

# FINDINGS: PATIENTS SUPPORTED BY THE NHS VOLUNTEER RESPONDER PROGRAMME DURING COVID-19 – APRIL TO AUGUST 2020

WORKING PAPER ONE \ OCTOBER 2020

*“I have Leukemia ...so to stay safe is of paramount importance ... so this service has been a godsend. Thank you to you and all your volunteers.”*

*(Female, aged 65-74, Midlands)*

## 1. HEADLINE FINDINGS

The aim of the patient survey was to understand if the NHS Volunteer Responders (NHSVR) programme met its core aim (i.e. to keep those people who are clinically vulnerable to COVID-19 safe at home while shielding for a minimum of 12 weeks) and provide insight into programme improvement.

Patients had overwhelming praise for the volunteers who supported them; 55% referenced volunteers as the thing they liked most about the programme; patients provided rich quotes – praising the kindness, efficiency and respectfulness of volunteers.

20% of patients also provided some helpful insight into things which didn't work so well (e.g. multiple calls, tasks not completed, etc) and further additions to the service (e.g. more bespoke service, etc).

These insights have helped to confirm some of the changes already underway, such as:

- a) more bespoke support for patients/clients with higher needs,
- b) reducing multiple calls related to the same task, and
- c) we continue to work on improving task completion rates.

### For those patients surveyed (16 July to 3 August 2020) they felt that the programme:

<p><b>Met their basic needs (84%)</b></p>	<p><i>“My prescriptions were delivered to me on time and regularly. I’m so grateful – without your service I would have had to put myself at significant risk. Thank you X”</i> (Female, 55-64, Midlands)</p>
<p><b>Allowed them to ‘stay at home’ (92%) and ‘stay safe’ (93%)</b></p>	<p><i>“I was contacted by several responders. Everyone was just brilliant, couldn’t help enough. I felt much safer not having to go out shopping. I can’t praise them enough”</i> (Female, 55-64, South East)</p>
<p><b>Was ‘very important’ to them (85%)</b></p>	<p><i>“So helpful and I’d have been stuck without their help. Service was vital”</i> (Female, 65-74, Midlands)</p>
<p><b>Appeared to be a protective factor for wellbeing – in particular, reducing anxiety levels</b> <i>(3.7 vs 4.4 on the Office of National Statistics (ONS) personal wellbeing questions)</i></p>	<p><i>“I like the fact they gave me the confidence and felt secured that someone cared and helped”</i> (Female, 65-74, London)</p>

## 2. NHSVR PROGRAMME

### What it is

The NHS Volunteer Responders (NHSVR) programme is commissioned by NHS England and NHS Improvement (NHSE/I) and was announced on the 24th March 2020 as part of the government's COVID-19 response. The original aim of the programme was to support the 2.5 million individuals identified as 'clinically vulnerable to COVID-19' to stay safe at home for a minimum of 12 weeks. The programme went live on 7 April and is a partnership between NHSE/I, Royal Voluntary Service\* and GoodSAM\*\*. The programme has been commissioned to the end of March 2021 and NHSE/I with RVS/GoodSAM will continue to review and evolve the programme to ensure it continues to meet people's needs.

### How it works

The programme accepts referrals from a wide range of sources – health care professionals, local authorities, other voluntary groups, and self-referrals. Once approved, volunteers need to download the GoodSAM App and manually switch to 'on-duty' or 'off-duty'. The GoodSAM app – in real-time – matches local volunteers to individuals or hospitals/ pharmacies that need 'tasks completed' such as shopping, delivery of prescriptions, patient or equipment transport, and/or a friendly 'check in and chat'.

The programme works best when there is more volunteers' on-duty than tasks coming in to enable tasks to be matched quickly. Volunteers have control over the time they give by switching their app 'on' and 'off' duty depending on their commitments (e.g. work, childcare, etc). Royal Voluntary Service manages the recruitment and provides support to volunteers and patients/clients. This includes supporting patient safeguarding and wellbeing (e.g food poverty, diminished mental and physical wellbeing and suicide concerns) and volunteer safety and wellbeing.

### Innovation in volunteering

There were many innovative aspects to this programme. Firstly, the speed and pace at which a programme of this size was set up – from concept to delivery it took a few weeks (end of March to beginning of April). Secondly, it was the first time that this type of technology app was used to recruit and approve an army of volunteers – in a matter of days to support the healthcare system. Thirdly, it aimed to match supply (local volunteers) with real-time needs of patients. And, finally, it provided individuals – with impactful micro-volunteering opportunities – while allowing them control and flexibility over the time they gave by switching on and off duty around their other commitments.

### Scale of programme

The programme originally asked for 250,000 people to step forward to volunteer their time to support the NHS. In 6 days 750,000 came forward before recruitment was paused. To date the programme has supported over 110,000 unique patients and has just passed 1 million tasks completed by volunteers. Of the 750k volunteers who came forward, 590,633 were approved to volunteer, 491,813 have downloaded and logged onto the GoodSAM app, and 384,896 have at some point put themselves 'on duty' (to end of September 2020).

## 3. SURVEY METHODOLOGY

### Aim of the survey

The survey had two questions to answer: a) Did the programme meet its core aims, in particular, to protect those clinically vulnerable to COVID-19 by enabling them to stay safe and well at home?, and b) What can we learn about what worked and what improvements need to be made? The survey findings presented in this working paper is one of a set of three surveys (patients, volunteers, referrers) conducted between July to October 2020. Insight from the surveys with volunteers and referrers will be published shortly.

### Data collection

An online link to the survey was sent out to patients in a 'patient letter' (n~68,000). Patients/clients could complete the survey online or call the Support Team and someone would help with completion. The Support Team received online training to support them with this task. In total, 548 surveys were completed – 213 with help from the Support Team and 335 self-completion online. The survey was open from the 16 July to 3 August 2020.

### Survey respondent characteristics

Of those who completed the survey: the majority were aged 65 and over (80%); female (60%); living alone (49%); British white & other white (94%) with 6% from BAME background; 82% had a long-term condition with 35% stating it impacted on their daily activities 'a lot' and 37% 'a little'; and 24% lived in the South East. We do not know how representative this is of the wider cohort of patients supported through this programme as we do not collect this type of detailed information on patients/clients.

## 4. FINDINGS FROM PATIENTS WHO COMPLETED THE SURVEY

### Part 1: BACKGROUND – reasons for shielding, referral route, wider support and tasks requested.

#### i. Reasons for referral

- 63% of those responding to the survey stated that they were advised to shield/self-isolate by the NHS (via letter) or their GP.
- 1 in 5 decided to shield/self-isolate because of underlying health conditions.

<b>Reasons for referral</b>	<b>%</b>
I was sent a letter by the NHS advising to shield/self-isolate and needed support	<b>43%</b>
I decided to shield/self-isolate because of my underlying health issues or disability and needed support	21%
My GP suggested to shield because of my underlying health issues and needed support	<b>20%</b>
I am a carer and live with someone who has been asked to shield/self-isolate or has underlying health issues or disability and needed support	4%
I was asked to self-isolate because I had symptoms of COVID-19 or had been in touch with someone who had a positive diagnosis and needed support	1%
Other (e.g. living with vulnerable parents/children so decided to shield, just finished treatment, suffering with mental health issues)	12%

#### ii. Who referred?

- 1 in 2 patients/clients were referred in by health and/or social care professionals.
- 1 in 5 made a self-referral or were referred in by friends, relatives or a carer

<b>Who referred?</b>	<b>%</b>
GP, district nurse, pharmacist, or health professional	<b>45%</b>
Self-referral	16%
Local Authority (e.g. Council)	12%
Friend, relative, or carer	4%
Hospital	2%
Social services	<b>2%</b>
NHS 111	<b>1%</b>
A local/national charity	<b>1%</b>
Local MP	0%
The emergency services	0%
I don't know	9%
Other (letter, neighbour, food parcel, etc)	8%
Sample size	NA

### iii. Other sources of support during COVID-19

- For more than half of patients – 58% – NHSVR was the sole source of support

<b>Other sources of support during COVID-19</b>	<b>%</b>
No, the NHS Volunteer Responders is the only service supporting my basic needs	58%
Yes, there are other local charities, organisations and/or volunteers supporting my basic needs	15%
Yes, there are neighbours supporting my basic needs	14%
Yes, family and/or friends	5%
Yes, there are other local charities, organisations and/or volunteers, and neighbours supporting my basic needs.	5%
Yes, supermarkets, shops, or GP support	3%
No, no support at all	1%
Sample size	NA

### iv. Tasks undertaken by volunteers

- The most common task undertaken by volunteers was dropping off prescriptions and shopping.

<b>Tasks undertaken by volunteers (Patients can select more than one task)</b>	<b>%</b>
Dropping off prescription(s)	62%
Shopping	39%
Check In and Chat – e.g. telephone calls/chats	29%
Patient Transport	1%
Dropping off / picking up equipment (e.g. blood pressure monitors)	1%
Other (e.g. posting a letter, food parcels, gardening, etc)	4%
No tasks were completed	4%
Sample size	NA

### v. Frequency of use (mid-April to July)

- 78% of patients/clients used NHSVR multiple times – twice or more
- 1 in 4 patients/clients used NHSVR 5 times or more

<b>Frequency of use (mid-April to July)</b>	<b>%</b>
Never	8%
Only once	14%
2 - 4 times	<b>41%</b>
5 - 10 times	<b>26%</b>
More than 10 times	<b>11%</b>
Sample size	NA

## **Part 2: IMPACT – basic needs met, supporting patients to stay at home and stay safe, importance of the programme, and patient/client wellbeing.**

A core aim of the NHSVR programme was to ensure the basic and emotional needs of patients/clients were met so they could stay at home and stay safe.

### **i. Basic needs met**

Have your basic needs (e.g. shopping, medicine, chat) been met by the service?

- 84% feel that that NHSVR has been able to meet their basic needs during COVID-19
  - “My prescriptions were delivered to me on time and regularly. I’m so grateful – without your service I would have had to put myself at significant risk. Thank you X” (Female, 55-64, Midlands)
  - “It’s wonderful as I was too frightened to go to supermarket” (Female, 85 or more, North West)
  - “Without it, it would have been very difficult for me to get my essential medication” (Male, 55-64, South East)
  - “Literally lifesaving. Severely ill with covid19, neighbours who usually help also ill, the wonderful volunteer was able to pick up much needed medicines” (Female, 65-74, Midlands)
- For those receiving ‘shopping and/or prescriptions tasks’ more felt their basic needs were definitely met – (87% shopping, 89% medicines versus 81% for Check In and Chat)
- And those who used the service more frequently – twice or more – felt their ‘basic needs were definitely met’ (range 89% to 94%)

<b>Basic needs met</b>	<b>%</b>
Yes, definitely	<b>84%</b>
Yes, to some extent	7%
No (Task was not completed (n=22), decided I didn’t need help (n=17), came too late)	9%
Sample size	NA

### **By task**

<b>Basic needs met</b>	<b>Type of tasks</b>		
	<b>Shopping</b>	<b>Prescriptions</b>	<b>Check In and Chat</b>
Basic needs were definitely met	<b>87%</b>	<b>89%</b>	81%
Basic needs were met to some extent	10%	6%	10%
Basic needs were not met	3%	5%	9%
Total	100%	100%	100%

### **By frequency**

<b>Frequency of using the service in the past 2 months</b>	<b>Basic needs met</b>		
	<b>Basic needs were definitely met</b>	<b>Basic needs were met to some extent</b>	<b>Basic needs were not met</b>
Never	32%	8%	61%
Only once	77%	6%	17%
2 - 4 times	<b>89%</b>	7%	4%
5 - 10 times	<b>91%</b>	7%	2%
More than 10 times	<b>94%</b>	6%	0%

## ii. Stay at home and stay safe

Did the support you received from the service enable you to STAY AT HOME and STAY SAFE?

- The majority felt they were able to stay at home (92%) and stay safe (93%)
- Unsurprisingly, those who received the service more frequently had higher scores related to – ‘stay at home’ and ‘stay safe’.
  - “I was contacted by several responders. Everyone was just brilliant, couldn’t help enough. I felt much safer not having to go out shopping. I can’t praise them enough” (Female, 55-64, South East)
  - “I am thankful for the service received for collecting prescriptions, my husband has Myeloma so we will be still shielding for the time being as it is too risky for him to mix as his immune system is compromised and he is on cancer treatment” (Female, aged 75-84, Midlands)
  - “... as a person shielding with a frail elderly mother they were life savers in a practical and morale boosting way” (Female, 65-74, London)
  - “Able to allow us to stay at home as my wife is very poorly, her immune system is very low” (Male, 75 to 84, Midlands)

<b>Stay at home</b>	<b>%</b>
Yes	<b>92%</b>
No and why = (did not receive support, did not need the service to stay at home, didn’t receive enough support)	8%
Sample size	NA

<b>Stay safe</b>	<b>%</b>
Yes	<b>93%</b>
No and why =(did not receive support, didn’t receive enough support, no but had other benefits)	7%
Sample size	NA

## By frequency

<b>Frequency of using the service in the past 2 months (dose)</b>	<b>Able to stay at home</b>	<b>Not able to stay at home</b>
Only once	88%	13%
2 - 4 times	<b>97%</b>	3%
5 - 10 times	<b>96%</b>	4%
More than 10 times	<b>98%</b>	2%

<b>Frequency of using the service in the past 2 months (dose)</b>	<b>Able to stay safe</b>	<b>Not able to stay safe</b>
Only once	88%	12%
2 - 4 times	<b>98%</b>	2%
5 - 10 times	<b>98%</b>	2%
More than 10 times	<b>96%</b>	4%

### iii. Importance

We wanted to understand how important this service was to patients/clients at this time – e.g. is this support ‘critical’ or a ‘nice to have’?

- For 85% the service was deemed ‘very important’; this is supported by comments from patients/clients:
  - *“Just a huge thank you to you and to all those who volunteered – absolutely extraordinary and invaluable effort”* (Female, 45-55, London)
  - *“So helpful and I’d have been stuck without their help. Service was vital”* (Female, 65-74, Midlands)
  - *“... doing brilliant job, I would be lost without you”* (Female, 65-74, South West)
  - *“I would have been unable to survive as I do not have online service”* (Female, 65-74, London)

<b>How important has this service been for you?</b>	<b>%</b>
Very important	<b>85%</b>
Fairly important	8%
Not very important	2%
Not important at all	5%
Sample size	NA

### Importance of service by task

<b>Type of task</b>	<b>Importance of service</b>			
	<b>Very important</b>	<b>Fairly important</b>	<b>Not very important</b>	<b>Not important</b>
Shopping	<b>92%</b>	6%	1%	1%
Prescriptions	<b>91%</b>	6%	2%	2%
Check In and Chat	81%	13%	4%	3%

### iv. Wellbeing

Findings are encouraging in respect to wellbeing – those receiving support through the NHSVR programme appear to have slightly higher wellbeing scores and lower anxiety compared with a sample of the UK population with underlying health conditions in July 2020 (see Office of National Statistics, Social Impacts of COVID surveys).

	<b>Life satisfaction</b>	<b>Life Worthwhile</b>	<b>Happiness</b>	<b>Anxiety</b>
NHSVR patients – 16th July to 3rd August	6.8	7.1	6.9	3.7
ONS – those with underlying health conditions 22-26 July 2020	6.5	6.8	6.4	4.4

- *“I like the fact they gave me the confidence and felt secured that someone cared and helped”* (Female, 65-74, London)
- *“Principally it was knowing it was there. Very reassuring”* (Female, 75-84, East of England)
- *“It was a great relief to have the help I was given”* (Female, 75-84, South East)
- *“vol [sic] have been friendly and understanding, they ask how you feel and keep you positive. they have been brilliant”* (Male, 55-65, East of England)
- *“I appreciated the phone calls and offers of help. This was comforting and supportive”* (Female, 75-84, North West)

## Part 3: PROGRAMME LEARNING

### Liked

Patients were asked to write what they – ‘liked’ – about the programme; more than half made specific reference to volunteers.

Liked	%
Volunteers (and/or staff) were friendly, polite, helpful, reliable, respectful, go out of their way	55%
Timely and efficient	19%
Provided reassurance and comfort – “knowing help was there”	18%
Was vital / a life line – do not know what they would have done	14%
Easy to arrange support	1%
Sample size	NA

There was overwhelming **praise for volunteers – these are only a handful of quotes:**

- *“The people I have dealt with have without exception been wonderful – a credit to society!”* (Male, 55-64, South East)
- *“I would just like to say what a wonder service ... Would recommend this service to everyone and shining example of how people come together and a massive thank you to everybody”* (Male, 55-64, Midlands)
- *“Liked being asked if we needed help. The promptness of the service. Personality of volunteers and call handlers was caring, informative and supporting – means a lot. Keep up the good work. It’s been a lifeline to us”* (Husband and Wife, 74-85, North West)
- *“find the volunteers really helpful and they always got the right things!”* (Female, 65-74, East of England)
- *“Always happy to help. Friendly at all times”* (Female, 45-55, South East)
- *“The volunteers were thoughtful, really efficient and we have been very grateful for the service”* (Female, 75-84, Midlands)
- *“I think all the volunteers are incredible to give their time to those who need the extra help! A great big thank you to them all”* (Female, 75-84, South East)

### Improvements

Patients were asked what improvements they would make to the programme. 80% stated ‘none’ and 20% give examples of areas for improvements.

Improvements	%
None	80%
Task issues (ensuring tasks were completed, reducing number of volunteers calling for the same task, etc)	9%
Knowledge of service (greater awareness of service remit and call centre number)	3%
Tailoring of service (e.g. having the same volunteer, not receiving calls from volunteers after 2pm, etc)	2%
Additional / more support (e.g. more support, different support)	2%
Volunteer issues (e.g. greater checks on some volunteers)	2%
Other (e.g. didn’t need the service but found it difficult to remove name/details)	2%
Sample size	NA

- “We did keep getting lots of calls saying we had asked for help after we had already been helped” (Male, 16-25, South East)
- “There needs to be far more effective co-ordination between Volunteer organisations like yourselves to prevent duplication of effort. I have received over 15 telephone calls ... over the past 10-11 weeks from a variety of different organisations/charities” (Female, 85 or over, Midlands)
- “More information about how to use the service and how it works” (Female, 64-74, North East)

## Improvements made to the programme

The findings from this survey helped confirm some of the improvements in the programme that were already underway.

### What we have done ...

<b>More support:</b>	<b>Task completion rates:</b>	<b>Reducing multiple calls:</b>
<p>For those who need additional support and/or more consistent support because of increased vulnerability (e.g. dementia, mental health) we developed Community Response Plus and Check In and Chat Plus roles. In this role, volunteers go through additional checks and training.</p> <p>We have also made further adaptations for those with hearing and visual impairment, as well as individuals for whom English is not their first language.</p>	<p>To improve completion of tasks we are targeting particular geographical areas where this is an identified problem. We have done two things to improve completion:</p> <p>a) recruit more volunteers in those areas to ensure support is available and</p> <p>b) made the ‘Check In and Chat’ role ‘national’ – allowing tasks to be matched to a volunteer anywhere in England, and we have increased the minimum length of time that a task for recurring support is with a volunteer to 48 hours.</p>	<p>We have worked with all three participants in this programme to reduce multiple calls for the same task or frequency of calls. For referrers we hold fortnightly webinars to ensure they understand the programme and referral process. For volunteers we provided detailed training on ‘how to use the app’ (dos &amp; don’ts), and have various engagement events and a fortnightly e-newsletter. For patients we send letters explaining the type and frequency of their support, and how they can change their referral – either the task and/or frequency.</p>

## 5. CONCLUSION

The patient survey (Working Paper One) is the first of three surveys (volunteer & referrer) – conducted between July to Mid-October – to examine the impact of the NHSVR programme. The aim of this survey was to understand if the programme met its core aim (to keep those clinically vulnerable safe at home) and provide insight into programme improvement.

### For those patients surveyed in July and August 2020 they felt that the programme:

- Met their basic needs (84%)
- Allowed them to ‘stay at home’ (92%) and ‘stay safe’ (93%)
- Was ‘very important’ to them (85%)
- Appears to be a protective factor for wellbeing – particularly, reducing anxiety levels

Patients had overwhelming praise volunteers; 55% referenced volunteers as the thing they liked most. 20% of patients also provided some helpful insight into things which didn’t work so well (e.g. multiple calls, tasks not completed) and further additions to the service (e.g. more bespoke service, etc).

The findings from the other two surveys – will be shared shortly: Working Paper Two – Volunteer Survey findings and Working Paper Three – Referral Survey findings.

For comments, feedback or questions: please contact Dr Allison Smith, Royal Voluntary Service – [allison.smith@royalvoluntaryservice.org.uk](mailto:allison.smith@royalvoluntaryservice.org.uk)

Thank you to Rahel Spath, Independent data analyst at SocStats.