

helpforce

Volunteering in Primary Care

How To Guide

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Introduction

Do you want to work with volunteers to deliver support to people in primary care?

Do you have an idea for a volunteering initiative that would work in primary care?

Do you want to see examples of primary care volunteering that works?

Throughout 2020 we have seen the dramatic impact that volunteers can have when they come together to support their local communities and their local health services. A challenge for the NHS is to make use of that volunteering offer across the range of services it provides. We have seen that there is an appetite to volunteer in all parts of the community and we believe there is a real opportunity for primary care to work with volunteers to provide improved services that meet the needs of the people it serves.

Whilst volunteering in acute hospital settings is quite established successful volunteering projects in primary care is an area with great potential for growth. There are excellent examples of initiatives where voluntary sector organisations are supporting primary care but we also want to release the potential of primary care organisations working with their own volunteers.

Who is this guide for?

This guide has been written to support anyone looking to develop volunteering in primary care. When we refer to Primary Care we include both the newly created Primary Care Networks (PCNSs) and GP Practices. Volunteering in Primary Care involves supporting patients through a partnership between the organisations that host volunteers and the Primary Care organisations.

This guide will be useful for.

- Primary Care Network business development leads
- GPs
- Leaders and managers within key statutory bodies (both providers and commissioners) that are exploring volunteering programmes across systems.
This could cover
 - Local Authorities
 - Community Nursing providers
 - Mental Health Trusts
 - Integrated Care Systems
- Staff working for local third sector organisations and that are keen to explore closer working with GP practices and PCNs
- Local Infrastructure organisations such as Community and Voluntary sector support organisations (local CVS organisations) that want to support greater collaboration between the voluntary sector and primary care

Understanding Primary Care

GP practices across the country have been grouped into clusters known as Primary Care Networks (PCNs). They typically cover a geographical area with approximately 30k-50k people.

What will primary care networks do?

NHS England has significant ambitions for primary care networks, with the expectation that they will be a key vehicle for delivering many of the commitments in the long-term plan and providing a wider range of services to patients.

PCNs will eventually be required to deliver a set of seven national service specifications. Three started in 2020/21: structured medication reviews, enhanced health in care homes, and supporting early cancer diagnosis. A further four are also set to follow- anticipatory care (with community services), personalised care, cardiovascular disease case-finding, and locally agreed action to tackle inequalities.

To do this they will be expected to provide a wider range of primary care services to patients, involving a wider set of staff roles than might be feasible in individual practices, for example, first contact physiotherapy, extended access and social prescribing.

Networks will also be the footprint around which integrated community-based teams will develop, and community and mental health services will be expected to configure their services around PCN boundaries. These teams will provide services to people with more complex needs, providing proactive and anticipatory care.

Primary care networks will also be expected to think about the wider health of their population, taking a proactive approach to managing population health and assessing the needs of their local population to identify people who would benefit from targeted, proactive support.

Primary care networks will be focused on service delivery, rather than on the planning and funding of services, responsibility for which will remain with commissioners, and are expected to be the building blocks around which integrated care systems are built. The ambition is that primary care networks will be the mechanism by which primary care representation is made stronger in integrated care systems, with the accountable clinical directors from each network being the link between general practice and the wider system. - [\[Primary Care Networks Explained - Kings Fund\]](#)

Why is this relevant for volunteering?

A key component of the changes referred to above is the requirement on PCNs and GP practices to become better connected with their local communities. To support this ambition NHS England has made funding available for PCNs to appoint Social Prescribing Link Workers (SPLWs). SPLWs are likely to be a key element in any attempt to encourage greater volunteering in primary care. SPLWs are the bridge between GP-based clinical staff and the communities they are based in. There are significant opportunities to amplify the impact of SPLWs through local volunteers.

Each PCN should have appointed a Clinical Director to oversee aspects of the proposed changes and specifically the role of local SPLWs. Engaging with local Clinical Directors will be critical for getting any volunteering programme started within a PCN

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What are the Challenges to Primary Care?

Many GP practices can be somewhat isolated from the communities in which they are based. The contract that GPs have with NHS England is very much focussed on treating people with illness and referring them on to the additional health services in the NHS.

GPs and their staff often don't have the time or skills to build a comprehensive understanding of the capabilities and assets that sit within their communities. They do not have the time, given the focus on ten-minute consultations, to fully understand the root causes of a patient's problem or the wider determinants of their health. Consequently they risk then addressing symptoms rather than causes. Mainly because the "causes" are not within the GP's control - unemployment, debt, housing issues, immigration issues, domestic violence, etc.

It is estimated that c.35% of all GP appointments relate to a non-biomedical issue i.e. a GP is not the best person to help address the patient's problem. Rather they need support to address the issues listed above but also to become better connected into their communities and to be given the support and agency to manage their own health and wider determinants of their health more effectively.

How could volunteering help?

Volunteers can and in different places already do help support primary care in a variety of ways such as:

- Providing companionship for patients that might otherwise seek medical help from their GP
- Supporting patients who might be digitally excluded to enable them to access health services or connect with friends and family - or just shop online
- Augmenting the work that SPLWs do through accompanying people to community events or accompanying to medical appointments
- They could help with admin in the GP surgery
- Marshalling during flu vaccinations
- Just calling patients to check in and have a friendly chat

However, outside of a few well known examples, such as Bromley By Bow, there are very few examples of GP practices working effectively with volunteers and voluntary sector organisations. The landscape is changing however with the funding that has been provided to Primary Care Networks (PCNs) to recruit Social Prescribing Link Workers (SPLWs). Somewhat disappointing though, most PCNs, rather than taking on responsibility for recruiting and managing

SPLWs themselves, have outsourced this to other local organisations. Nevertheless, the appointment of SPLWs does present an opportunity to encourage volunteering in primary care.

Often SPLWs can find themselves doing things to support patients that really are only needed because the patient is lonely or isolated or not well connected into their local community. Volunteers working alongside SPLWs present a fantastic opportunity to support and amplify the work of the SPLW.

What are the challenges to creating volunteer projects?

One of the key challenges to creating useful and fulfilling roles for volunteers in Primary Care is the capacity, skills and budget being available to support volunteers. In the absence of external funding GPs and PCNs will need to either secure funding or take a risk that the costs of recruiting, training and managing a team of volunteers will pay off in terms of positive impact on the GP practice. Evidence to support taking this risk is limited and in some cases anecdotal.

Even if budgets were not an issue the challenge of managing a team of volunteers is not insignificant. Most GP practices do not have the expertise and capacity to do this. They therefore will need to work with local organisations to provide this volunteer management capability. It is telling that the vast majority of PCNs up and down the country have decided not to directly manage their SPLWs (as the funding from NHS England would have allowed). In the vast majority of cases PCNs have opted for SPLWs to be managed on their behalf by local third party organisations. In most cases this “outsourcing” has been done at the Local Authority or CCG area level. In doing so this has negated some of the hyperlocal elements that SPLWs could have provided. This outsourcing of SPLWs does indicate that the capacity of PCNs to manage volunteers is likely to be very limited.

To establish successful and sustainable volunteering programmes in support of Primary Care it is essential that a localised approach is taken. If a “model” or an “approach” is attempted to be imposed on any given locality it runs the risk of alienating existing volunteer- led programmes that will already be operating in the area. Therefore time and capacity needs to be allocated to understanding what's going on in your locality before introducing any program.

This is about understanding both supply and demand. Where might volunteers be recruited from? And who might benefit from the support of a volunteer? Ultimately this is time consuming work and requires taking an asset based approach aimed at supporting existing capability in the community rather than fixing an identified or perceived problem. This can often be a challenge for people working in Primary Care.

Given the nature of the contract GPs have with NHS England their approach is often deficit based - “Let’s see what’s wrong with you, what are the symptoms you’re experiencing and let me deal with them” Too rarely do primary care staff have the capacity to understand the wider determinants of someone's health and what strengths they have that can be built upon.

The opportunity - the time is now

Whilst there are challenges there has never been a better time to explore the significantly positive role that volunteers can play in supporting GP practices and their patients

- New funding is coming into Primary Care to support greater connections into local communities
- COVID 19 has highlighted the significant role of volunteering across health and care systems [link to our [report](#)]
- COVID 19 has catalysed a desire in communities for people to help each other as evidenced by responses to national request for volunteers or the explosion of Mutual Aid Groups across the country
- The impact that link workers are having on reducing pressure on GP practices through addressing the wider determinants of health and the recognition that more could be done
- The growing awareness across health and care systems of the need for hyper local approaches to improving community wellbeing
- There is a huge deficit of GPs whilst volunteers won't fix this challenge they may help to reduce pressure on GP practices

Examples of volunteering in primary care

There are many different examples of volunteering in primary care and in reality the way any volunteering programme works will vary between different GP practices.

We have given a brief overview of few different examples and approaches being adopted in different parts of the country

Bromley by Bow - Bromley by Bow is often seen as a trailblazer in terms of a GP practice being fully embedded in its community and working very effectively with volunteers

More information can be found [here](#)

Altogether Better - Altogether Better's collaborative practice model is one of the most successful and well-proven examples of involving volunteers to improve primary care delivery.

With over 10 years experience and operating in over 130 practices across England, their award-winning model trains primary care leaders to work in collaboration with their local community (through Health Champion volunteers). Health Champions help codesign services around local people's needs, and run group classes for activities such as walking, breast feeding, and diabetes management. These activities help reduce GP visits, secondary care referrals, and help tackle social isolation.x

"We have increased our patient lists by 4,500 people and seen no increase in demand for either primary or secondary care consultations because we do things differently." — Mev Forbes, Managing Partner, GP Surgery

You can find out more about their offer, and the evidence of the impact they have made, at their [website](#).

Helpforce Companions - This project is being adopted by three GP practices in North West London (two in Kensington and Chelsea and one in Hammersmith and Fulham). The project is being supported by Helpforce. At each GP practice the volunteers “Helpforce Companions” are recruited, trained and managed by a local third sector organisation that already has experience of working with local volunteers. The Helpforce Companions work with one GP practice.

Helpforce Companions do the kind of things that many of us (hopefully) have family, friends or neighbours to help us with such as:

- Picking up medication
- Accompanying on a walk or a trip to the shops
- Taking to an appointment or community event
- Keeping in touch
- Helping with simple tasks

The project is currently funded as a pilot and to be sustainable will need for secure funding from within the health system.

HIYOS - Healthy In Your Own Skin (HIYOS) is a GP practice in Hounslow that has been exploring the potential for volunteers to support patients with digital skills. The practice was aware that many patients might benefit from support with tasks such as:

- Accessing their electronic patient records and GP online services
- Using online support tools to help manage their long-term conditions
- Skills to use online communication tools like zoom to support social activities.
- Using YouTube & Zoom and online communities to access entertainment/ online interest groups group or 1-1 tutorials (reduce isolation)
- Accessing online shopping.

The practice itself manages all the volunteers. The volunteers are recruited from the Practice’s own list.

Benefits to Primary Care

The key benefits to primary care can be broken down into the key stakeholder groups:

Statutory Providers

- By providing volunteer support to patients almost all the volunteering programmes hope to be able to show positive impact on demand for statutory services such as through reduced GP appointments and reduced access to other services. Attribution is notoriously difficult, so hard evidence to support this is limited

GP Staff

- In all cases the impact of volunteers on GP staff is significant in terms of reduced workload, improvements in staff morale and a feeling of being more closely connected to the communities they are based in.

Patients

- The potential for impact on patients is significant. Covering issues such as:
 - Reducing social isolation and loneliness
 - Improving ability to manage Long Term Conditions (LTCs)
 - Improvement in wellbeing scores such as Warwick Edinburgh Mental Wellbeing Score (WEMWBS) and Patient Activation measure (PAM)

Volunteers

- There are many ways in which volunteering provides positive impact for volunteers
 - A route into employment
 - A route out of loneliness and isolation
 - Giving a sense of purpose and fulfillment