

FINDINGS FROM THOSE REFERRING INTO THE NHS VOLUNTEER RESPONDER PROGRAMME DURING COVID-19

WORKING PAPER THREE \ JANUARY 2021

“This is a service that is needed not only during the pandemic but all the time ... as a GP service I would benefit from being able to access volunteers that are able to help patients with these basic needs when required. I think the volunteers have done a great job and made the patients feel that they are not on their own” (Social Prescribing Link Worker, East of England)

1. HEADLINE SUMMARY

The aim of the referrer survey was to understand the experience of professionals referring into the programme and gain insight to inform programme improvements. The survey was completed by 348 respondents in October 2020. The survey asked questions on general experience of the programme, satisfaction with the programme, what improvements needed to be made, and likelihood of future use. The main headline findings are:

Context



72%

of those responding to the survey came from the healthcare system (GP, link workers, hospitals, social care providers, pharmacist, NHS 111)



47%

of professionals heard about the programme through NHS communications



78%

stated they were attracted to the programme because it helped them to address urgent needs of their patients to stay at home/stay safe



81%

of professionals referred in multiple patients



59%

stated that it did not duplicate local provision



63%

would use the programme for any subsequent COVID-19 waves



59%

would like to use it year round

Impact

Respondents felt it was a vital service for their patients:

- 80% agreed that without the programme some of their patients would have struggled to shield/self-isolate

They also felt it was a vital service for them/the NHS:

- 53% felt the programme helped to reduce workload
- 83% agreed that this programme ‘**helped reduce pressure on NHS/ social care /other services during COVID-19**’
- 71% stated that the programme helped them worry less about their patients during COVID-19
- 78% strongly agreed with the statement ‘**volunteers make a valuable contribution to the NHS/public services**’

Insight

The majority of respondents to this survey stated that they were satisfied with the programme - 77%, of which 47% were very satisfied. The survey also provided some helpful insight into programme improvements. In an open-text question, respondents were asked about programme improvements. The majority of the comments related to a) transparency of process after a referral(s) is made and/or b) requested tasks not being completed.

“I couldn’t tell if those I’d referred had been matched with a volunteer. it made me wary of referring others as I couldn’t be sure that they had received the support”

(Local Authority, North West)

“Sometimes the referral would sit with a volunteer without accepting/rejecting it and so therefore our elderly patient was not picked up and consequently missed her cardiothoracic appointment and caused her great anxiety”

(Hospital, North East)

I found it difficult to search for clients on website after I’d referred them. No follow up to tell me they’d been contacted. Had to call client to find out”

(Approved charity partner, London)

Other comments – but far fewer – related to issues with the website/app; some found the website/app not user-friendly.

This survey and subsequent engagement with those referring into the programme has led to some immediate and on-going improvements to the programme – such as – greater training and promotion of the online portal so referrers can track and see what action has been taken on their referrals, on-going website/app improvements to make the process easier, and development of new volunteer roles to support system demands (e.g. non-clinical support for vaccine clinics). The specific programme improvements are set out in Section E.

2. NHS VR 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 government’s COVID-19 response. The NHSVR programme aims:

1. To provide protection to those clinically vulnerable to the COVID-19 pandemic. NHS Volunteer Responders help with tasks such as collecting shopping or prescribed medication, driving people to medical appointments, transporting essential equipment and supplies, or helping alleviate loneliness via telephone support.

2. To enable more individuals to step forward to support the NHS through micro-volunteering opportunities. Volunteers via the GoodSam app can turn ‘on or off duty’ depending on their other commitments (e.g. work, childcare, leisure, etc).

3. To increase capacity within the local healthcare economy & respond to ‘real-time’ needs in the system. Volunteers are available to respond to time critical tasks such as shopping, prescription and equipment drop-offs, etc.

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 are 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 to ‘on’ or ‘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 130,000 unique patients and 1.3 million tasks have been completed by volunteers. Of the 750,000 volunteers who came forward (in March/April), 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 three core questions to answer: a) what was their experience of referring into the programme, b) what worked well and what improvements need to be made, and c) what would their future use of the programme be. This survey is one of three surveys undertaken (patient and volunteer surveys - July to Oct), and will be complemented by further data collection – e.g. focus groups & interviews (Oct-Dec). For survey findings on patients and volunteers see RVS website (Our Impact).

Data collection

An online link to a survey was sent out in RVS and NHSE/I communications. The survey was open from the 4th to 10th of October 2020 and 348 participants completed the survey.

Survey respondent characteristics

Of those individuals that completed this survey, the majority came from the healthcare system - 72%. Most started referring into the programme in May and April (83%) and there was a good regional spread participating in this survey: 9% in East of England, 10% North West, 13% North East, 15% London, 17% in both the Midlands and South West, and 18% in the South East. For 1 in 4 respondents this was their first time working with volunteers. Almost 40% are still using the programme however, the survey was completed pre 5th of November lockdown when use of the programme has increased again. To note: those who ‘self-referred’ into the programme were picked up in the Patient Survey (see Working Paper One).

4. FINDINGS FROM THOSE WHO REFERRED INTO THE NHSVR PROGRAMME

This paper will set out four areas of analysis:

a. Communications, current activity and knowledge of the NHSVR programme

b. Use of NHSVR and experience

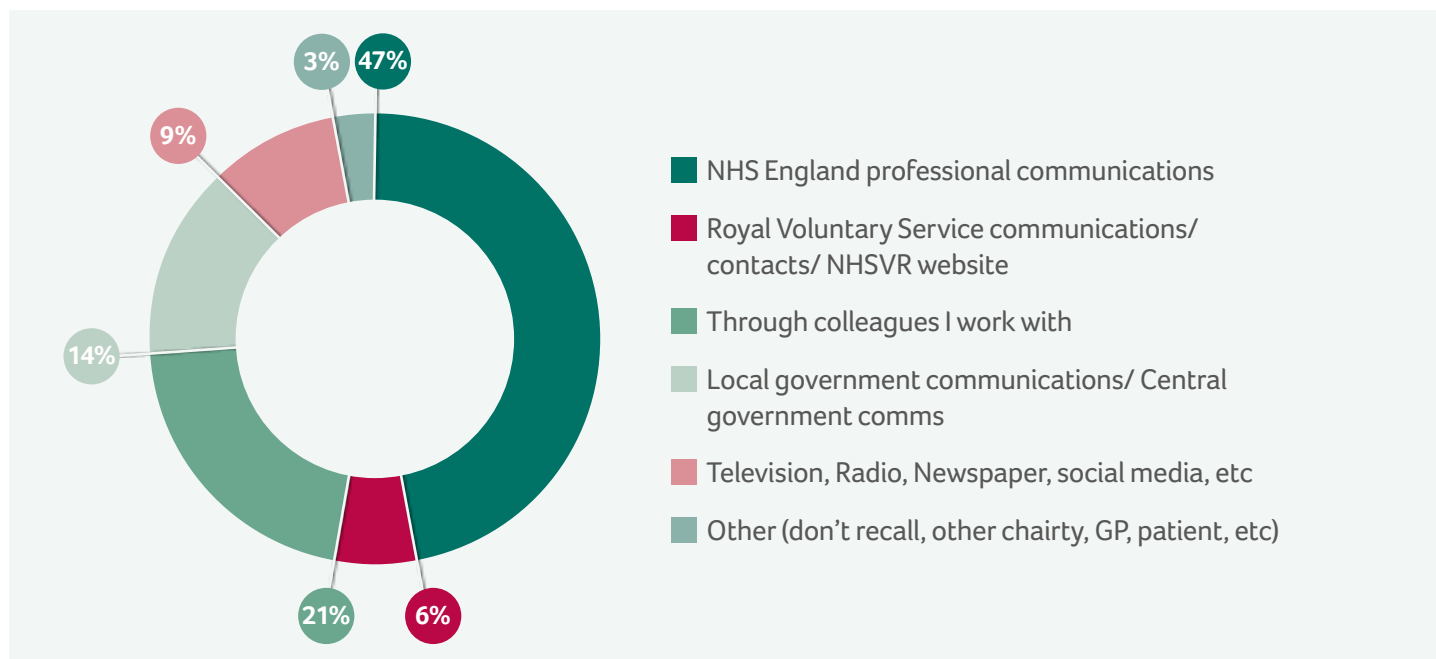
c. Satisfaction and general feelings about NHSVR

d. NHSVR improvements and future use

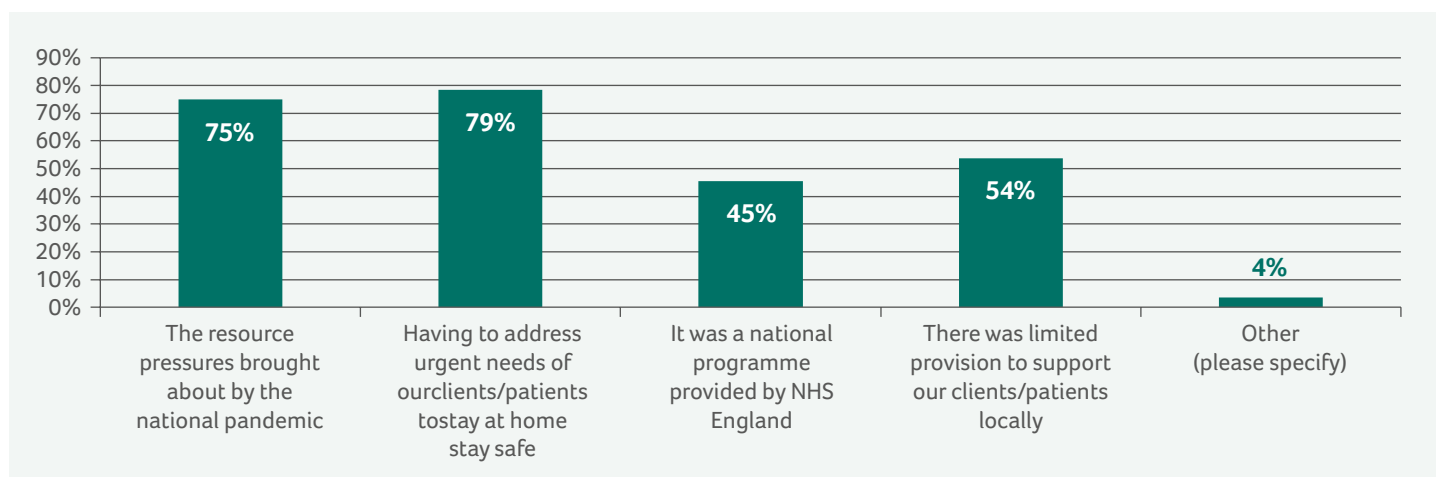
a. Communications and current activity

Communications

- The vast majority heard about the NHSVR programme through NHSE/I professional communications (47%) and then through other colleagues (21%).



- Respondents were asked 'what attracted them to using the programme?'
 - Almost 80% needed to address 'urgent needs of their patients'
 - Over 50% stated that this type of provision was limited locally
 - 3 in 4 respondents felt the programme helped address resource pressures brought on by the pandemic

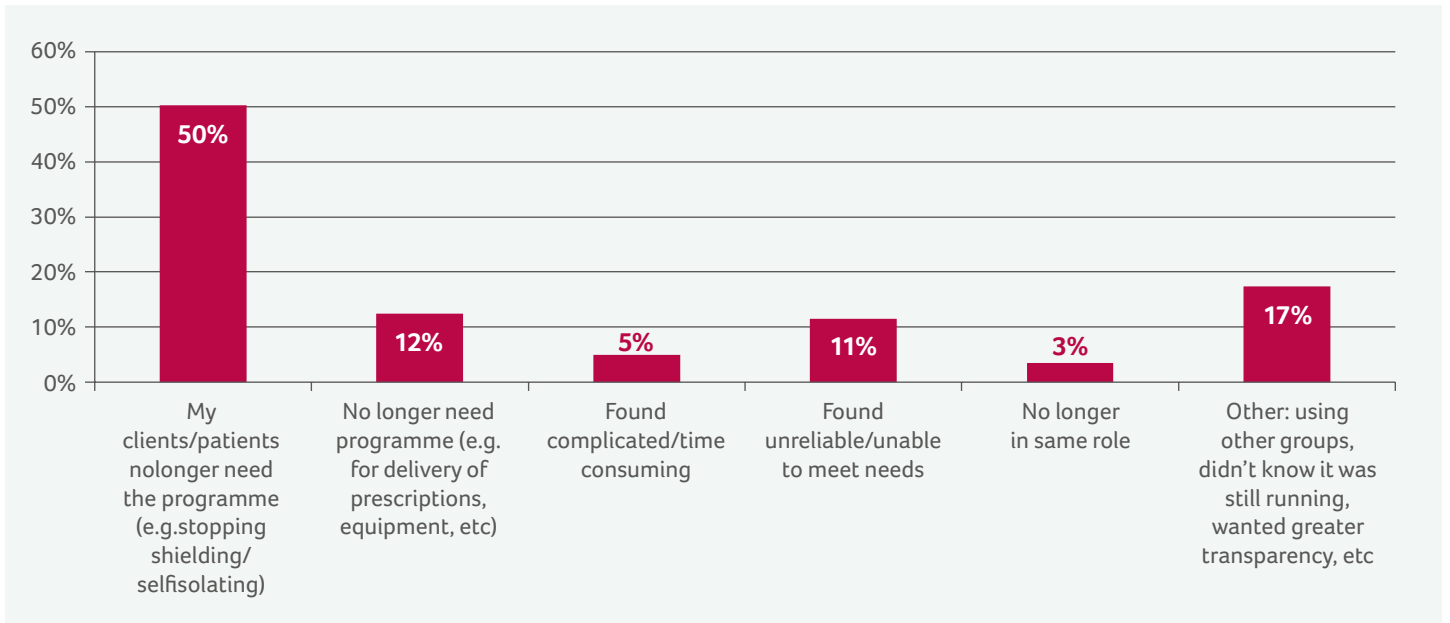


Current activity

- Almost 40% were still referring into the programme (to note: survey findings were pre 5 November/second lockdown)

	%
Yes, I am still using the programme	39%
No, I am currently not using the programme	61%

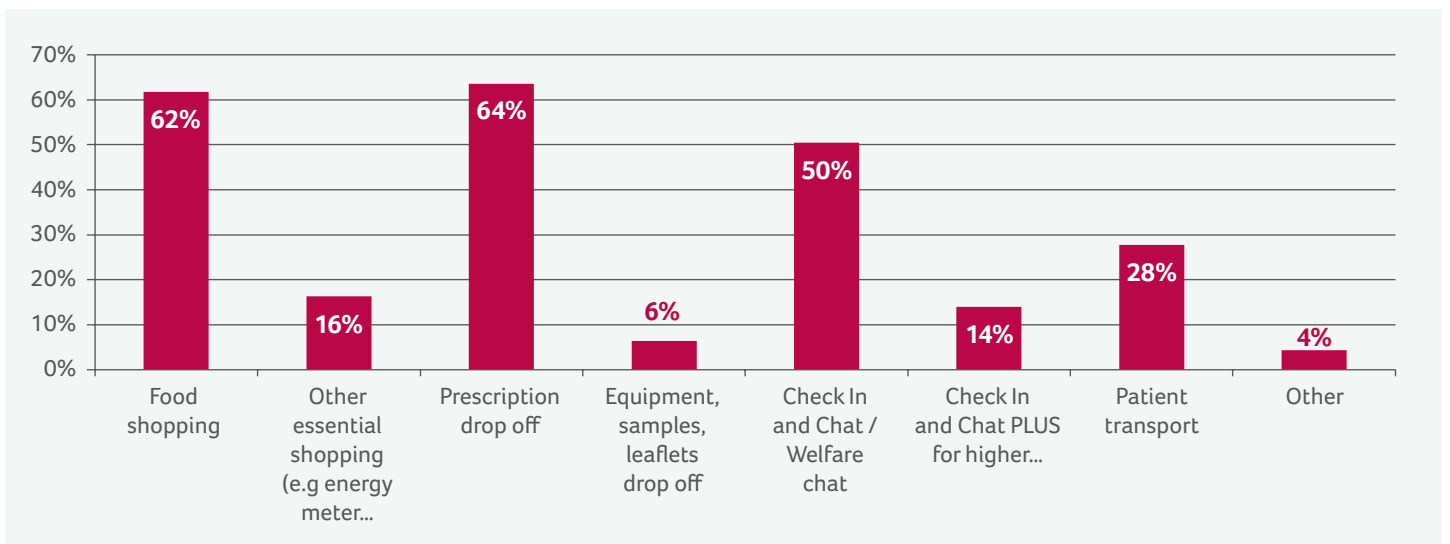
- Of those who stopped referring into the programme (61%); 62% stated that they or their patients no longer needed it.



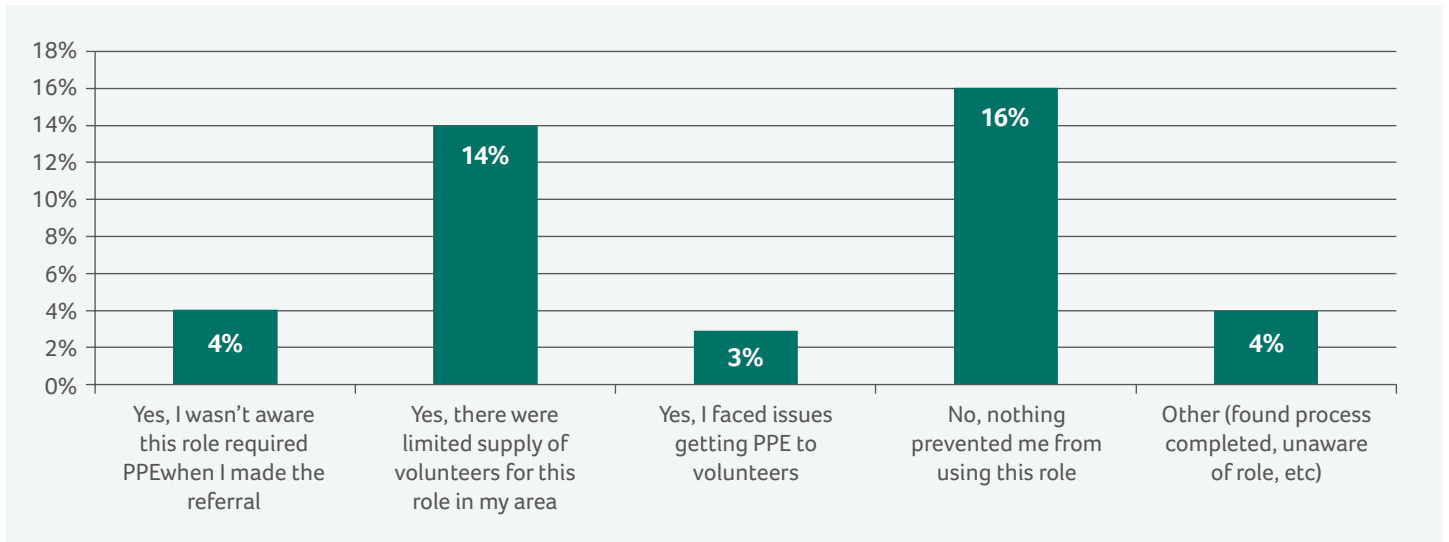
b. Use of NHSVR and experience

Use of NHSVR

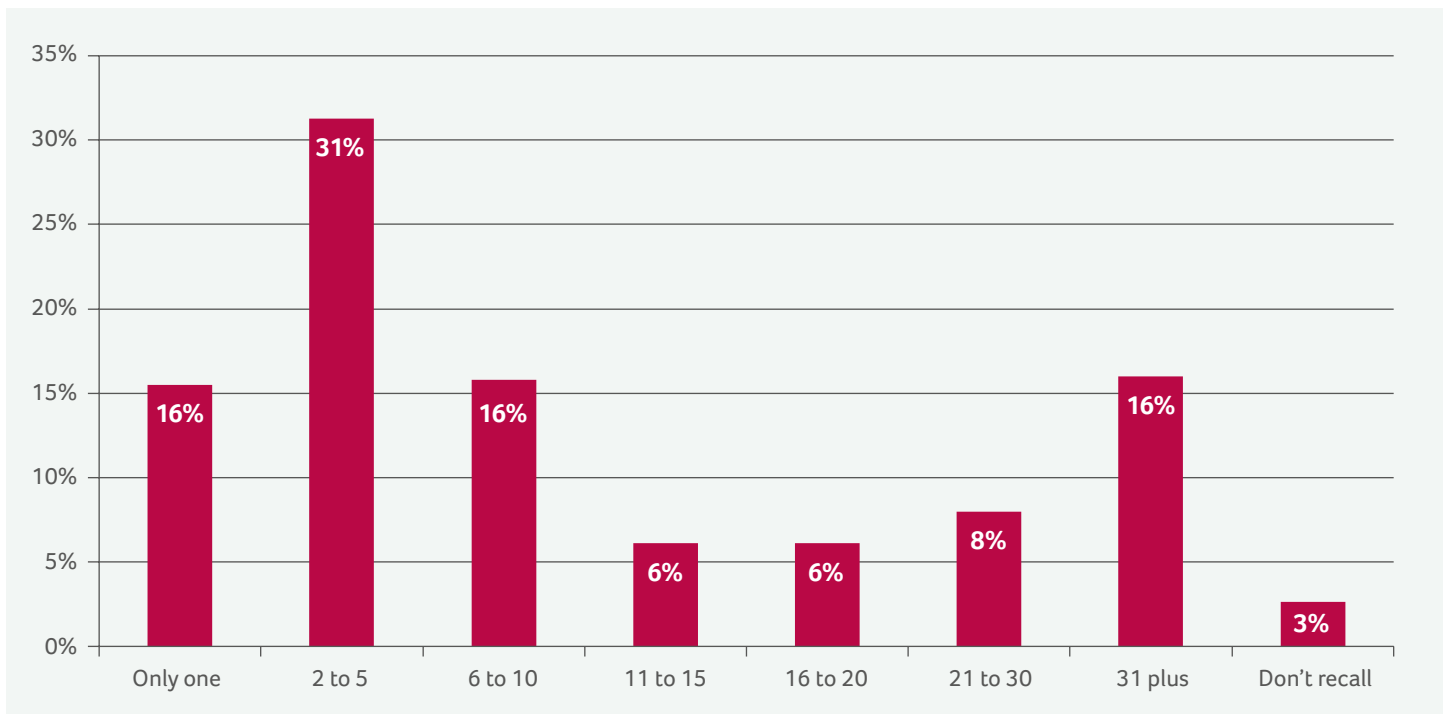
- Respondents were asked 'What are the tasks you typically request/requested? (Please tick all that apply)'; food shopping, prescriptions, and a welfare chat were the most commonly requested tasks.



- **FOR PATIENT TRANSPORT ONLY:** Of those that used or wanted to use patient transport did anything prevent you from using this volunteer role? For those who wanted patient transport role – 14% had issues with supply of volunteers to do this role.



- Most respondents referred multiple clients – over **one in three** referred in 10 or more patients/clients.



Experience

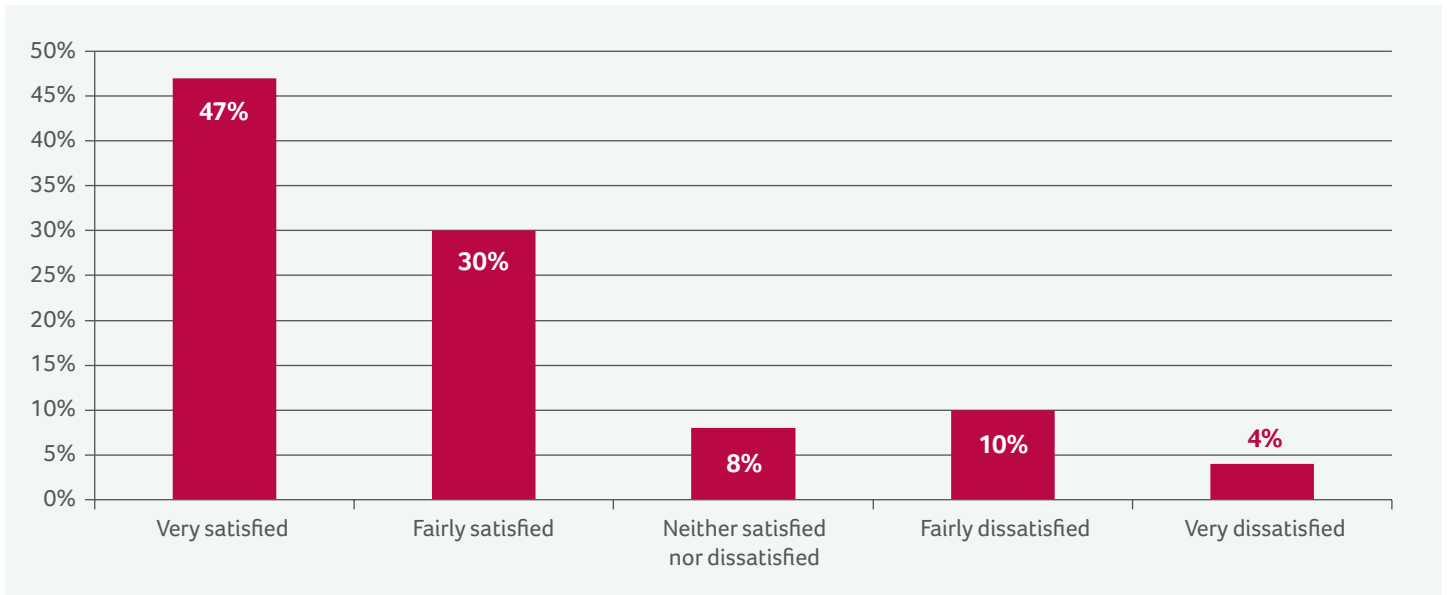
- Referrers were asked if they 'strongly agreed to strongly disagreed' with the following statements; **few referrers appeared to be aware they could log onto the portal to see if tasks had been completed – 37%**

	Strongly agree / somewhat agree
I found the referral portal was easy & straightforward	74%
I liked that tasks were completed quickly	65%
I was clear who I could refer into the programme	79%
I could log onto the portal and see the task(s) had been completed	37%
I liked knowing safeguarding procedures were in place for patients/clients & volunteers	75%

c. Satisfaction and general feelings about NHSVR

Satisfaction

- Overall, respondents stated they were satisfied with the programme – 77%



“I thought it worked perfectly thank you”

(Other, South East)

“This is a service that is needed not only during the pandemic but all the time. I think as a GP service I would benefit from being able to access volunteer that are able to help patients with these basic needs when required. I think the volunteers have done a great job and made the patients feel that they are not on their own. This service could also be extended to the discharge teams in the hospitals to access ...”

(Social Prescribing Link Worker, East of England)

“I’m really acutely aware of people who don’t have anybody. And I think if I can add value or just be that person at the end of the phone, then I’ve done something good and worthwhile and that’s really important to me.” (South East, aged 35-44)

“We have only made 3 referrals and the process was very easy to use. At this moment I cannot suggest any improvements at all. It is a brilliant service”

(Social Housing Provider, Midlands)

“I think the service was fantastic. I would have appreciated more reminders about the possibility of referring in and what services were on offer. The service was developed at a time when GPs were inundated with emails about Covid and everything related to it, and I confess that its existence may, at times, have been dwarfed by other communications”

(General Practice, North East)

General feelings about the programme

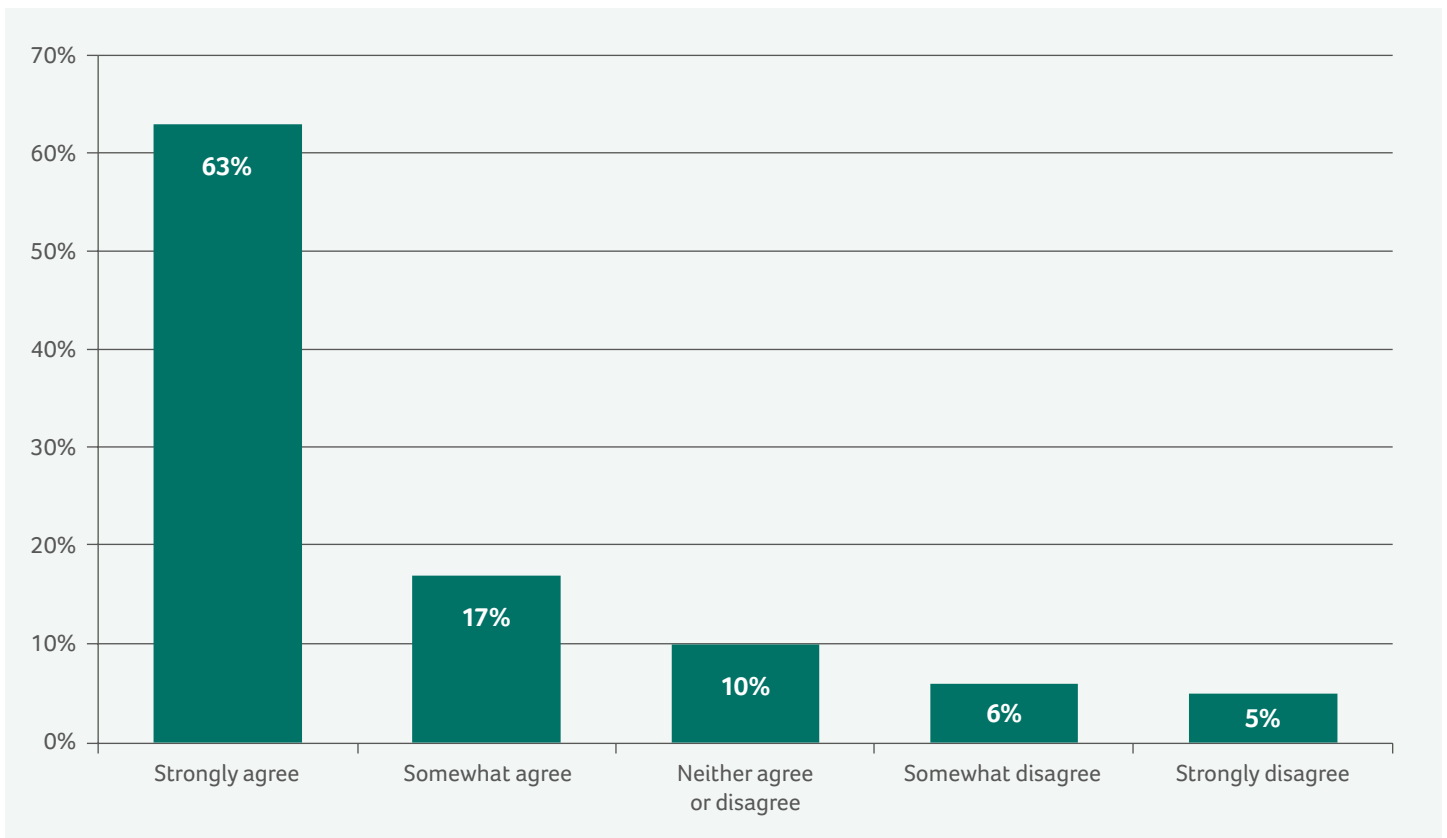
The programme helped to reduce work and worry ...

- 53% found that it 'helped to reduce my workload'
- 71% agreed that it 'helped them worry less about clients/[patients]'

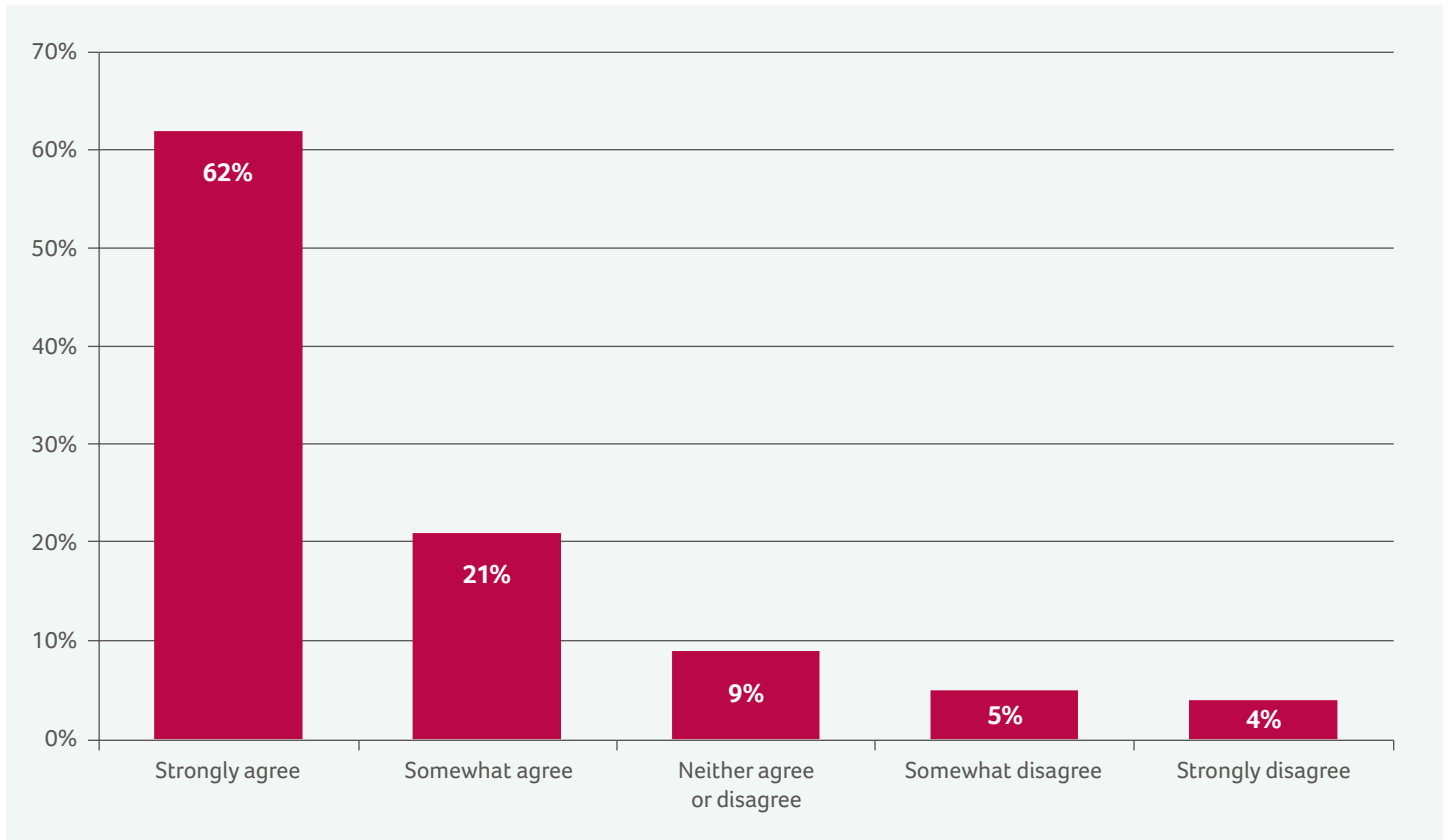


Responders to the survey found the programme to be a vital service ...

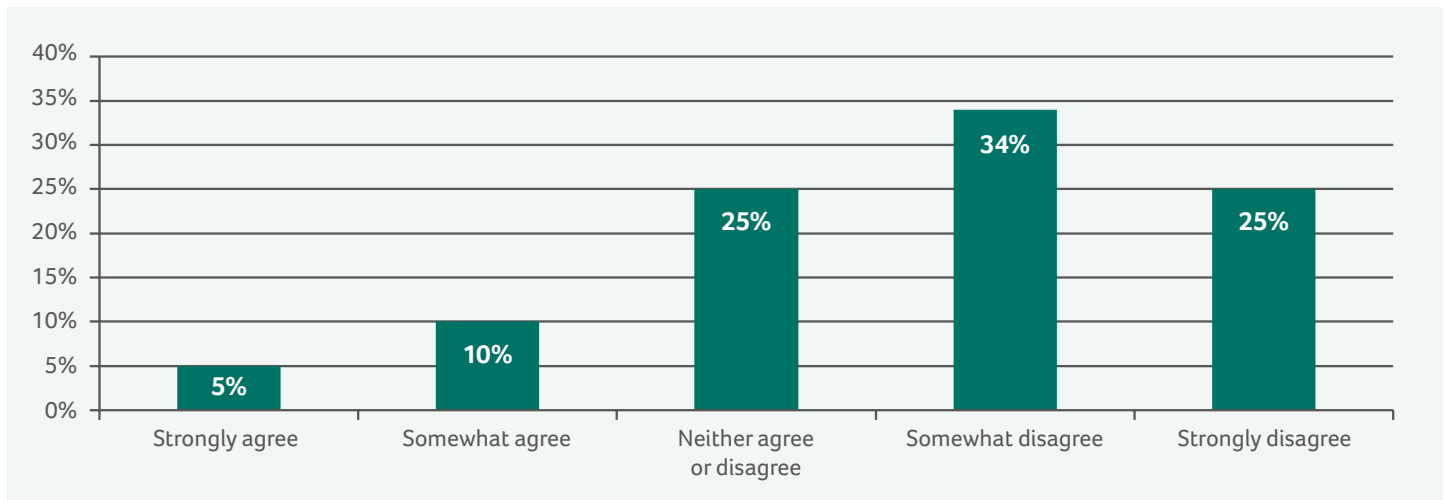
- 80% of respondents felt that 'Without this programme some of our patients/clients would have struggled to shield/self-isolate'



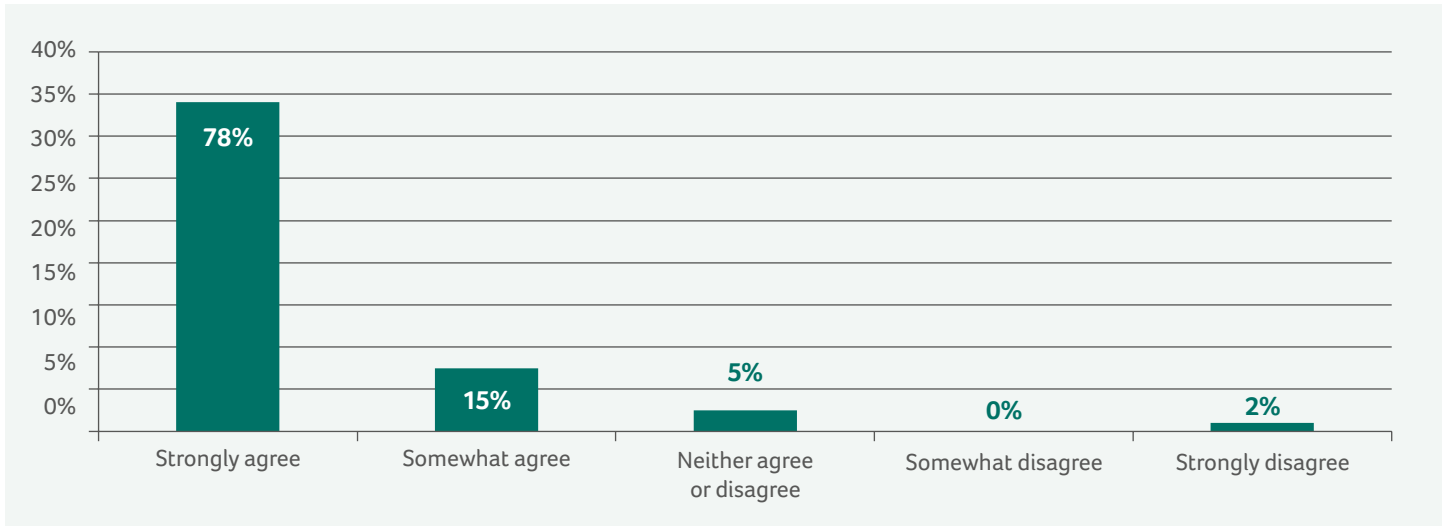
- **83%** agreed that this programme ‘ helped reduce pressure on NHS/ social care /other services during COVID-19’



- Almost 60% (somewhat or strongly **disagreed**) with the statement – ‘I felt this duplicated local provision’; only 20% felt it duplicated local provision.



- Almost **80% strongly agree** volunteers make a **valuable contribution** to public services.



d. NHSVR improvements and future use

Improvements

We asked respondents an open-text question on how we could improve the service? Of the 387 respondents to the survey, 239 (62%) provide comments and suggestions on improvements.

The majority of the comments related to issues about 1) referral updates/communication and 2) task completions around their client referrals – specifically:

“I didn’t realise I could look on the portal to see if my requests were actioned. I know they were through communication with my patients. Maybe a text or email would be helpful to busy practitioners like me to make us aware it has been accepted. I have very much appreciated the support and feel you have got a lot right with the service” (Other, East of England)

“I found it difficult to search for clients on website after I’d referred them. No follow up to tell me they’d been contacted. Had to call client to find out” (Approved charity partner, London)

[would like]

“Notification generated if task isn’t picked up in 72 hours” (Social Prescribing Link Worker, North West)

“I couldn’t tell if those I’d referred had been matched with a volunteer. It made me wary of referring others as I couldn’t be sure that they had received the support” (Local Authority, North West)

“I think communication after a referral has been made could be improved. Also, I had to do repeat referrals in some cases where a client was missed originally but the system doesn’t allow that so phone calls had to be made instead. As I was unaware of the dashboard, I had to call patients to find out if their needs had been met which meant my workload wasn’t reduced at all by using the service” (Social Prescribing Link Worker, Midlands)

“It was a little unclear if a volunteer was still seeing our patients, so perhaps some idea of ongoing work would be beneficial” (Social Prescribing Link Worker, South East)

“Sometimes the referral would sit with a volunteer without accepting/rejecting it and so therefore our elderly patient was not picked up and consequently missed her cardiothoracic appointment and caused her great anxiety. Similar to an Uber app, it would be helpful if we or the patient received details of the volunteer’s name, car type and reg and we could track when the volunteer had picked up the referral (not just completed the pickup) and could see how far the volunteer is from the patient postcode” (Hospital, North East)

Some comments related to technology issues and referral process:

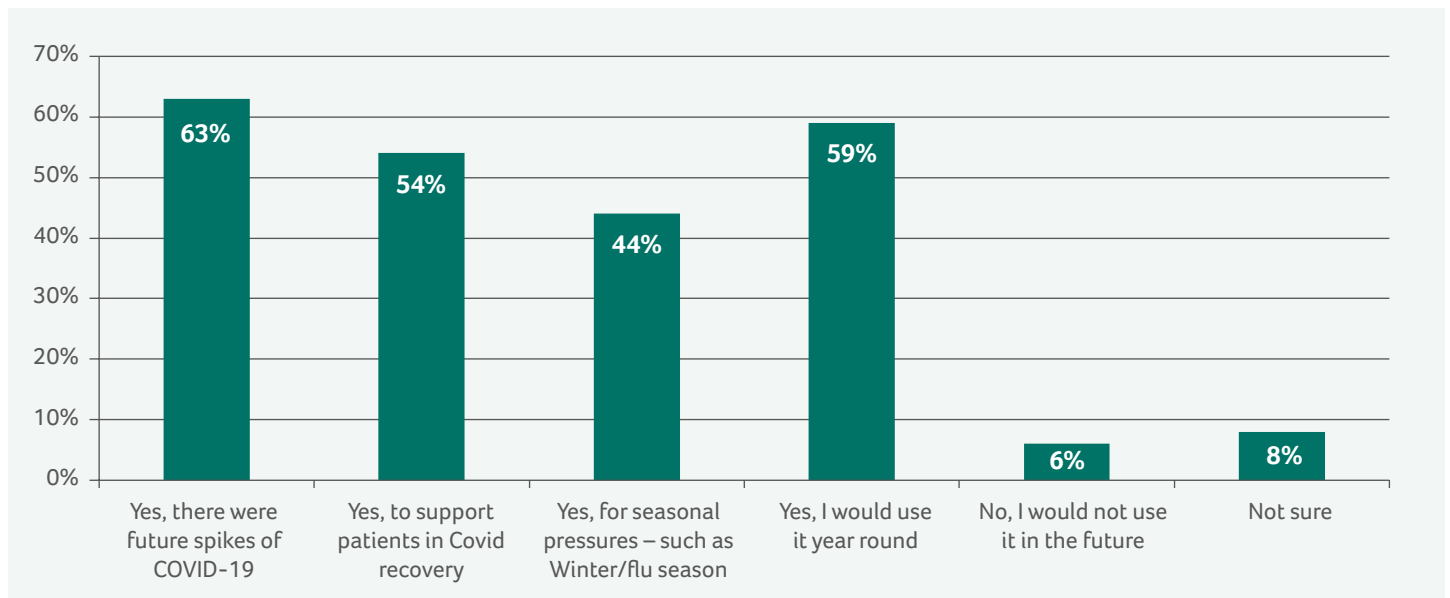
- Would like it linked into clinical system (General Practice, London)
- GoodSam App could be more user-friendly, it is difficult to use if the information is not available (Approved Charity partner, London)
- Only (slight!) issue is entering a client's address is a bit unpredictable... something smarter like Postcode and finding the address would be better. (Social Prescribing Link Worker, Midlands)
- Would like to be able to add a comment into a referral [form] to make volunteers aware of something about the client. No option to do this (Social Prescribing Link Worker, East of England)

And other comments related to additional provision, activities or expansion of volunteer roles:

- 63% wanted an additional role around more one to one support for clients, and 53% a more flexible volunteer role.
- “When I was calling vulnerable people I found a lot of people with mobility difficulties were struggling to change their sheets and duvet covers, some had difficulty washing up. It would be great if these tasks were part of the service” (Local Authority, South East)

Future use

- The majority stated they would continue to use the programme for future spikes (63%) and 59% stated they would like to use it year round.



e. Our learning and programme improvements

Based on feedback from this survey and subsequent discussions – i.e. webinars - with those referring into the programme we have made these improvements.

Transparency of referrals

Greater awareness raising about functionality of the online portal; plus inclusion of the ability to cancel/ amend referrals online.

Task completion rates

To address and improve on task completion rates we are recruiting more volunteers and encouraging – through telephone calls and letters - those volunteers who have switched-off duty (in the last 4 weeks) to turn back on-duty. We have also made improvements to aspects of the app which will hopefully lead to great volunteer retention and engagement; such as making it easier to accept and complete tasks, and we are exploring aspects of gamification to make the experience fun! In the past month we have seen an improvement in task completion rates, but we continue to watch this working with local areas to continuously improve this.

User-friendly referral process

We have frequent webinars with referrers to support them in the referral process and/or ensure their feedback is incorporated in the app/referral process development to make it as easy as possible.

Engagement coordinators

We are recruiting 2 Regional Engagement Coordinators to act as a direct link to localities – this will provide further support locally to those referring into the programme and ensure the programme is running at an optimal level (e.g. task completion rates).

Other areas of work and improvements:

Accessibility

We want to ensure equal access and awareness of the programme to all groups and communities; we will partner with faith/BAME charities working with underrepresented communities. Aligned to this, we will develop language support – enabling referrers to eventually select support for a client in a specific language.

Client welfare

Our support team will provide checks on clients who have been in the programme for an extended period of time. This will ensure those who do not need support are removed or provide a safety net for those clients who might need further support and need signposting to additional service provision.

6. CONCLUSION

This survey aimed to understand the experience of professionals referring into the NHSVR programme during the first wave of the COVID-19 pandemic in England. The survey wanted to understand the impact of the programme and collect insight from referrers to inform programme improvements. Overall, referrers appeared satisfied with the programme (77%); it appeared to meet some of the demands related to their workload and referrers concern for their patients. 80% of referrers stated that ‘without this programme some of our patients/clients would have struggled to shield/ self-isolate’ and 83% agreed that this programme ‘helped reduce pressure on NHS/ social care /other services during COVID-19’. In addition referrers would use it in the future for additional COVID-19 spikes (63%) and year round (59%) if available.

The survey provided some insightful comments and suggestions as we continue to improve on task completion rates in areas where this has been an issue and ensure transparency and better communications on referrals.

We wish to thank those professionals who gave their time to this survey and those who have offered feedback - via telephone calls, webinars - over the past few months. We are committed to continuing to improve this programme so that it works for everyone, whether you are using, volunteering or referring into the service. Thank you!

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