

# FINDINGS FROM THOSE RECEIVING SUPPORT FROM NHS VOLUNTEER RESPONDER PROGRAMME – NEW CLIENT/PATIENT SURVEY

WORKING PAPER FOUR \ MAY 2021

*[The] “service has been invaluable as I have lung cancer, COPD and other illnesses that prevent me from going out” (Female, 75-84, South West)*

## 1. HEADLINE FINDINGS

To date two surveys have been completed with clients/patients (July/August '20 and Feb/March '21). This paper presents the most recent findings from the second survey.

The aim of the second survey was to:

- Understand the impact of NHSVR on those supported (e.g. 'stay safe', wellbeing).
- Provide insight into the characteristics of clients currently using the service.
- Provide insight into any programme improvements.

The sample characteristics of this survey were different to the previous survey (July/Aug '20) when the service was focused on supporting those shielding. In summary this sample was more diverse in age (younger) and ethnicity (from Black, Asian, other minority groups), in better health (fewer with long-term conditions), and fewer were living alone. There were also a greater number of individuals using the service only once 30% (current survey) vs 14% (July/Aug '20 survey); this might relate to a greater number of individuals coming into the service because they had to self-isolate due to having COVID-19 or having symptoms (13% vs 1%, respectively).

### **For those patients/clients surveyed - 11th February to 12th March 2021 (n=437) these were the headline findings:**

<b>84% felt the service enabled them to 'stay safe'</b>	<i>"I've only been able to leave my house 3 times in the last year and the volunteers calling up and checking on me keeps me going"</i> (Female, 75-84, Midlands)
<b>74% felt the service was very important, rising to 91% in those people receiving frequent support (more than 2 tasks)</b>	<i>"Had no family living nearby so felt so reassuring to know there was help out there"</i> (Female, 25-34, South East)
<b>83% stated that 'NHSVR was the only local service supporting me at this time'</b>	<i>"I think you're doing a grand job. If it wasn't for you guys I wouldn't know where to turn. You've been a lifeline"</i> (Female, 45-54, South West)
<b>The NHSVR service appeared to offer some protection against declines in wellbeing - particularly anxiety - compared to a national sample.</b>	<i>"Good to hear a human on the phone. Always asked about food, safety and everything and just for a chat"</i> (Male, 55-64, South West)

While we do not know if this sample is representative of the wider client group supported by NHSVR we hope that the sampling method – calling clients selected at random from across the country – gives us a snapshot of who is currently using the service.

The survey asked what things clients ‘liked’, ‘disliked’ and what ‘improvements’ could be made in relation to the service. Overwhelmingly those surveyed *liked* that the service provided a safety net – 53% of comments related to ‘knowing help was out there’, ‘it helped me worry less’, and ‘it was a lifeline/vital’. 80% (n=311) stated there was nothing they disliked about the programme. And 20% (n=79) stated *dislikes* such as ‘no one was able to complete their task’ or ‘having different volunteers call’. As far as *improvements*, clients suggested an ‘uber’ like app so they could have greater control, flexibility and visibility over what tasks they request.

## 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 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 and support local NHS services (e.g. patient, equipment transport). The programme went live on 7 April and is a partnership between NHSE/I, Royal Voluntary Service\* and GoodSAM\*\*.

### 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 ‘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 170,000 unique patients and over 1.9 million tasks have been completed by volunteers. In total 647,405 have been approved for NHSVR and 397,940 have put themselves ‘on-duty’ (to February 2021).

## 3. SURVEY METHODOLOGY

### Aim of the survey

The survey had three key aims:

- Did the programme meet some of the core aims – specifically - to keep those clinically vulnerable or needing to self-isolate stay safe at home,
- What might the survey reveal about the characteristics of those clients currently using the programme, and
- What – if any – improvements might need to be made.

### Data collection

Royal Voluntary Service staff called clients at random across the country to ask them to participate in a 10-minute survey. 1678 clients were contacted of which 437 completed the survey for a response rate of 26%. The survey was conducted between the 11th Feb to 12th March 2021. 131 surveys were completed in the North (East and West/Yorkshire), 105 in the Midlands (and East of England), 55 in London, 136 in the South (East & West), and 10 ‘prefer not to say’ where they live.

## Survey respondent characteristics

Of those who completed the survey:	
Age	<ul style="list-style-type: none"><li>• <b>58% were aged 65 and over</b></li><li>• 16% were under 45</li><li>• 9% were 45 to 54</li><li>• 16% were 55 to 64</li><li>• 1% prefer not to say</li></ul>
Gender	<ul style="list-style-type: none"><li>• <b>59% were female</b></li><li>• 39% were male</li><li>• 1% prefer not to say</li></ul>
Living arrangements	<ul style="list-style-type: none"><li>• <b>42% were living with a partner/spouse</b></li><li>• 40% were living alone</li><li>• 11% were living with children, relative, other</li><li>• 7% prefer not to say</li></ul>
Ethnicity	<ul style="list-style-type: none"><li>• <b>86% from a white background</b></li><li>• 12% were from Black, Asian and other ethnic minority</li><li>• 3% prefer not to say</li></ul>
Health status	<ul style="list-style-type: none"><li>• <b>68% stated they had a long-term condition</b></li><li>• 28% did not have a long-term condition</li><li>• 4% prefer not to say</li></ul>

This sample – in comparison to the previous survey (July/August '20) – had more under the age of 45 (16% vs 1%), had slightly fewer living alone (40% vs 49%), had more from Black, Asian, other ethnic minority groups (12% vs 6%), and fewer reported having long-term conditions (68% vs 82%). There were also a greater number of individuals using the service only once (30% vs 14%); this might relate to a greater number of individuals coming into the service because they had to self-isolate due to having COVID-19 or having symptoms (13% vs 1%). While we do not know if this sample is representative of the wider client group supported by NHSVR we hope that the sampling method – calling clients at random across the country – gives us a snapshot of who is currently using the service.

## 4. FINDINGS FROM THOSE RECEIVING SUPPORT FROM NHSVR

### **Part 1: BACKGROUND – why the service was needed and use of the service.**

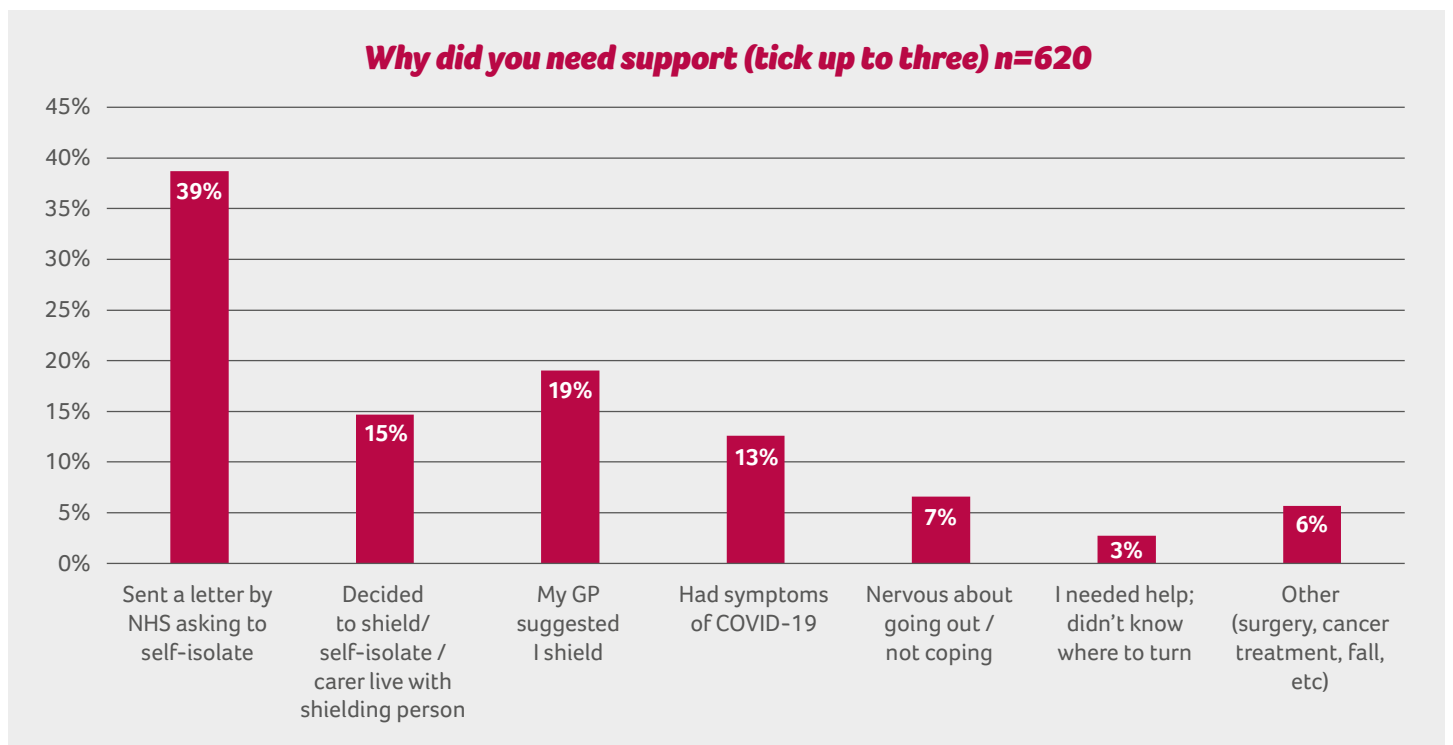
#### **i. How did you first access the service?**

- The majority accessed the service via self-referral or their health practitioner (e.g. GP, nurse, etc).
- Local authorities referred 1 in 6 individuals.
- A small number of people came to the service via NHS 111 / NHS Test and Trace – this was more than in the previous survey.

<b>N= 436</b>	<b>%</b>
Calling the telephone number (Support Centre) (e.g. self-referral)	<b>33%</b>
My friend, relative or carer	4%
My GP, district nurse, pharmacist or health professional	<b>33%</b>
My local authority (e.g. council)	16%
My hospital	1%
Social Services	1%
NHS 111 / NHS Test and Trace	6%
Don't recall / other	3%
Online	3%

## ii. Why did you need support?

- The majority were sent a letter asking them to shield or their GP suggested they shield – 58%
- A smaller group decided to shield or provided care to someone who needed to shield – 15%
- And some needed support because they had COVID-19 or symptoms of COVID-19 – 13%

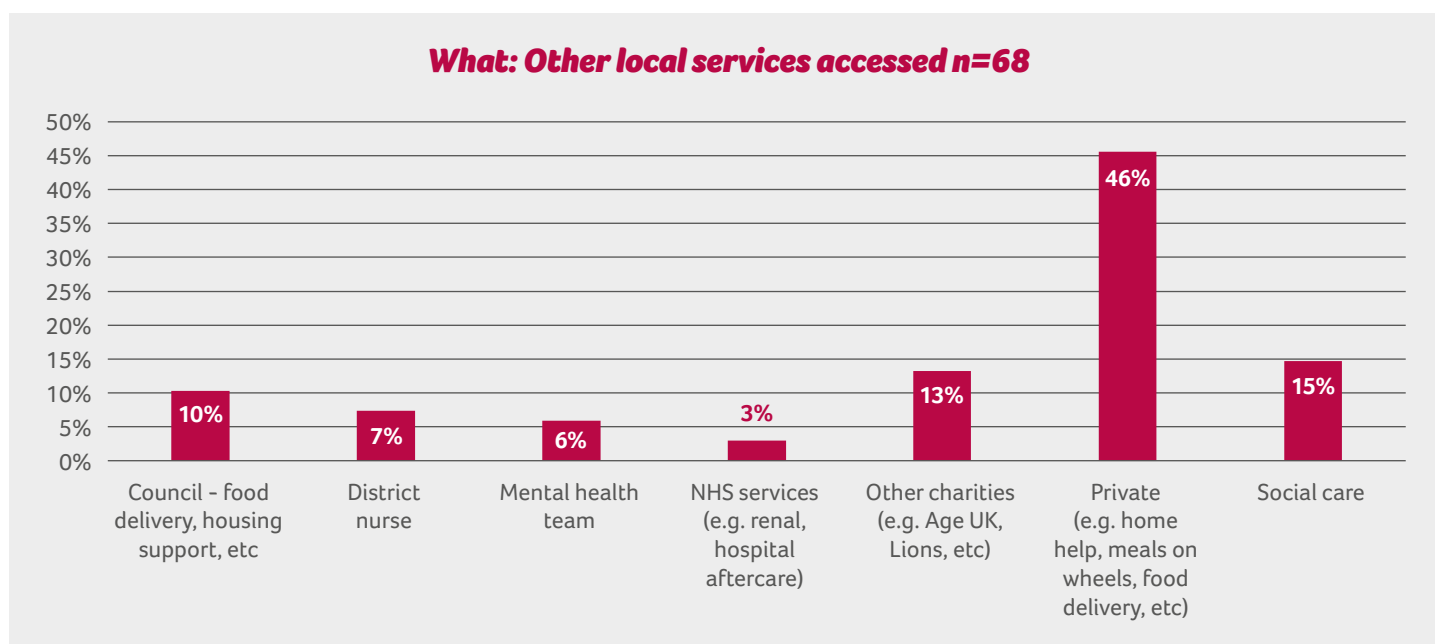


### iii. Other sources of support

- Of those surveyed – 83% were only receiving NHSVR support.

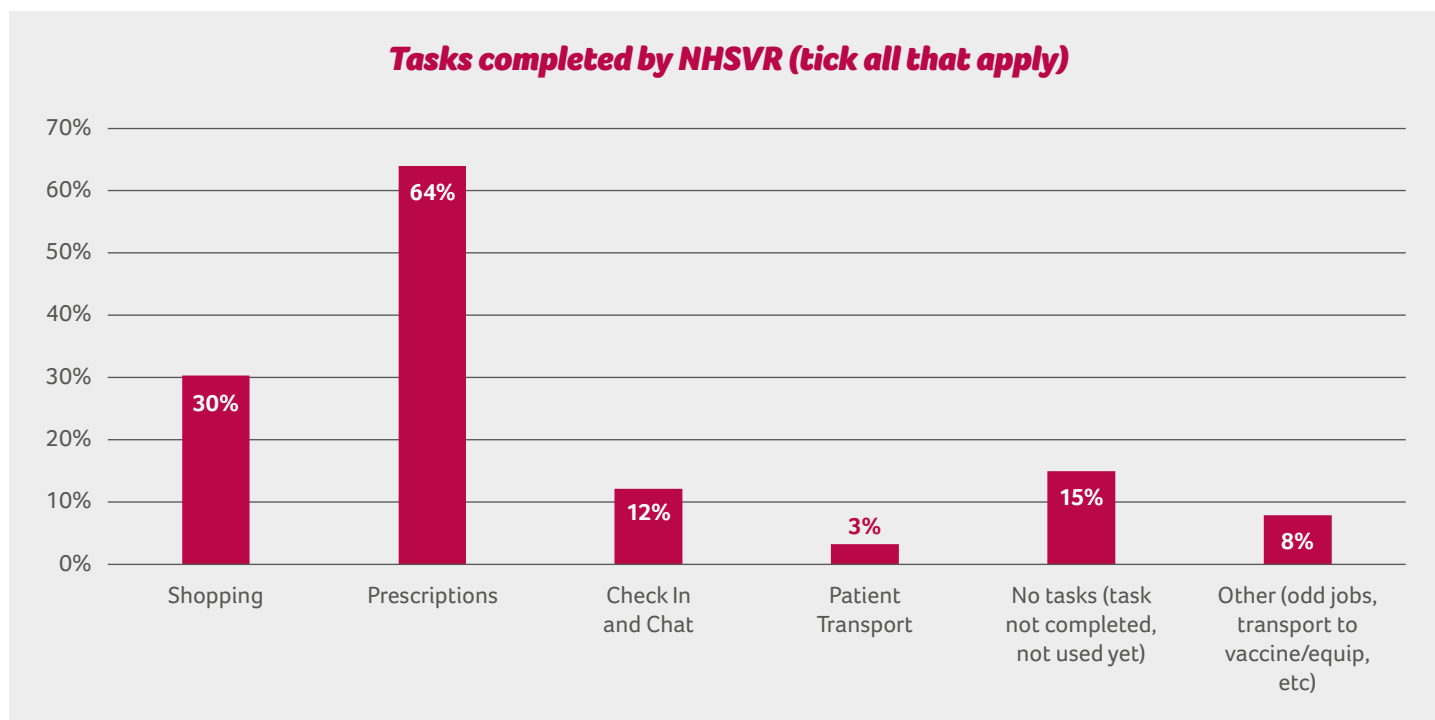


- Those receiving other local services (17%) the majority were private services such as food delivery or home help.



#### iv. Type of tasks requested

- The most common task requested was dropping off prescriptions and shopping.



#### v. Frequency of use in the last two months

- 30% had not used the service in the past two months.
- 44% were still using the service frequently – 2 or more times

<b>N=423</b>	<b>%</b>
0	30
Only once	26
2 - 4 times	<b>35</b>
5 - 10 times	<b>8</b>
More than 10 times	<b>1</b>

**Part 2: IMPACT – supporting patients to stay safe, importance of the programme, and patient/client wellbeing. A core aim of the NHSVR programme was to ensure basic and emotional needs of patients/clients were met so they could stay safe at home.**

**i. Stay safe**

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

- The majority felt they were able to stay safe at home – 84%
- For those who received more frequent support (i.e. twice or more in 2 months) – 99% felt that the service enabled them to stay safe (n=183)

**ii. 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 74% the service was deemed ‘very important’ and 12% ‘somewhat important’
- For those receiving more frequent support (i.e. 2 or more tasks in the last 2 months) – 91% deemed the service as ‘very important’.

This is supported by comments from patients/clients:

*“I had no idea where to turn, or what to do and I’m completely on my own. The phone calls have kept me going”* (Female, 65-74, Midlands)

*“I’ve only been able to leave my house 3 times in the last year and the volunteers calling up and checking on me keeps me going”* (Female, 75-84, Midlands)

*“Had no family living nearby so felt so reassuring to know there was help out there”* (Female, 25-34, South East)

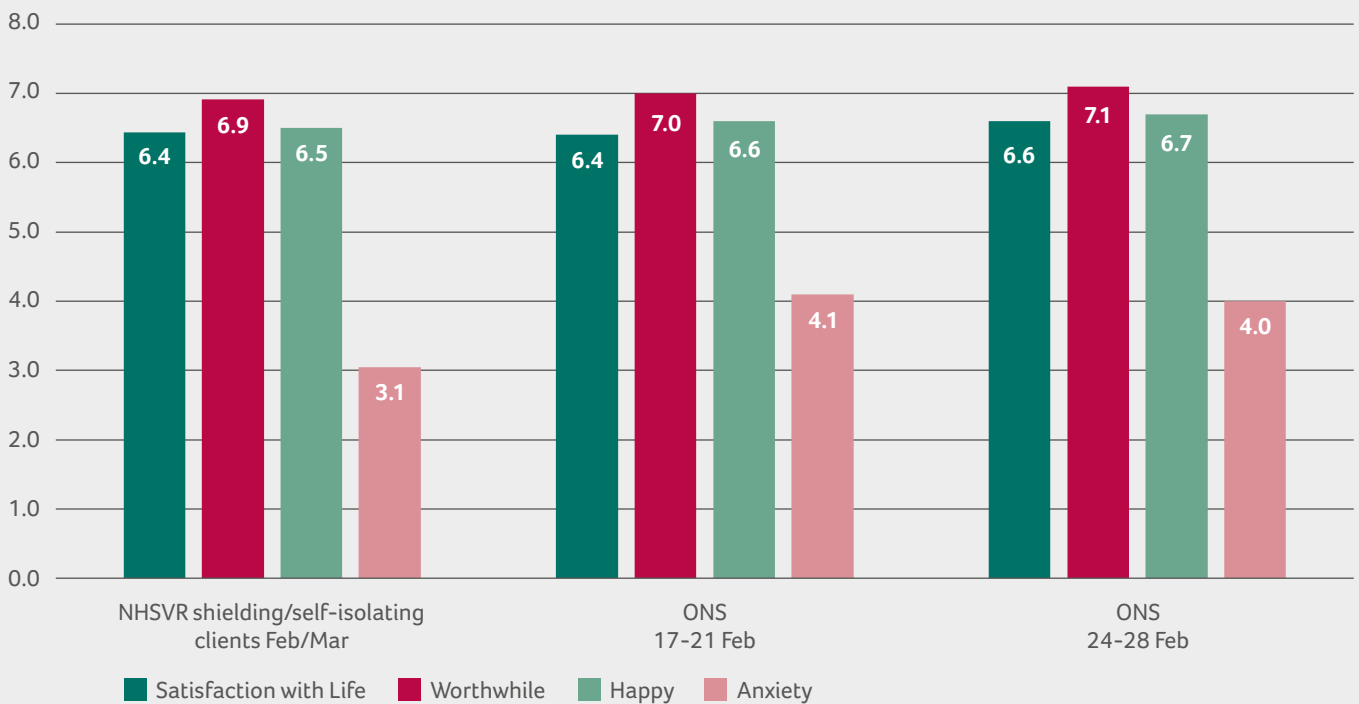
*“It was a great help, my pharmacy now deliver so I no longer need the help but it’s nice to know it’s out there”*(Male, 45-54, North West)

*“The value I put on these contact phone calls is huge. I live on my own and being able to have a conversation with someone, even someone that I don’t know is so welcomed. It was a lovely start to the day and I am very grateful”* (Male, 75/84, unknown location)

**iii. Wellbeing**

The findings on wellbeing are also encouraging - those receiving support through the NHSVR programme appear to have similar wellbeing scores, but much lower anxiety compared with a sample of the UK adult population (see Office of National Statistics, Social Impacts of COVID surveys). Given the NHSVR clients are likely to be more clinically vulnerable and have poorer health, and many have been shielding for the best part of a year – this might indicate that the service has provided some protection against declines in wellbeing (n=420).

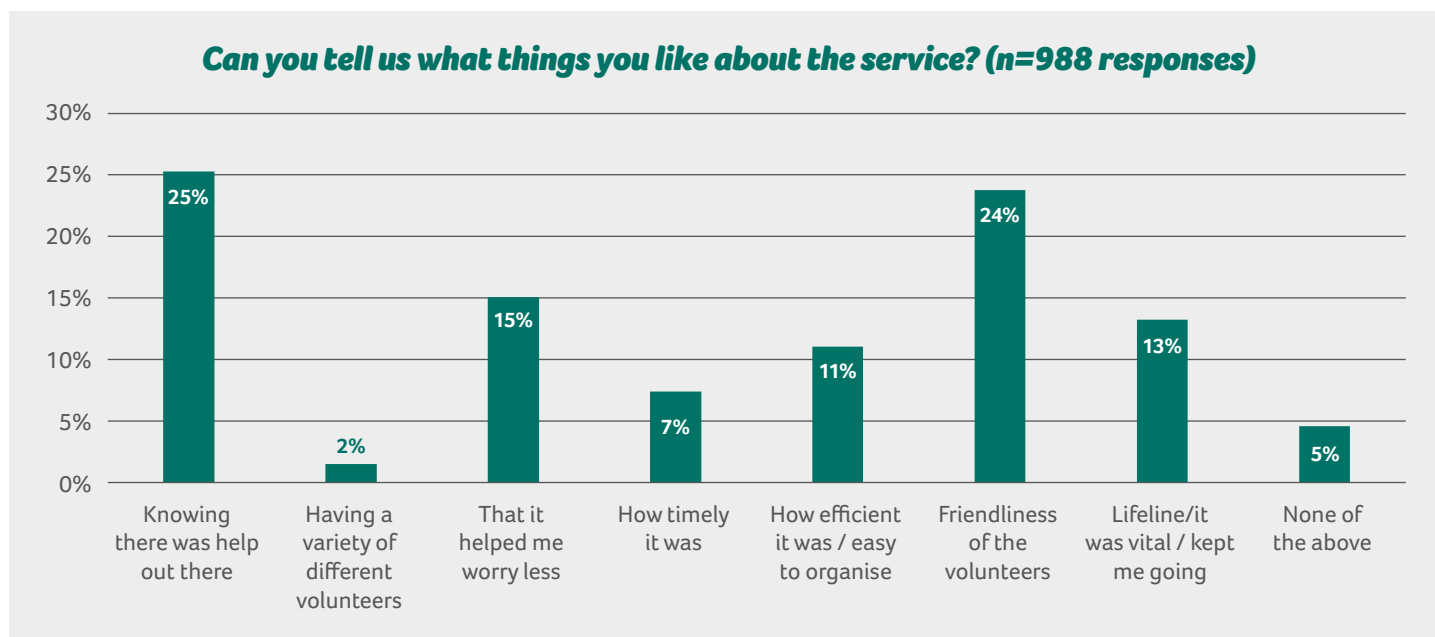
**Wellbeing NHSVR shielding/self-isolating clients and UK population (ONS data)**



## Part 3: PROGRAMME LEARNING AND IMPROVEMENTS

### i. Liked

Patients were asked what they – ‘liked’ – about the programme; ‘knowing help was out there’ and ‘friendliness of the volunteers’ were top things clients like – with 1 in 8 stating it was a vital service for them.



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

***“I think you’re doing a grand job. If it wasn’t for you guys I wouldn’t know where to turn. You’ve been a lifeline”***  
(Female, 45-54, South West)

***“I’m all alone so it’s nice to talk to someone”*** (Female, 55-64, North West)

***“Great service to the community”*** (Female, 65-74, South West)

***“Thank you they need a medal”*** (Female, 75-84, Midlands)

***“Without them I would have been in a hell of a state, so grateful and thankful, they deserve a medal”***  
(Male, 75-84, South East)

***“Thank you to the young lady who picked up my prescription and gave me a rose”*** (Female, 75-84, London)

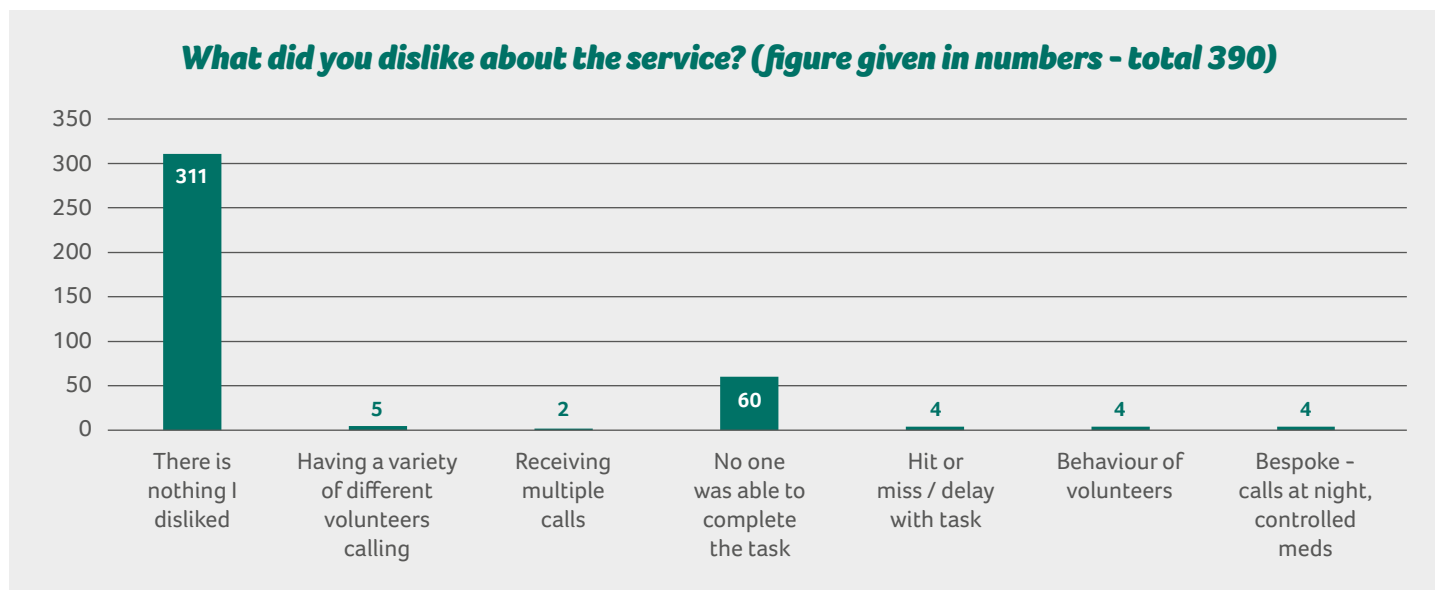
***“I do not know what we would have done without you”*** (Female, 45-54, Midlands)

***“Thank you for all the work that you do - you are brilliant”*** (Female, 55-64, South West)



## ii. Dislikes and improvements

The survey also asked clients about any 'dislikes' and their thoughts on any 'improvements' which could be made. 80% stated they had 'no dislikes' (n=311) and 20% (n=79) stated dislikes.



For some clients the service encountered some issues:

***“Just took too long to get back to me, needed prescription asap”*** (Male, 35-44, North West)

***“It was great somebody ringing us every week to see if we needed help but when we needed help and asked they let us down”*** (Female, unknown age, North West)

***“Had a phone call from the NHS Responders, requested a prescription pick up and hung up on me. That was only one occasion where I wasn't satisfied”***  
(Female, 85 and over, London)

The survey also asked for suggested improvements to the service. In general, comments around improvements related to having greater control, flexibility and visibility over what tasks they request, when they can request them and who completes them.

### **Client Uber type app:**

***“Have a number to call to simply state what I need, when and have a response in real time. Or even a system where messages or emails could be exchanged to accomplish the same thing.”*** (Female, 35-44, Midlands)

***“[It] would have been nice had it been available on an app”***  
(Female, 25-34, South West)

***“Worked well at first. preferred to call a volunteer when I needed help”*** (Male, 75-84, North West)

### **Programme knowledge/change in circumstances:**

*Some appeared unaware they could make changes to the support they were receiving:*

***“[I would] like the service to be more regular”***  
(Female, 65-74, South West)

### **Checking if task(s) are completed:**

***“They never got back to me was let down”***  
(Male, 75-84, North East)

### **Same volunteer(s):**

***“Would be nice to speak to the same volunteer”***  
(Female, 55-64, North West)

### iii. Improvements we have made to the service

We have made a number of improvements to the service; some improvements are supported by the findings of this survey and others via direct feedback from referrers around additional client/patient needs.

For example:

<b>Improved matching for tasks</b>	<b>Outreach</b>	<b>Ensuring greater accessibility</b>
Incomplete tasks related to patient transport appeared a particular problem. We have changed how these tasks are booked – aiming to improve task completion rates. We also continuously (weekly) monitor regional/local task completion rates and adjust our volunteer recruitment and engagement in local areas where needed.	To date over 6,000 clients have been called by Royal Voluntary Service staff outside the task allocation system to check that they have the right support in place and to ensure that we help them with any local support they need. This will ensure clients are receiving the type of support that is most relevant to their needs.	Referrers can now select clients' preferred language and if a local volunteer has told us, via their profile, that they speak this language, the app will attempt to match them. In addition, clients can now access an interpreter via the Support Line telephone number.

## 5. CONCLUSION

### i. Reflections on the two surveys

Two surveys were completed in the past 12 months to understand the impact of NHSVR on clients/patients. One in July/August 2020 (n=548) and the most recent Feb/March 2021 (n=437). In the first survey we sent out a link to an online survey in the NHSVR patient letter; individuals could either complete it online or call the Support Line telephone number to complete it over the phone. In the second survey Royal Voluntary Service staff called clients and completed the survey over the phone.

The client characteristics across the two surveys were different (see<sup>1</sup> for July/August '20 survey findings). The respondents to the Feb/March '21 survey were more diverse with respect to age (great number aged under 45) and ethnicity (6% vs 12%), they were in better health (86% vs 68% had a long-term condition), and slightly fewer lived alone (49% vs 42%). Also, individuals 'use of the service' was slightly different. In the Feb/March survey more people had one-off support because they had to self-isolate due to COVID-19 or had symptoms of COVID-19; 13% of the Feb/March survey sample needed support from NHSVR because they had to self-isolate versus only 1% in the July/August survey.

This makes direct percentage comparisons between the surveys difficult. However, there are more general thematic findings which can be drawn across the two surveys. For example – overall:

- The majority felt the service enabled them to *stay safe*
- The majority felt NHSVR was *'very important'*

- The majority were *'extremely satisfied'* with NHSVR
- For the majority, NHSVR was their only source of support during the pandemic
- And finally, wellbeing scores appeared encouraging; those supported via NHSVR appeared to have slighter better wellbeing scores compared to the ONS Social Impacts surveys of the UK adult population

### ii. Summary

The latest patient survey (Feb/March 2021) aimed to understand the impact of the NHSVR programme on clients' ability to stay safe and better understand the characteristics of the clients using the programme at this time. The majority felt that the service enabled them to 'stay safe' (84%), they felt the service was 'very important' (74%) to them and they felt it was a vital service – 83% stated that NHSVR was the only local service supporting them at this time. Findings were encouraging on wellbeing. The support and 'safety net' provided by this service might have been a protective factor for wellbeing – in particular for reducing peoples' anxiety levels. This conclusion is supported by numerous qualitative comments that reference NHSVR being a 'lifeline' or 'vital' - ***"If it wasn't for you guys I wouldn't know where to turn. You've been a lifeline"*** (Female, 45-54, South West).

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

<sup>1</sup> [www.royalvoluntaryservice.org.uk/about-us/our-impact/nhs-volunteer-responders-programme/patient-survey](http://www.royalvoluntaryservice.org.uk/about-us/our-impact/nhs-volunteer-responders-programme/patient-survey)