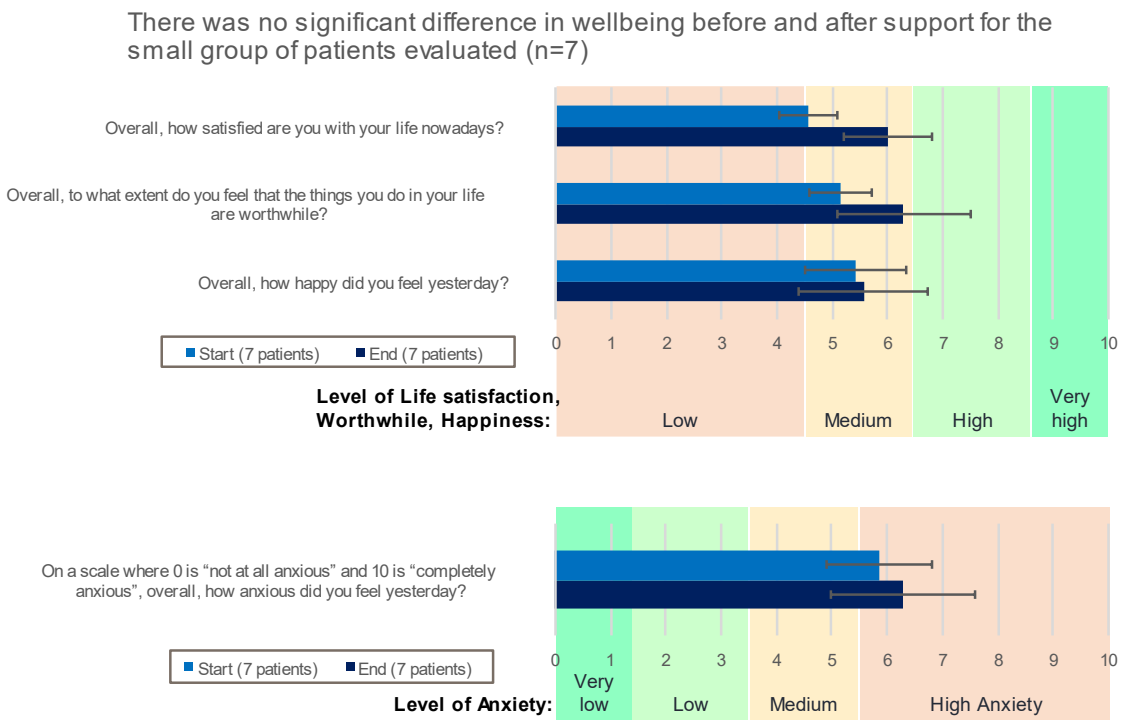


Figure 2 - No significant difference in wellbeing was found for the small group of patients (n=7) with wellbeing data. Error bars display standard error for each group of responses. Differences in life satisfaction were not significant (t-test for paired measurements showed p>0.1)

Analysis was also done on this cohort to compare the average appointments per patient per month in the year before receiving support from Helpforce Companions against the number of appointments per month since the start of support. This analysis showed no significant change in the volume or intensity of appointments for the group of patients receiving longer-term support. There were 1-2 patients where the support received seems to have decreased appointment volumes, but this cannot be seen in whole sample, as greater numbers would be needed to account for individual variation in pattern of appointments and duration / type of support received. However, from the SPLW's perspective, "This [programme] has worked more than anything on some more difficult, high-use patients".

Patients who received one-off appointment escorting from volunteers at Bush Doctors reflected that they would not have been able to attend in-person health appointments without that support.

- *"The volunteer made my day happy. I would not have been able to cope on my own, the service was escorting [to an appointment] and befriending in one"*
- *"Volunteer support was helpful as it enabled me to have my health check and see my GP f2f"*
- *"Volunteer was very nice, I would not have been able to attend the appointment on the day as my children were busy on the day."*

Delivery of Helpforce Companions

The interventions delivered by Bush Doctors and NeoHealth practices (led by The Golborne Medical Centre) were very different in nature (see outcomes framework in Appendix 2). Bush Doctors focused their delivery of Helpforce Companions on appointment escorting requests (Figure 3). At NeoHealth PCN requests for support were more varied (majority befriending but also walking, practical support, and escorting to community activities) (Figure 4).

At Bush Doctors, both the number of referrals and the numbers of activities completed per month remained low throughout (Figure 3). At Bush, key issues to ramp up included lack of volunteers and lack of utilisation of the volunteers that had been recruited. The two volunteers who were interviewed about their experience volunteering with the programme stated they would like to receive more referrals to support patients with appointment escorting and other tasks. Because of the low volunteer numbers, Bush Doctors is "currently using British Red Cross to do escorting for 6 weeks per patients. If we had it in house [at the practice], it would be easier. Sometimes I do [the escorting] myself, which takes away my time [as a SPLW]."

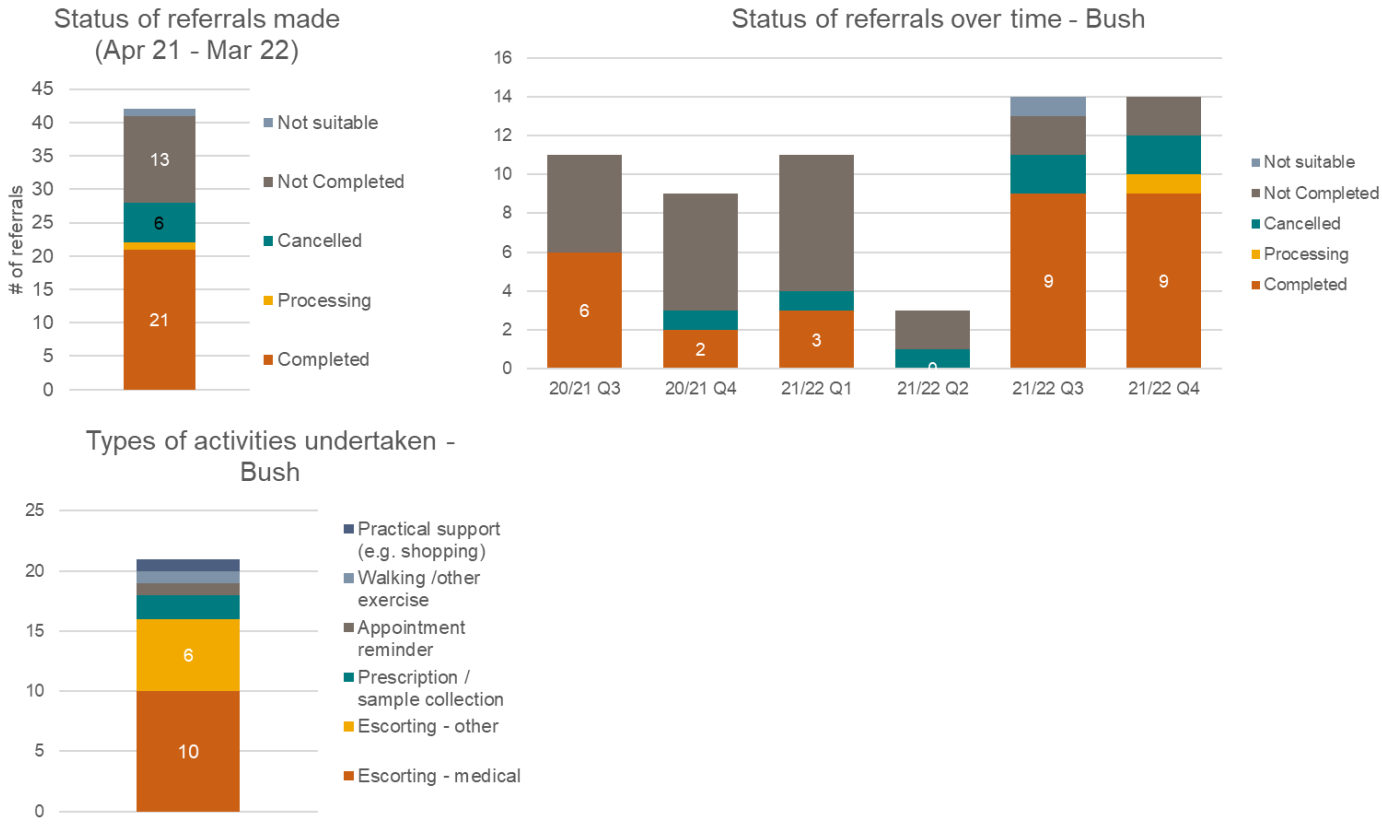


Figure 3 - At Bush Doctors, the programme struggled to ramp up with a maximum of 9 activities completed in a quarter (~3/month)

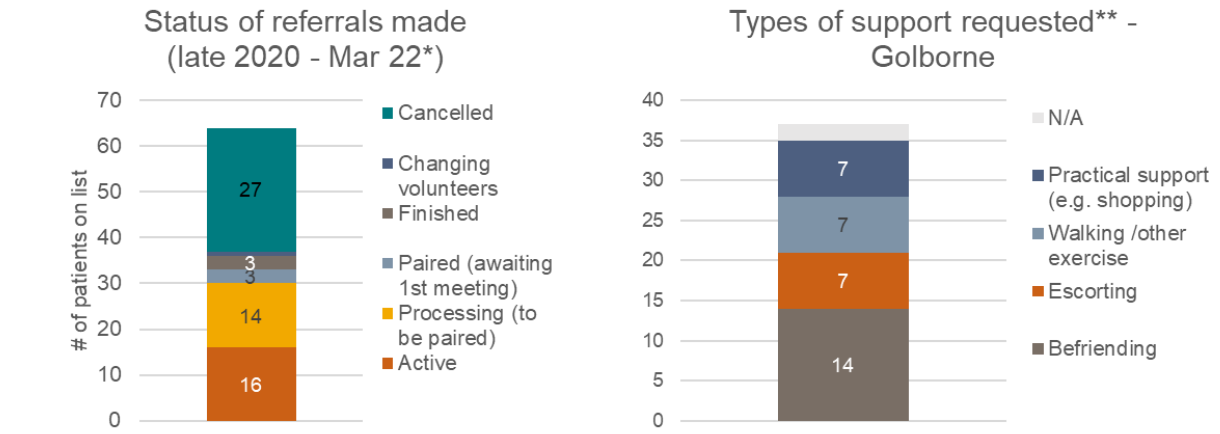
The model of support provided by NeoHealth PCN was for longer-term companionship support, with volunteers meeting the same patient typically once a week for a minimum period of six weeks. Support provided was bespoke to individuals; because Helpforce Companions was originally restricted to those under 65 in NeoHealth practices, many patients had more complex needs. For example, one older male volunteer was paired with a male patient in his early twenties to act as a mentor figure for the patient who was suffering from extreme anxiety, self-harm, and drug and alcohol misuse. Another volunteer was providing companionship support to a single mother in her 40s with a history of mental health issues who had no local support network. Isolation and lack of community or family relationships were common

themes in why patients sought support. Often, the specific activities undertaken mattered less to patients than the regular companionship in their lives.

While some of the NeoHealth pairings were very successful, they sometimes required significant delivery staff investment to find a volunteer who was able to support the specific request. Even these volunteers "felt at times a bit out of depth" in providing support because patient needs were more intensive than they had expected. Overall, however, volunteers for NeoHealth found their experience with Helpforce Companions rewarding (see results of volunteer survey in Appendix 3).

- "When I first started walking with [patient], I was unemployed and it was amazing to have a purpose, to help AGE UK clients. It makes me feel I'm giving back and contributing to the community where there are so many problems."
- "I've lived a rarefied existence, and this has been an opportunity to get stuck into a very different level and allowed me to have valuable conversation with my kids as well"

The bespoke nature of support and the amount of resource needed to find an appropriate volunteer match for patients was one of reasons for the high proportion of cancellations at NeoHealth practices, with 27 out of 64 patients cancelling before starting or shortly after 1st meeting (Figure 4). The SPLW explained: *"Sometimes it's the patient that doesn't really want [what Helpforce Companions can offer], sometimes it took too long to set up an appropriate pairing, sometimes the volunteer is uncomfortable with [the patient's specific needs] or doesn't have time/changed life circumstances".* The SPLW suggested that better management of expectations of the volunteer companion role might reduce cancellations in future.



*dates were not consistently captured for cancelled referrals so the entire project period was represented

** Types of support not represented for cancelled referrals (not captured consistently)

Figure 4 - At NeoHealth PCN, 16 patients are currently being supported by Helpforce Companions; there has been a high number of cancellations (27 over duration of the programme)

The volume of patients referred and supported (Figures 3-4) was therefore low at both PCNs, despite a focus on ramping up the programme at both practices from winter 2021. This was in part due to the renewed impact of the Omicron wave, which meant people were less willing to meet others face to face.

We also analysed the estimated costs of running the programme, taking into account staff time logs filled in for the purpose of the evaluation (see Appendix 4). In addition to funding the VMO for £1,000 per month, the SPLW at each practice spent between 1-6 hours per week (with befriending requiring more SPLW time than escorting). This led to an estimated monthly cost of the programme of ~£1,100 at Bush Doctors and ~£1,300 at Neohealth.

Process learning

The difficulties in ramping up Helpforce Companions and in measuring impact make it even more important to reflect on the processes followed to deliver this intervention and how they contributed to some of the challenges observed.

Helpforce Companions model

The aim of Helpforce Companions is to provide support to patients of GP practices who may be isolated and in need of someone to talk to or to escort them to appointments. This project relied on a close collaboration between Helpforce, specific GP practices and local third sector organisations, with the following roles (see figure 5):

- **Helpforce:** responsible for initial needs assessment and identifying relevant partners (e.g. local organisations who could support with volunteers); funding of the volunteer manager role; and project management throughout pilot stage
- **GP practices:** responsible for referring patients; SPLW responsible for matching patients and volunteers (at NeoHealth)
- **Volunteer management organisations:** responsible for recruiting and managing volunteers; at Bush Drs, also responsible for finding volunteers to escort patients

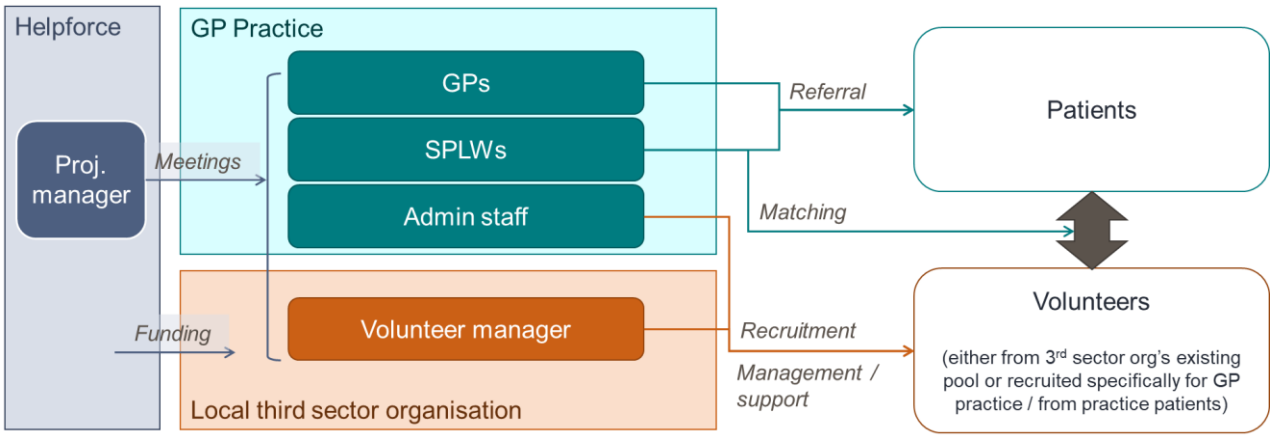


Figure 5 - Helpforce Companions model

Recommendations from interim evaluation

A formative evaluation was conducted in October 2021, outlining 5 key areas to improve programme delivery:

1. Selecting a more **targeted patient population** could help to streamline the programme and make matching easier (e.g. focus on older patients, exclude very complex needs)
2. **Simplifying patient referral pathways** to reduce workload and ensure volunteer capacity and referral volume are aligned
3. Clarifying what activities are part of the offer (setting **clear boundaries for what volunteers do**)
4. Dedicating **more time to train and support volunteers**
5. Monitoring existing resource needs and securing **greater engagement and buy-in from practices** supported (in terms of time / funding)

More detail on each of these can be found in the previous report.

Progress made during ramp-up phase of the work (December 2021 – March 2022)

Some progress was made in addressing the recommendations listed in the last report. Since the outcomes of the programme were reviewed in November/December:

- There were clearer boundaries around what volunteers can and can't do, particularly at Bush Doctors where the programme focused primarily on escorting from November onwards
- Greater commitment was secured from GP practices – both practices have expressed interest in continuing to fund the programme

Other aspects of the programme that worked well were:

- **Collaboration between VMOs and SPLWs**; processes that worked included having regular meetings to discuss pairings and having shared documents to manage the programme referrals
- **Recruiting practice patients and psychotherapy students to act as volunteers** worked well at NeoHealth. Texts sent to patients resulted in a lot of interest and good numbers of volunteers recruited, while at Bush a similar strategy did not have the same results. At NeoHealth there were a few psychotherapy students who volunteered to meet course requirements for patient interaction, an approach that could be expanded on.
- **Data collection on volunteer interactions** with patients took some time to ramp up but after regular prompts at NeoHealth volunteers were regularly filling in information on patient visits and flagging issues using Google form. It is unclear how this was used beyond the evaluation and it may be helpful to provide some of this information back to the GP practice in the future as part of their ongoing management of patients.

Key areas to improve

As mentioned in the impact assessment section, this programme supported a low number of patients compared to the resource invested. The main barriers to ramp up were:

- **Difficulties in recruiting volunteers** at Bush Doctors – texts sent out to practice patients did not result in the same number of volunteer sign-ups as in NeoHealth practices and there were delays in following up with volunteers which could have made them lose interest
    - Delays in volunteer recruitment also led to delays in patient referrals, e.g. “It was not only a lack of volunteers – we should have advertised for more patients as well” –Staff member
- **Lengthy process to match** volunteers and patients at NeoHealth practices – befriending matches take longer to complete than escorting, due to the need to select people that might get along well; however, the highly bespoke nature of requests and complexity of participants’ backgrounds made this more difficult than it needed to be, leading to delays which could have contributed to the high number of cancellations seen at NeoHealth
    - “Ideally [the programme would] have central administrative support as it got larger, and SPLWs would link in and collaborate […] A programme administrator coordinating volunteer matches with patients would be more efficient” – Staff member
    - “It has not generally worked when you try and cut corners – e.g. to just put a volunteer and a patient together without having met the patient face to face – quite often the patient doesn’t answer the door. Discovered that the spade work is needed but it’s a resource challenge” – Staff member
- **Low capacity of delivery staff –** staff continued to feel that they were unable to manage the project in the time they had available (0.5-1 day for VM, 0.2-0.5 days for SPLWs). This meant that additional demands on time (e.g. collecting data for the evaluation) were difficult to meet. Even if some streamlining could be achieved in terms of volunteer recruitment and matching, having additional dedicated project management and/or admin resource at the practice is likely needed to sustain the programme. The end of Helpforce project management support could place additional burden on existing staff or lead to a gap in leadership of the programme.
    - Practices helped with phoning patients to administer evaluation surveys, but “phoning round is hard, people don’t answer, etc.” – Staff member
    - It was also an investment of VMO time to get volunteers to participate in collecting core evaluation measures. “Difficult to get buy-in from volunteers, asking them to do x,y,z [for the evaluation] when they’ve already given up their time. Some who got involved really just want to do the volunteering, nothing else – they don’t want to fill out the survey.” – Staff member
- **Low number of referrals** – given the size of both practices, the number of patients referred to the programme seemed low. It does not seem like the low number of referrals were due to lack of need from patients; at Bush Doctors they have recently been working with Red Cross to escort patients to appointments, suggesting there is a need for the types of activities provided. At Bush Doctors it was also reported that GPs were well aware of the programme so the main barrier seems to have been low number of volunteers and issues managing volunteer and patient matching.

Other areas that could be improved were:

- Too broad **set of activities for volunteers** to help with – narrowing this down would help volunteers set boundaries with participants and facilitate recruitment and matching. The very bespoke approach makes it difficult to manage volunteer and patient expectations and it can contribute to delays in matching. The broad set of activities also makes it more difficult to evaluate impact due to the variation in type and duration of support
    - E.g. one volunteer expressed that the project had been different than he understood it to be originally – he thought he would be supporting a local elderly resident, but in was asked to support a younger man with complex needs. He was willing to do this but because of the patients' complex needs *"also agreed to put in some boundaries - try to meet every week (unless other commitments, either side, get in the way). And limit meeting to 45 minutes and try to be quite rigid about that."*
    - *"I was anxious about boundaries compared to [similar types of volunteering projects. From time to time, I would think, we wouldn't ask [a similar programme] volunteer to do this"* – Staff member
- **More training and support for volunteers** – some volunteers felt they did not have enough training and support to deal with complex patients, that the practice should be more involved and that boundaries on what they can and cannot do could be clearer. Staff reflected that they did not have enough capacity to keep track of what volunteers were doing. Volunteers also mentioned the lack of an end date for support and lack of reimbursement for travel fees when escorting patients (which is standard in other similar programmes) as issues. Additional time would be needed to better support volunteers, which is challenging in the current resource-constrained environment.
    - One volunteer suggested that the programme might "create a circle of people that are supporting [patients] with professional facilitation or supervision"
    - "There ought to be more of a process in place for volunteers, maybe some formal training, even online modules" – Staff member
- **Greater engagement of practice GPs** – volunteers felt disconnected from the practice and GP attendance of programme meetings was still patchy in recent months. Engagement with practice staff was key to drive volunteer motivation and engagement in a different programme (Hiyos Helpers).
    - "The GP surgery could be more helpful. I have no communication with [patient's] doctor. Fortunately, I have great interaction with the [SPLW]. Even so, I strongly recommend that surgery staff be made aware that I'm helping a patient they have referred and am calling on her behalf and need their guidance or help. [Patient] doesn't have family to do this for her."– Volunteer
- **Lack of time to collect data** to monitor programme – given the low staff capacity, monitoring and evaluation of impact became an additional pressure on already stretched resources. This also means that we could not fully understand the benefits of the programme – data on wellbeing and GP appointments was inconclusive due to the small sample size, and data on volunteer activities was limited. Future iterations should build this in as a critical part of the programme and of both staff and volunteer roles.

Taking process and impact evaluation learnings together, it is difficult to justify the resource spent in this programme when comparing it with the number of patients supported at these practices. Even if we recognise that Covid had an impact on the delivery of this programme, with UPG losing their entire volunteer pool due to the pandemic, the fact that volunteers for Bush Doctors feel like they could escort more patients and only 3 patients are being escorted per month on average for ~50 staff hours put in suggests some difficulties in programme management. At NeoHealth the benefits in terms of longer-term wellbeing could be potentially higher, but difficult to measure at the moment; the bespoke nature of requests and complexity of patients currently make the programme difficult to scale.

There is some potential to the programme: there is a need for escorting and befriending from segments of the population, high levels of satisfaction by patients and volunteers and a potential high benefit to society if improved wellbeing can be shown. Some ways to improve the balance of resource spent to patients supported would be:

- Focusing on a different patient population – e.g. elderly people with less complex needs
- Finding ways to standardise/simplify processes – e.g. be less strict on matching for less complex tasks like escorting (does this need to be done by SPLW?)
- Restricting volunteer activities to specific tasks and a specific length of time

In the following section, we built on these learnings to explore what practices with an interest on setting up a similar programme would need to consider and put in place.

Learnings for spread and scale

Scaling this to additional practices would have to be done recognizing and addressing the challenges listed above. We would suggest that any practices considering setting up a similar model meet the following minimum requirements:

- **Choose targeted population to support and avoid duplication with other organisations** - the programme might be best suited for older patients with no severe health conditions, both in terms of making matching easier and in terms of demonstrating impact. However, in some boroughs there are already similar services (e.g. My Care My Way) which are duplicative with the offer for Helpforce Companions
- **Ensure high level of GP engagement and interest** in the programme – needed to iterate and adapt programme to local needs, and to stimulate connection of volunteers to the practice generating a more stable pool of people to draw from; ideally name a GP champion to advocate for programme
- **Do it at PCN level –** PCN would have a better chance of achieving economies of scale and being more efficient in programme management than individual practices
- **Secure appropriate external support** – support from Helpforce or the ICS is likely needed to help practices find relevant local organisations to partner with, to generate momentum to set up new initiative and to advise on what works
- **Commit practice time and resources**– allocating and protecting time from admin staff and SPLW to dedicate to setting up and ramping up this programme – a minimum of half a day a week each at the start ramping down slightly once processes established; the practice should also commit to funding continuation of the programme if benefit demonstrated
- **First develop the volunteer workforce** – recruit and train a decently sized volunteer pool and spend time engaging with it and securing their commitment to supporting the practice. This could include integrating volunteers with more time to support the programme operations
- **Only go live when volunteers are available –** this would ensure advertising campaigns can be capitalised on with patients matched rapidly
- **Start small in both target patients and activities offered –** it is easier to demonstrate benefit and optimize for a simpler programme with few activities; it also helps volunteers set boundaries
- **Plan for data collection and evaluation from the start** – ensuring data is collected from the outset with dedicated time for it and that pilot is conducted for a minimum of 1-2 years to understand potential benefits
- **Support and recognise volunteers** – make sure that volunteers feel connected to the GP practices they are supporting, that staff recognises their work and find ways to share impact of what they are doing back with them; also support volunteers to set boundaries and to support more complicated patients or refer any issues back to the practice

Appendix 1 Demographics of patients supported at NeoHealth

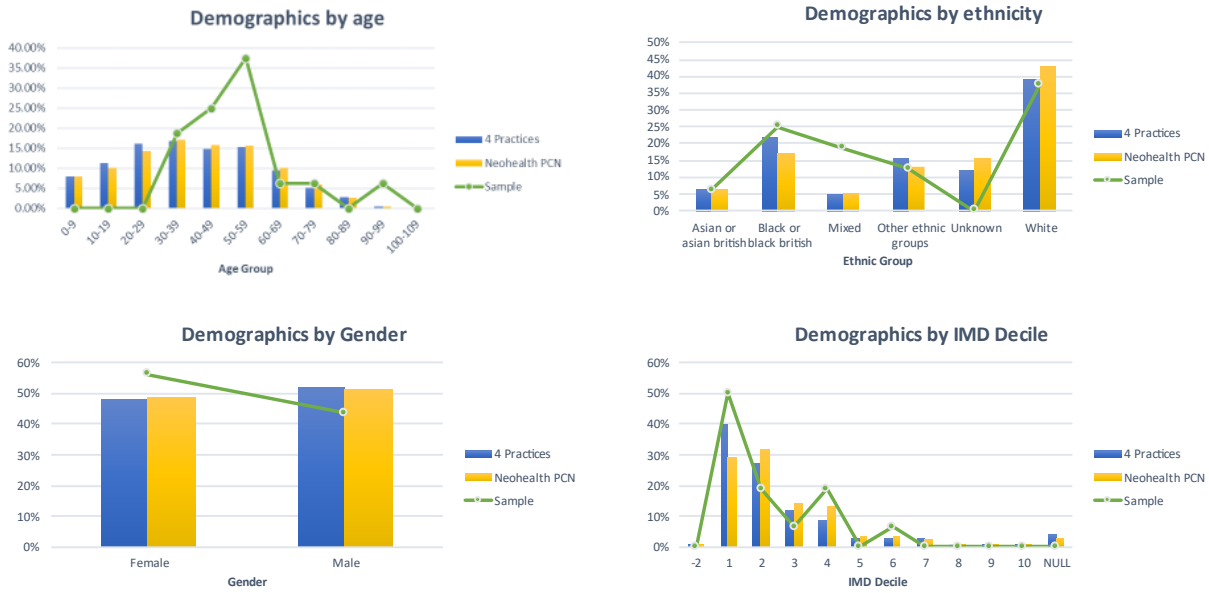


Figure A 1 - Patients supported were mostly aged between 30 and 59 and were representative of their GP practices in terms of ethnicity and IMD

Appendix 2 Outcomes framework for Bush Doctors and NeoHealth

Audience	Outcome	Indicator/Tool	Source	Collected by	Frequency
Patient	High levels of patient satisfaction with the support received (both one-off and long-term)	Friends and Family test	Short call from SPLW at completion of one-off support	SPLW with support if needed	After six weeks of volunteer support (NeoHealth only) or the day after one-off support (Bush Doctors only)
Patient	Improvement in patient wellbeing (long-term support at NeoHealth only)	ONS4	WSIC	Administered by SPLW	Baseline (at point of volunteer support start) and 6 weeks following start of volunteer support
Patient	Number of appointments patients escorted to by volunteers (one-off support)	Number of appointments patients escorted to (including type of appointment)	Spreadsheet administered by VMO/SPLW	VMO	Running total to be analysed by ICHP in March 2022
Patient	Number of referrals to other services (both one-off and long-term support)	Number of referrals to other services as a result of project (e.g. community orgs, mental health support)	Spreadsheet administered by SPLW	Tracked by SPLW, including referrals made by volunteers	Running total to be analysed by ICHP in March 2022
Patient / Practice staff	Longer-term support (NeoHealth only): decreased number of unnecessary primary care appointments	Number of primary and secondary appointments attended in the three months following volunteer support start	WSIC	ICHP (only possible to analyse if minimum number of patients available for analysis, at least 15-20) NHS numbers of patients provided by SPLWs	Data on anonymised cohort from March 2021 (6 months after programme start) to March 2022
Patient / practice staff	Impact of volunteering on SPLW workload	Qualitative measure	Qualitative recording / reflection from SPLWs	ICHP	ICHP to gather qualitative feedback and insights from SPLWs in March 2022
Practice staff	ROI – Patients helped per staff or volunteer hours put in	Number of hours spent by staff on the programme Number of hours put in by volunteers	Spreadsheet to be filled in by practice staff and VMO Google forms sent to volunteers	All staff involved in project management and delivery VMO	Updated with weekly or monthly estimate Volunteers fill out forms for each interaction (date of support, duration of support – hours, initials of patient supported, anything you would like to report)

Appendix 3. Analysis of volunteer experience of Helpforce Companions

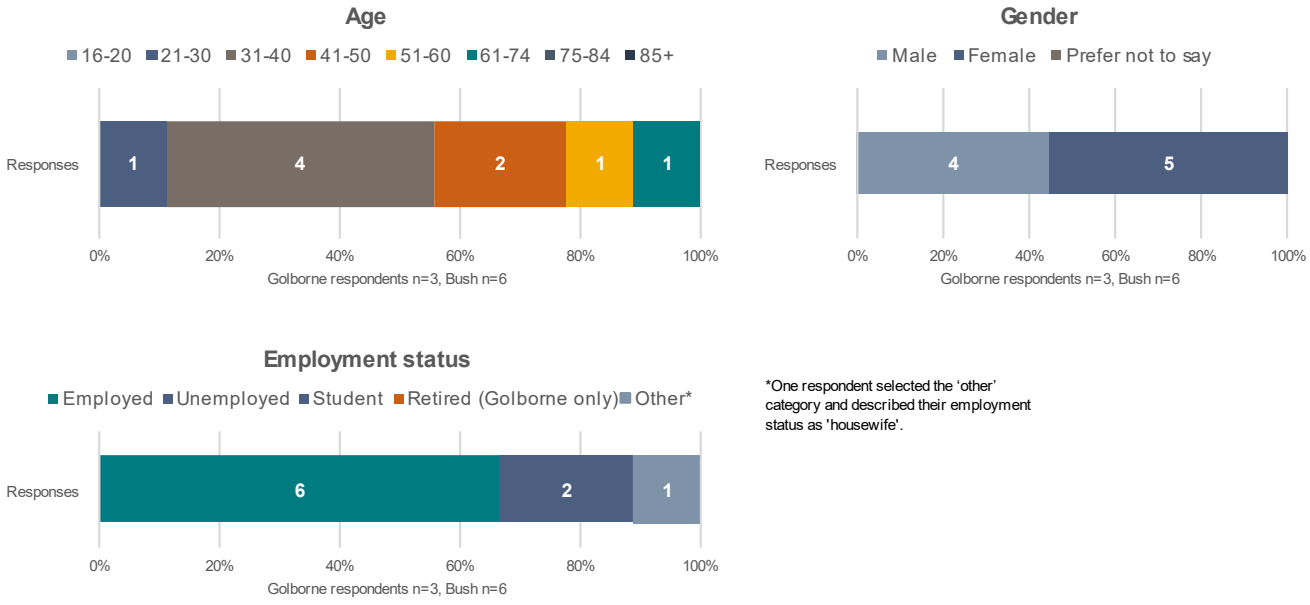


Figure A 2 – Background information about volunteers

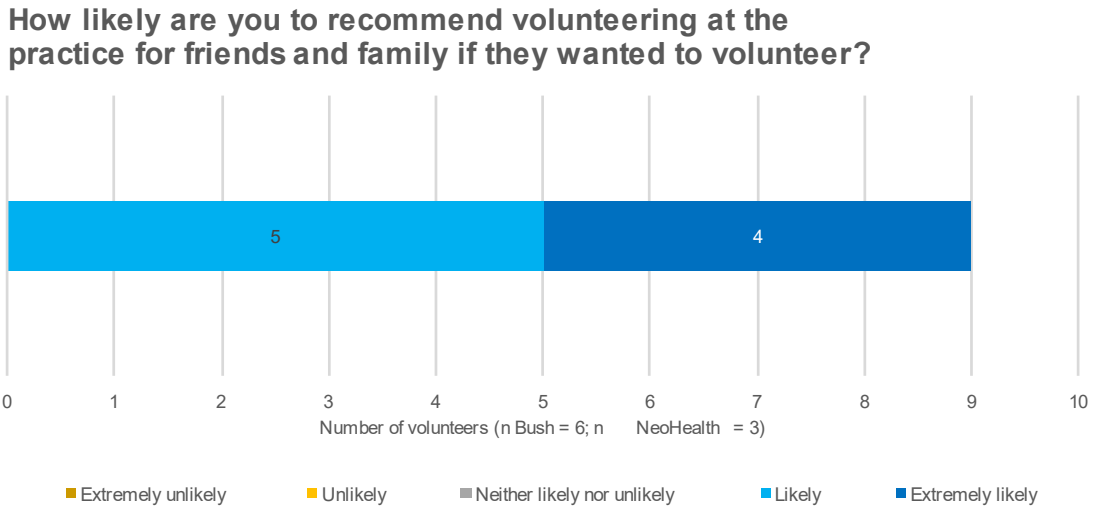


Figure A 3 - All volunteers surveyed (n=9) would recommend volunteering for Helpforce Companions

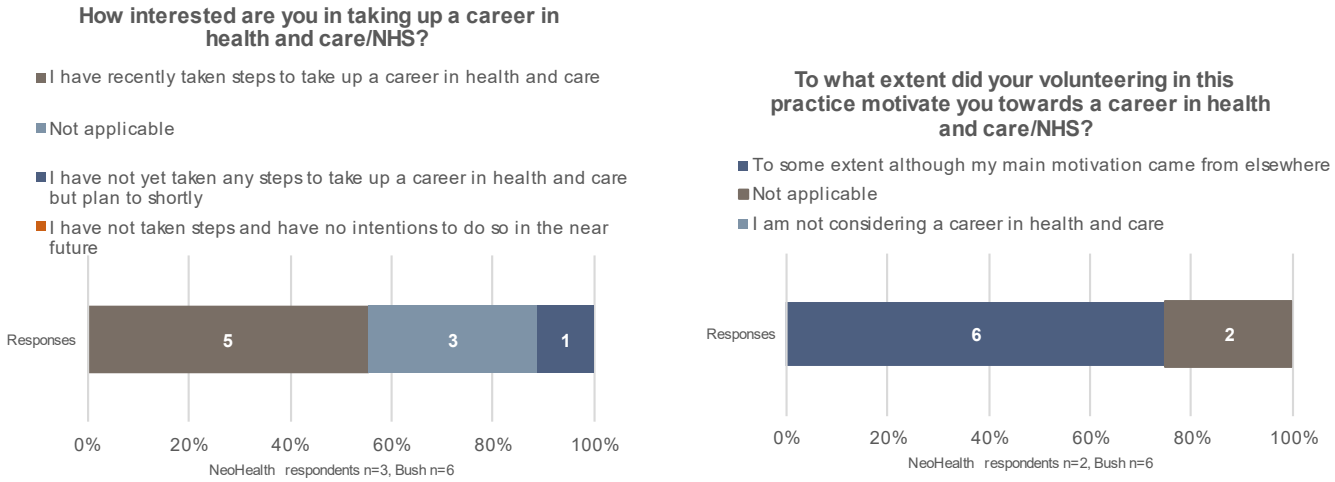


Figure A 4 - Two-thirds of volunteers surveyed (n=6) were actively interested in health and care careers, although they did not cite Helpforce Companions as their primary motivation

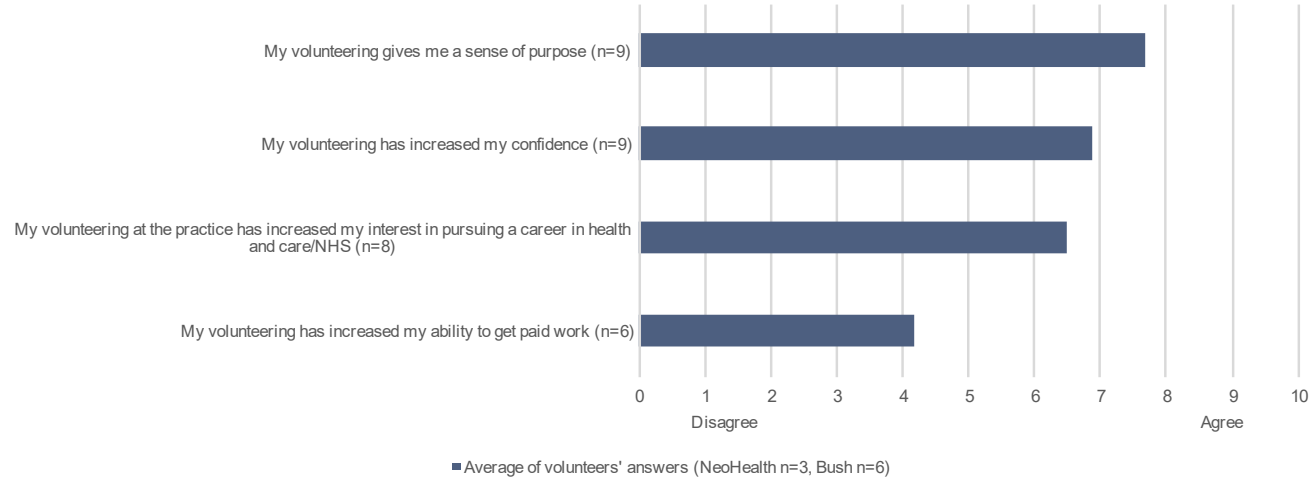


Figure A 5 - On average, volunteers agreed that their volunteering gave them a sense of purpose and increased their confidence. For some volunteers, Helpforce Companions had increased their interest in pursuing a career in health and care. Volunteers had lower agreement with the statement that volunteering had increased their ability to get paid work.

Appendix 4 – estimated programme costs in both locations

COSTS

	Time spent in programme work		Salary assumptions				Cost of programme	
Bush Doctors + UPG	Total for 3 months (1)	Av. hours per month	Per hour	Per month	Per year		Per month	Per year
Volunteer manager	127.5	42.5	-	1,000.00	-	(2)	1,000.00	12,000.00
SPLW	16.0	5.3	14.36	-	28,000.00	(3)	76.59	919.04
Admin	10.0	3.3	10.83	-	20,000.00	(4)	36.10	433.20
Total	153.5	51.2	-	-	-		1,112.69	13,352.24
Golborne + Age United	Total for 3 months (1)	Hours per month	Per hour	Per month	Per year		Per month	Per year
Volunteer manager	49.0	16.3	-	1,000.00	-	(2)	1,000.00	12,000.00
SPLW	70.4	23.5	14.36	-	28,000.00	(3)	336.98	4,043.78
Total	119.4	39.8					1,336.98	16,043.78

Sources:
(1) From staff spreadsheets collected by evaluators, time spent in the programme between Dec 2021 and Feb 2022
(2) Monthly salary paid by Helpforce to the Volunteer manager
(3) SPLW annual salary taken from SPLW job ads on NHS Jobs (for London)
(4) From NHS job ads for "GP practice receptionist and administrator" in London