IMPERIAL COLLEGE HEALTH PARTNERS

Formative evaluation of Hiyos Helpers

Imperial College Health Partners

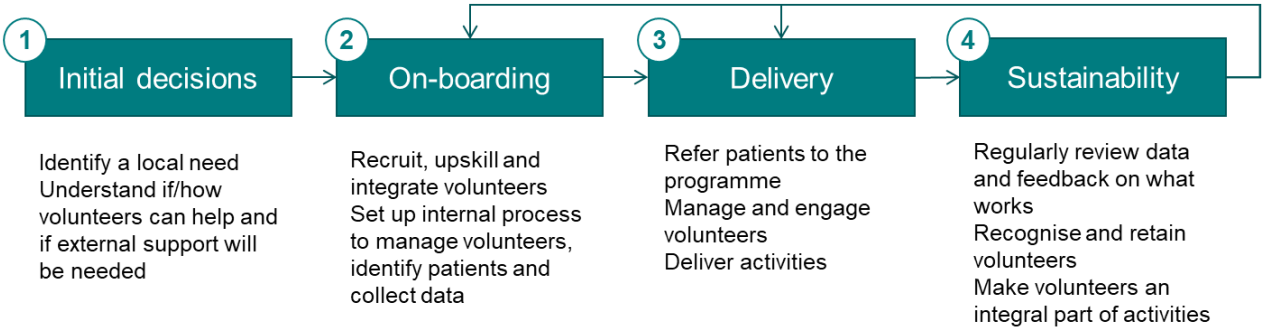
June 2021

Executive summary

Hiyos Helpers is a volunteering project developed by Hiyos, a primary care practice in Hounslow, with the initial aim of improving digital inclusion of patients struggling to access online services. The main drive to start the project came from patients who wanted to help the practice and the community get through the pandemic. This model therefore has patients from the practice both as volunteers and as the beneficiaries of volunteer services. With support from the ICS, Hiyos set up induction and training packs and recruited a group of volunteers that have participated in different activities since September 2020. In this time, Hiyos Helpers have supported the practice on 3 main types of activities: calling patients to offer support with digital services; collaborating with staff on innovation labs established by Hiyos; and volunteering at Covid vaccination clinics.

One of the main questions for general practices and other sites seeking to bring in volunteers is whether to "buy or build" – that is, whether to resort to external organisations for recruitment and management of volunteers or whether to build that capacity in-house. The Hiyos experience has shown that it is possible to do the latter with benefits for both the practice and volunteers (impact on patients will only be possible to assess in the longer term). The feedback on Hiyos Helpers has been generally positive, with 80% of patients surveyed (12 out of 15 respondents, with 53 in total referred to the service) saying they would be 'likely or very likely' to recommend it to family and friends. Volunteers were happy with their participation, felt valued and would like to continue supporting Hiyos in the future. Their volunteering experience increased their sense of purpose and their interest in an NHS career. Staff close to the project also reported increased motivation and even though starting and managing the project has been resource-intensive, this has translated into an estimated return on investment of 2-10 hours of volunteering per each staff hour invested (depending on the activity). Beyond the benefits in terms of hours, staff reflected on the intangible benefits created in the form of a strong relationship between the volunteers and the practice, with volunteers being considered "part of the team". The group of volunteers recruited was also diverse, with a majority of volunteers surveyed coming from ethnic minority backgrounds.

As Hiyos plans their next project, delivering video content to address health inequalities in the community (Hiyos Live Channel), it is important to reflect on what worked well and less well to ensure success. These learnings might also help other primary care practices interested in implementing volunteering projects of their own. We structured our analysis of the process and recommendations in 4 main stages:



The key recommendations are listed below. These are mainly targeted at Hiyos and other practices wanting to adopt similar volunteering initiatives, but a few (where noted) are suggestions for the ICS volunteering team as part of their role supporting these projects.

Initial decisions

1. Use existing data and community engagement to understand patient needs before starting a new project
2. Recognise and address staff concerns about having patients as volunteers

3. Map resources needed to start and sustain the project and what support might be required; the ICS volunteering team could support this by providing a template for project planning and sharing information on resources available

On-boarding

4. The ICS volunteering team should adapt the documentation developed together with Hiyos for use as a template in similar projects – e.g. by removing Hiyos branding
5. Engage volunteers early, giving them opportunities to meet staff and each other
6. Have a clear project lead so volunteers know who is there to support them

Delivery

7. Set a clear structure for volunteer activities, both in terms of tasks and time commitment
8. Ensure medical staff are aware of volunteers and how/when they can offer support, to refer and inform patients
9. Ensure the service is advertised and delivered in a way that is appropriate for the target population
10. Define communication channels that work for the group of volunteers
11. Have a plan to manage times of low demand
12. Map volunteers skills and interests to match them to the right activities and practice needs; the ICS volunteering team could create a template to help practices do this

Sustainability

13. Find ways to thank volunteers and share the impact of their work to keep retention high
14. Continue measuring volunteer satisfaction through regular surveys (e.g. every 3-6 months) and feedback calls
15. Measure patient impact to demonstrate the value of the volunteer project to staff and funders
16. Be realistic about resources needed to manage volunteers in the longer term
17. Share learnings frequently with staff, volunteers and external partners

Introduction and approach

Hiyos Helpers is a project developed by HIYOS (First Care Hounslow) to improve digital inclusion for their patients. It was born out of a survey to patients of the practice at the beginning of the first lockdown in March 2020. Many patients expressed a desire to help the practice and their community, whereas a few others identified challenges in accessing online services. Hiyos Helpers was launched in August 2020 to respond to those needs by:

- providing an opportunity for patients of the practice to volunteer and help their community
- addressing digital exclusion in the area and helping patients get online (access health services, do online shopping, etc)

The project team has had to adapt several times since the project started in August 2020. Hiyos Helpers initially focused on helping patients with online access, but there was low demand for the service and much of the support needed was one-off. The practice then involved volunteers in existing Innovation Labs (groups of staff developing solutions for issues at the practice, from improving screening attendance to making the practice more environmentally sustainable). Finally, after the second wave of Covid, volunteers got involved in the Covid vaccination clinics. This enabled Hiyos to test this model in different kinds of activities. A separate component of volunteering at Hiyos (the Hiyos Live Channel) will be funded by CW+ / NHS Charities Together and evaluated separately at a later stage.

The project also sought to develop a best practice volunteering model that could be spread across NWL primary care. By developing the right processes and frameworks to support quality volunteering opportunities, Hiyos Helpers has attempted to make a significant impact on communities and patients

while generating a meaningful experience for volunteers. There has been continuous reflection and learning throughout the project, to ensure learnings are captured, acted on and shared widely.

ICHP have been asked to provide a formative evaluation of the Hiyos Helpers project as part of their ongoing programme of work on volunteering with the NWL ICS, to synthetise and share learnings with both the programme board, the practice and other practices interested in adopting a similar volunteering model. This evaluation covers three areas:

- **Measuring outcomes** – to see if the project is having the desired impact
- **Understanding the process** – to understand what areas of the project have / haven't worked well, and how they have contributed to achieving the intended outcomes
- **Identifying learnings for scaling** – to support the spread and scale of projects across NWL

Methodology

The purpose of this rapid formative evaluation is not to provide a summative assessment of the impact of Hiyos Helpers. We will discuss existing evidence on outcomes but will focus mainly on how the process has worked to date and derive learnings for other sites interested in setting up their own volunteering projects. Information was collected in the following ways:

- **Semi-structured interviews -** we carried out semi structured interviews with key stakeholders including:
    - 4x practice staff, including two clinicians and two staff involved in setting up and managing the volunteer project
    - 3x volunteers who participated in different projects at Hiyos over the past year (digital inclusion, Innovation Labs, Covid vaccination clinics)
- **Survey data** - we relied on data from 3 separate surveys:
    - a survey sent to patients in January, to assess the support received (n=15 responses)
    - a survey sent to volunteers in January, to assess their wellbeing and satisfaction with the volunteering experience (n=9)
    - a second volunteer survey sent in May, to assess changes in wellbeing and satisfaction after participating in different types of volunteering activities (n=8)

The structure of this report follows the 3 questions outlined above, with sections on measuring outcomes, understanding the process and learnings for scaling. Recommendations are constructed in a way that is both relevant to Hiyos Helpers as they plan their next volunteering activities, but also to other general practices that may be interested in setting up similar volunteering projects.

Measuring outcomes

During the Discovery stage of the ICHP evaluation, we developed an outcomes framework (see Appendix 1) to assess this and other volunteering projects, with a focus on the following outcomes:

- for patients – changes in wellbeing and in number of primary and secondary health care appointments
- for volunteers – changes in wellbeing; satisfaction with their volunteering experience; interest in an NHS career
- for staff – increased wellbeing and additional capacity for the practice

However, Hiyos Helpers underwent some changes in focus and activities over the past 10 months, which meant some of these outcomes (especially those focused on patients) could not be assessed. For this formative review, we focused on gathering detailed perspectives from staff and volunteers on what worked well and less well and relied on patient and volunteer surveys (held in January and May 2021) for an overview of their satisfaction with the project (see all survey results in Appendix 2).

The results have been overwhelmingly positive: volunteers and even patients expressed they were satisfied with the project and volunteers and staff reported increases in wellbeing and motivation, respectively.

Patient outcomes

Fifty-three patients were referred to Hiyos Helpers for support with accessing online services. Given the one-off nature of most requests, there was low demand for the service after an initial contact. Even so, 80% of patients surveyed in January 2021 (12 out of 15) said they would recommend the service to family or friends:

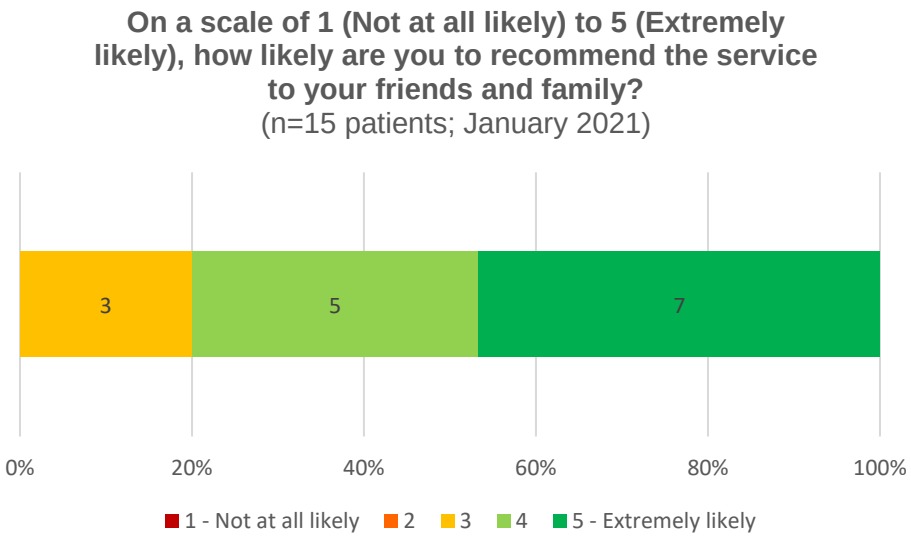


Figure 1 - Results of patient survey

Volunteer outcomes

Hiyos Helpers were surveyed on two occasions: January 2021 (n responses=9 out of 13 volunteers recruited in August/September) and May 2021 (n=8 out of 29 volunteers, 16 of which recruited in January). Those surveyed in January would have participated in either the digital inclusion project or Innovation Labs. Most of those surveyed in May (7 out of 8 respondents) participated in the Covid vaccination clinics. Full volunteer demographics according to the survey are shown in appendix 2. Different ages, genders and ethnicities were represented, and according to staff, they broadly "represent the demographics of their patients". Interestingly, while most those who replied / were volunteering in January were employed, a smaller % of respondents in May were employed – potentially reflecting changing availability as people get back to work post-lockdown.

We assessed 4 main outcomes of volunteering:

- satisfaction with the volunteering experience (using recommendation as a proxy)
- volunteer wellbeing
- impact on confidence and sense of purpose
- interest on working in health and care / for the NHS

Satisfaction – all volunteers surveyed in May said they would be "Likely" or "Extremely likely" to recommend Hiyos Helpers to friends and family, compared to 7 out of 9 in January. This could reflect a greater satisfaction with the Covid clinics than with some elements of the other projects (see "Understanding the process" section for more details on each of the 3 projects).

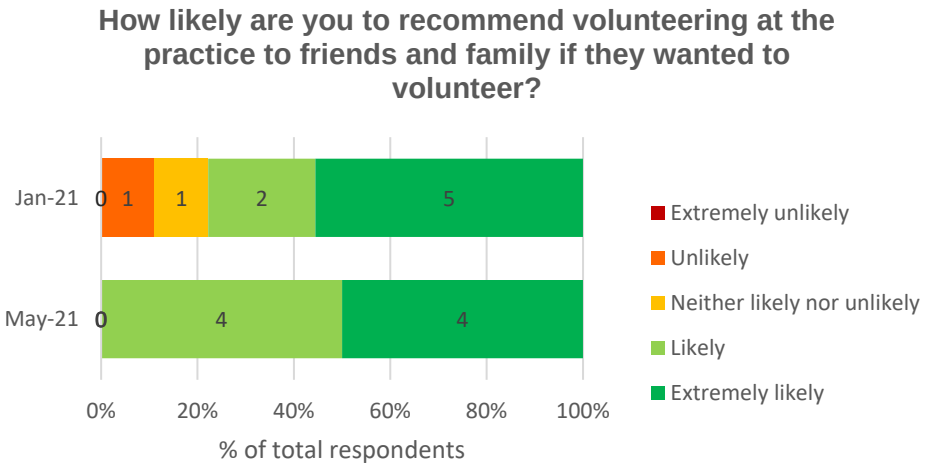


Figure 2 - Likelihood to recommend Hiyos Helpers (n and % of respondents shown)

Volunteer wellbeing – the ONS wellbeing tool was used to assess volunteer wellbeing. Volunteers were less anxious and more happy and satisfied in May than they did in January. It is likely these changes are largely related to changes in external context (e.g. lockdown in January, restrictions eased in May) but given the higher satisfaction with the volunteering project in May, it could also have played a part.

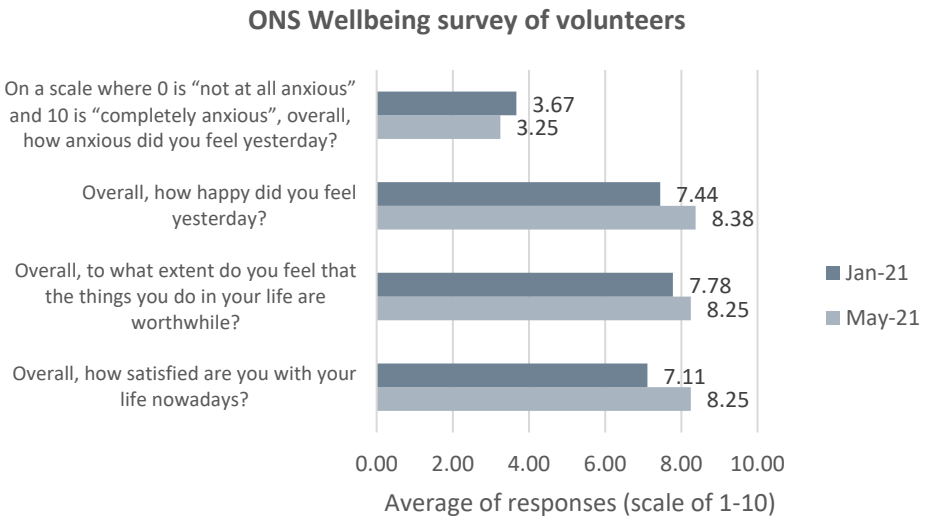


Figure 3 - ONS wellbeing survey results, shown as an average of responses. All responses rated from 1-10; except for anxiety, where 1 corresponds to greatest wellbeing(lower anxiety), in the other 3 questions 10 corresponds to greatest wellbeing

Impact on confidence, purpose and interest in health and care career – Volunteers found that volunteering increased their confidence and sense of purpose, with those surveyed in May having higher ratings than those surveyed in January. Volunteering at Hiyos also seemed to increase their interest in working for the NHS or in the health and care sector – again, more strongly for those surveyed in May.

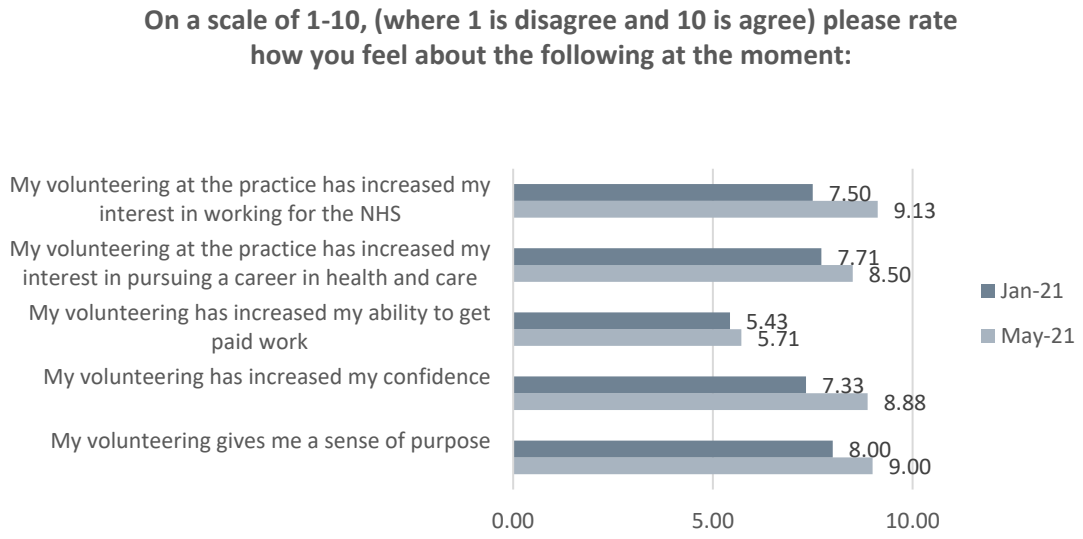


Figure 4 - Impact of volunteering on purpose, confidence and interest on healthcare careers

Volunteers did not feel as strongly that volunteering increased their ability to get paid work. Even so, of the 8 volunteers surveyed in May, 3 had already taken up steps to pursue a career in health and care whereas 5 were considering doing so in the near future. From cases that the practice staff knew of, one asked for a recommendation letter for a job application, while another went on to train as a vaccinator. This reinforces the role of volunteering as a potential entry point for health and care careers.

Staff/practice outcomes

Staff outcomes were assessed through interviews with 4 members of the practice, all of which were involved in delivering the volunteering programme. The main benefit reported was on staff motivation: volunteers increased wellbeing and motivation of staff who interacted with them.

> *"As a clinician or staff member dealing with patients outside of an appointment, a lot of what you hear is complaints and acute need; that makes you feel you are being reactive all the time, especially during the pandemic. To see that flip side of it, to feel our patients were lovely, positive people was really nice"*
>
> - *Hiyos staff*

One less positive aspect of the volunteering project on staff was the impact on capacity. One staff member needed to put in 6-7 additional hours per week on top of regular working hours to manage the programme at the start. Even though they did not mind doing it, that aspect might be more difficult to replicate unless we can demonstrate the impact of putting that time in.

Using the volunteer responses to the survey (estimates of hours and number of weeks spent volunteering) and conversations with staff, we estimated the return on investment (ROI) of how many volunteer hours were generated by each staff hour invested. Even though this figure needs to be heavily caveated, it can help to demonstrate the value to GP practices of getting volunteers in. We split this analysis in two; we calculated one ROI for the initial volunteering projects held between August and January; and another one for the Covid clinics (see Table 1).

This meant that for each staff hour invested in setting up and maintaining the initial projects, there were over 1.9 volunteer hours donated to the practice. Once that initial set up had been done, return was even higher: for the vaccination clinics, fewer staff hours were needed to set it up leading to approximately 9.5 volunteer hours per staff hour. This volunteer capacity focused on additional activities to improve patient wellbeing (e.g. in Covid clinics, reassuring patients, leading them to the right place) while releasing staff to focus on care. To ensure this return on investment is meaningful, volunteers should spend their time on activities with a clearly identified patient/community need, shown to improve outcomes (e.g. increased wellbeing, reduced number of medical appointments/patient).

Table 1 - Calculations to estimate volunteer hours returned for each staff hour invested in Hiyos Helpers (full detailed calculations in Appendix 3)

Period:	August 2020 to January 2021	January 2021 to May 2021
Estimated staff hours	**Total: ~102h**	**Total: ~39h**
Estimated volunteer hours	**Estimated total hours: 192h*** (*this does not include volunteers who did not reply to the survey so could be underestimating)	**Estimated total hours: 371 h**
Estimated ROI	**1.9 volunteer hours per staff hour**	**9.5 volunteer hours per staff hour**

Understanding the process

We structured our analysis of the process of setting up Hiyos Helpers into the following 4 stages:

1. Initial decisions – phase of work to identify a patient need, define how volunteers can help and make any necessary governance and logistical decisions to set up the project
2. Onboarding – phase of work to recruit and train volunteers and set up internal processes to manage them in an ongoing basis
3. Delivery – phase of work to identify patients in need, refer them to get volunteer support and deliver any agreed activities
4. Sustainability – phase of work to embed volunteers as an integral part of the practice, gather evidence on what works, share learnings and scale good practices

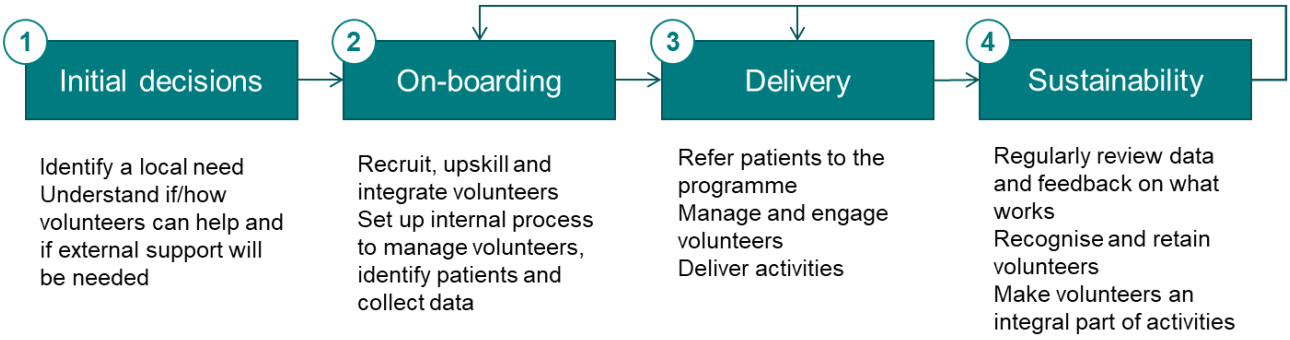


Figure 5 - Process stages used to analyse Hiyos Helpers activities

1. Initial decisions to set-up Hiyos Helpers

The decision to have a volunteering project at Hiyos came from the initiative of patients, who in response to a survey sent out in March 2020 asked how they could help the practice. In response, Hiyos staff started considering how to involve them in specific projects. Some of the considerations at the start of the process were:

- How to set up a volunteer model where volunteers were also patients?
- What problem or unmet need the volunteers would address?
- What support / resource would be needed to set up and manage the project?

In terms of the model of having patients as volunteers, there were some concerns from the staff initially in having patients in that capacity. Many prior staff interactions with patients outside of consultations had been related to complaints and there was some reluctance to interact with patients outside appointments. However, staff acknowledge that these concerns were unfounded – once they overcame that initial psychological barrier of having patients participate in other activities, they found that the group was highly

motivated, had a positive attitude and a genuine desire to help and the interaction greatly benefitted staff motivation. Nevertheless, it is important to acknowledge these reservations from staff as a potential barrier to practices taking up this model.

Hiyos decided to focus on addressing digital exclusion based on a perception that some patients were struggling to access online tools. The idea was that volunteers would call patients who struggled to book appointments, access services or do their shopping online. However, there turned out to be a low demand for the service: only a few patients needed support; the support needed was not always something the volunteers could help with (e.g. resetting a password, which needed to be done by practice staff); and the one-off nature of the requests for support linked to delays in volunteers calling meant that sometimes when the call was made the problem had already been resolved. The practice serves a relatively young population and many services were already online, so the issue of digital exclusion was probably not as substantial as anticipated. Evaluating the patients' need for support ahead of starting could have helped to target the volunteer activities better.

Finally, the practice needed to structure how the project was going to work, and to have resources to set it up. There were two main components that were essential for success: the willingness of practice staff to dedicate time to the project above and beyond their functions (e.g. one member of staff spending 6-7 hours a week on volunteering on top of her regular tasks); and external support from the ICS to meet weekly with the team, which provided structure, momentum and guidance on what was needed – e.g. helping to set up document templates and DBS checks. This practice also has a communications officer who produced all the branded materials (e.g. videos, posters, information documents) – this took about 5 working days.

Key recommendations for initial decisions stage:

1. Ensure there is a clear need from the community / patients – this can be assessed e.g. by looking at local public health or GP data on what health problems are most significant; by sending a survey to patients; or by engaging the community (e.g. hosting open sessions to gather views)
2. Recognise and address staff concerns about having patients as volunteers – e.g. encourage any concerns to be expressed openly, and share examples of positive experiences and benefits
3. Map resources needed to start and sustain the project and what support might be required; the ICS volunteering team could support this by providing a template for project planning and sharing information on resources available – see Figure 6 for minimum requirements to start and sustain this type of project, based on Hiyos data (some time requirements may vary depending on projects)

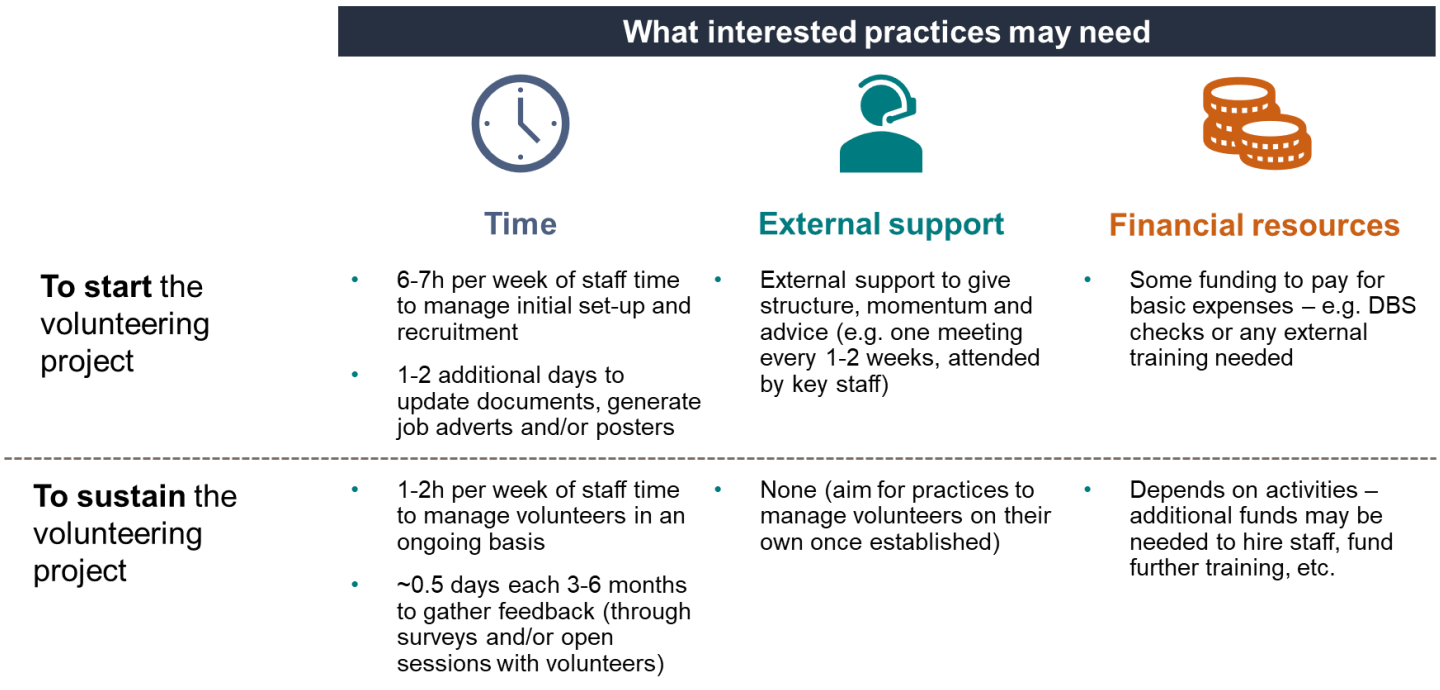


Figure 6 - Minimum requirements to set up primary care volunteering initiative independently

2. Volunteer recruitment and onboarding

The volunteering recruitment and training stage was regarded as a success by both staff and patients, with the initial meetings between staff and volunteers and the support received being highlighted as particular positives.

Hiyos advertised the opportunity through NHS jobs and messages patients with the link to the job posting. Hiyos staff held a webinar with potential volunteers to help to answer questions, which was generally regarded as a great opportunity to get to know staff and engage with the project when people were still deciding whether or not to volunteer. Further meetings were held after people had applied and while they were waiting for the DBS checks.

"I really enjoyed the meetings towards the beginning where we could give feedback on how things were going and give input into direction"

– Hiyos Helper

Volunteers were provided with an induction pack (https://hiyos.org/wp-content/uploads/2020/11/FinalVersionHHInductionPack.pdf) and around 10 hours of training, focused on how to support people, safeguarding and some training on specific tools that would be used in the project (e.g. Microsoft Teams). Volunteers were also set up with NHS emails and telephone logins so that the number of the practice would show up when they called patients. This initial set-up was resource-intensive and complex from the perspective of the practice.

Volunteers who signed up had different motivations to apply: there was a combination of people being available, either working from home or on furlough; wanting to do something useful and help their community; having a prior interest on health and social care; and/or wanting to help out a stretched NHS.

Volunteers found the induction process useful, that they had the information they needed and they especially highlighted the importance of having good communication and a single point of contact, and feeling supported and welcomed by practice staff during initial meetings.

"I found it a very good induction process: the way the programme was split out was well described and articulated; we had a call to introduce everyone, [where it felt like] staff were genuinely trying to help the clinic; I felt welcomed, supported, and had all info needed"

- Hiyos Helper

Key recommendations on onboarding stage:

4. The ICS volunteering team should adapt the documentation developed by Hiyos for use as a template in similar projects – volunteers found it clear and informative and it should be able to be reused with minor tweaks (e.g. branding changes)
5. Engage volunteers early and frequently, giving them opportunities to meet staff and each other – this was highlighted as one of the most successful elements of the project by both staff and volunteers, helping increase motivation and build relationships
6. Have a clear project lead – volunteers highlighted that having a clear and responsive point of contact was really helpful to be able to ask any questions and get support

3. Delivery stage

Hiyos Helpers is a great example of flexible delivery enabled by regular feedback from volunteers. The practice realised that the initial project on digital inclusion was having low adoption and pivoted to get volunteers involved in other practice activities such as Innovation Labs or Covid clinics. This meant that in less than one year Hiyos involved volunteers in three different projects, learning what worked and didn't work and improving along the way.

Project 1 – digital inclusion

The first project focused on patients struggling to access online services. While we cannot state that it achieved its original goals of improving digital inclusion (no specific patient data collected on those outcomes while the initiative was running), it had good feedback from patients (most of which said they would recommend it to family or friends).

Some patients had expressed need for support in accessing online tools, but many of these calls were about one-off issues (e.g. resetting a password) and some were issues that would be hard to address by a volunteer over the phone (e.g. "I don't know how to use my computer") – see table 2 for details. Only

around 18% of calls answered questions related to online service access (most frequently how to use messaging function to contact doctors). Even so, volunteers say how most patients were just happy that someone had called them and to chat for a while, even if their specific problem could not be solved in that call. This is reflected in a survey sent out to patients, where most expressed they would recommend the service (see Figure 1). This could suggest that the format and aim of the initiative were not well matched – phone calls might not be well suited for digital support of people with very low level of skill; at the same time, people did enjoy being able to talk over the phone and as such this could have worked well as an initiative to reach out to shielding people for befriending / companionship purposes.

Table 2 - Breakout of types of requests from patients called by Hiyos Helpers. 56 calls were made of which 20 had no reply. Of the calls answered, the largest proportion were about one-off requests for account set-up or login details.

Type of request	N calls	% calls
Login / account set up	14	25%
Questions about online services	6	11%
Lack of equipment/internet	4	7%
Non-digital issues	5	9%
No help required	7	13%
No reply	20	36%
TOTAL	56	100%

Patients were signposted to the service either by GP referral, or they could also sign up via a link sent in a newsletter. There is a chance that, since the aim of this initiative was to target digital exclusion, patients who felt the least confident might not have been able to sign up via a link. Volunteers then had a list of patients and contacts to call, a script to follow, and they would register the outcomes of the call in a central spreadsheet in their Teams channel.

One of the key elements that worked well in this initial project was communication – volunteers knew who to reach out to and what to do, and the Teams channel was helpful.

Some of the issues experienced in this project had to do with lack of structure: initially volunteers were given flexibility to work around their schedules rather than pre-committing to a particular time; this meant that patients did not know when they would get a call, and made it difficult for GPs referring them to given any indication on when to expect one. This lack of timeliness also meant that sometimes when patients were contacted their problem had already been solved.

A second issue had to do with the type of support needed: some requests were one-off, not easily solvable by volunteers and/or not easy to address over the phone. This meant that volunteers could not help and lost some motivation.

The one-off nature of the calls also meant that demand became lower after a while, with few people requiring regular contact. This low demand made it difficult to keep volunteers engaged and interested, and so the practice needed to adapt.

Overall, staff and volunteers felt like the project had low impact especially compared to the effort put in (e.g. time spent setting up NHS logins, training volunteers).

"It was demoralising that there was little demand for it. Lots of effort put in, and then feeling that patients were not interested."

-Hiyos Staff

Project 2 – Innovation Labs

In response to the low demand for the first project, Hiyos offered volunteers the chance to get involved in existing innovation labs, with mixed results: some volunteers managed to get integrated into their working groups and deliver activities, while others suffered from communication issues.

Hiyos has had innovation labs for ~3 years. These are groups of staff focused on certain areas that need improvement (e.g. diabetes, cervical screening). Each group starts with some data (e.g. from CCGs), and from there they identify potential issues and solutions.

Hiyos offered volunteers the opportunity to join groups they were interested in. Volunteers became integral members of the group and delivered some activities – e.g. one of the volunteers established a relationship with a local school, and held a quiz for local families.

Since volunteers were joining pre-established groups with recurring meetings, the schedule did not always work for them. There were also communication issues with a few volunteers and working group members failing to reply and follow-up. The timing of this involvement also coincided with a new Covid wave which meant staff did not have much time to spare for Innovation Labs projects.

Project 3 – Covid-19 vaccination clinics

When vaccination started ramping up, the practice saw this as an opportunity to involve volunteers in the Covid vaccination clinics, something that was widely regarded as a success from both staff and volunteers. A new round of recruitment was held specifically for the Covid vaccination clinics.

Volunteers were involved in marshalling, checking patient IDs, assisting patients with filling forms and cleaning the chairs in between. Typically a volunteer would sign-up to do a 7-8h day. Opportunities were advertised in the existing WhatsApp group and slots were filled easily. Staff also ensured that patients were treated as part of the team, participating in staff meetings at the beginning and end of each day.

Volunteers were generally happy with their experience and how they were treated during the clinics, although a few did mention this activity did not make as much use of their specific skills. Volunteers had clear structure and tasks, could meet each other and staff and build relationships, and have meaningful interactions with patients. Volunteers felt valued and "taken care of" by practice staff – with daily Covid tests, food and drinks, and staff being available to deal with any issues. They especially highlighted the human contact and being able to help people directly as a positive aspect of helping at the clinics.

> *"I really enjoyed the contact, handling people and older people in particular - making them safe and bringing them to the right place"*
>
> - *Hiyos Helper*

Key recommendations for delivery stage:

7. Set a clear structure for volunteers, both in terms of tasks and time commitment – e.g. have time slots when activities will be conducted that volunteers can sign up to
8. Ensure medical staff are aware of volunteers and how/when they can offer support to be able to refer and inform patients; e.g. send biweekly reminders on the service and its "opening hours"
9. Ensure the service is advertised and delivered in a way that is appropriate for the target population – e.g. partner with community organisations who are in contact with shielded patients; decide whether online, phone or face-to-face delivery is best suited to the problem being addressed
10. Define communication channels that work for the group of volunteers – in this case, WhatsApp worked well to advertise new volunteering opportunities and get quick responses
11. Have a plan to manage times of low demand – e.g. having more than one project for volunteers, back-up activities (e.g. training), communications to keep them posted on current situation and potential future opportunities
12. Map volunteers skills and interests to match volunteers to different activities and practice needs – creating a flexible and diverse pool of volunteers can allow the practice to deploy them in different ways to better meet practice needs and match volunteer interests, increasing their motivation; e.g. someone with IT skills could be suited to provide digital support, whereas highly engaged volunteers with more time available could help manage some of the volunteering activities, relieving some of the local resource requirements. The ICS volunteering team could create a template to help practices do this

4. Sustainability

Setting up a volunteering platform like Hiyos Helpers requires effort and investment both to set up and to maintain. To make the most of this investment, ideally volunteers would remain linked to the practice beyond a single project, becoming an intrinsic part of the practice activities. This would allow practices to have capacity to do more of the "extra" activities that are not strictly speaking medical care but can still contribute to improved wellbeing and outcomes.

To make volunteering sustainable, practices should consider: how they recognise and retain volunteers; how they gather data on what works and doesn't; and how much resource is required to sustain the project beyond the initial stages of set up and optimisation.

Hiyos Helpers have had good retention of volunteers throughout the year. Only 5 out of 29 volunteers recruited have left the project, mainly due to changes in personal circumstances (e.g. moving out of London). Some of the main factors affecting whether people continue to volunteer may be whether they are happy with their experience, and if their circumstances or availability changes. On the first point, volunteers have expressed they are happy with their experience, with 8/8 saying they would be likely to recommend it to family and friends. Volunteers interviewed also said they felt valued by the practice. The second point on availability needs to be considered in the longer term since many people have had different than usual circumstances in the past year due to the pandemic. Many people started volunteering because they were at home and they wanted to do something for their community in a time of need – the same motivation might not be present in the future. Of 3 volunteers interviewed, only one mentioned that their availability might be reduced when all restrictions are lifted, but all 3 expressed a willingness to continue volunteering in the future. Even though the interview sample is not representative, the high levels of satisfaction seen in the survey also suggest volunteers are happy and might continue to support the practice.

> *"I plan to continue volunteering for the rest of the vaccination programme. I would also be ready to help them out with anything else"*
>
> - *Hiyos Helper*

One key enabler of the sustainability of Hiyos Helpers is the ability of the project team to assess what is going well or not and to adjust as needed. Hiyos have collected feedback from volunteers via surveys and meetings, enabling them to adapt, and should continue to do so. In addition, they should collect information on whether patients are benefitting from the support. This could be important to demonstrate the impact of the project and to secure funds if needed.

Finally, to continue to deliver the project in the longer term, Hiyos needs to assess whether this is sustainable in terms of workload and resources. While the project has been less time-consuming to maintain than to set up (an estimated 2h / week compared to 6-7h / week initially), delivering new and more complex activities like the Hiyos Live Channel might have an impact on resource needed and require additional funding or new rounds of recruitment, which could become unsustainable if not properly planned for. This potential need for external support makes it even more important to continue to gather evidence on how well the projects are working and how important Hiyos Helpers are for their success.

Key recommendations on sustainability:

13. Recognise volunteers to keep retention high: e.g. through thank you calls with staff, by letting them know how impactful their support was, or finding new ways to involve the most motivated volunteers
14. Continue measuring volunteer satisfaction through regular surveys (e.g. every 3-6 months) and/or feedback calls
15. Measure patient impact – the next stage of the Hiyos project involves setting up a Live Channel to address health inequalities. Patient impact must be assessed to demonstrate the value of the volunteer project
16. Be realistic about resources in the long-term – as new projects are introduced, it is important to re-assess how many hours are being invested by practice staff compared to volunteer hours put in, and whether external funding is required (as done for the Hiyos Live Channel project, which has secured ~£300k of funding)
17. Share learnings frequently with staff, volunteers and external partners – set up reflection points a few times a year to look at data collected and see if any aspects of the ongoing projects need tweaking

Learnings for scaling

The experience of Hiyos Helpers can yield some learnings for other general practices who may be interested in implementing a similar volunteering model. We have derived some core principles and flexible principles for scaling, based on the evaluation of different stages of the process presented above:

	Core principles	Flexible principles
Initial decisions	Identify a clear unmet need that volunteers will help address, e.g. by using public health data and/or engaging community Assess what resources are needed to set up and maintain	Apply for external support and/or funding if needed
Onboarding	Have a comprehensive set of documents outlining key information for volunteers including at least: • Information about the practice • Information about the volunteering project – what activities they might do and any basic training info to get up to speed (will change by project) • Volunteering agreement • Contact details Have a clear point of contact for volunteers Engage volunteers early giving them opportunities to meet each other and staff	Decide how to best tailor materials, e.g. • Any translations needed for your local community • If time/resource, videos or other graphics may help to attract attention to the project Adapt content of training sessions and materials to activities being delivered; e.g. for Hiyos this included the following topics: - Getting yourself online - Communication - Safeguarding - Calling patients - Boundaries - Policies
Delivery	Set a consistent structure / schedule for volunteer activities Plan for ways to deal with low demand to keep volunteers engaged Keep staff informed of volunteer resource and how to refer patients	Decide what comms channel works for your group of volunteers
Sustainability	As a minimum, check volunteer satisfaction regularly through a short survey Create opportunities to share learnings with staff, volunteers and other organisations delivering similar projects (e.g. ICS)	Decide how often to measure patient impact (typically more difficult to assess): either assess when project is first delivered (if new), or stick to projects where benefits have been demonstrated in different settings

Appendix 1 – Outcomes framework

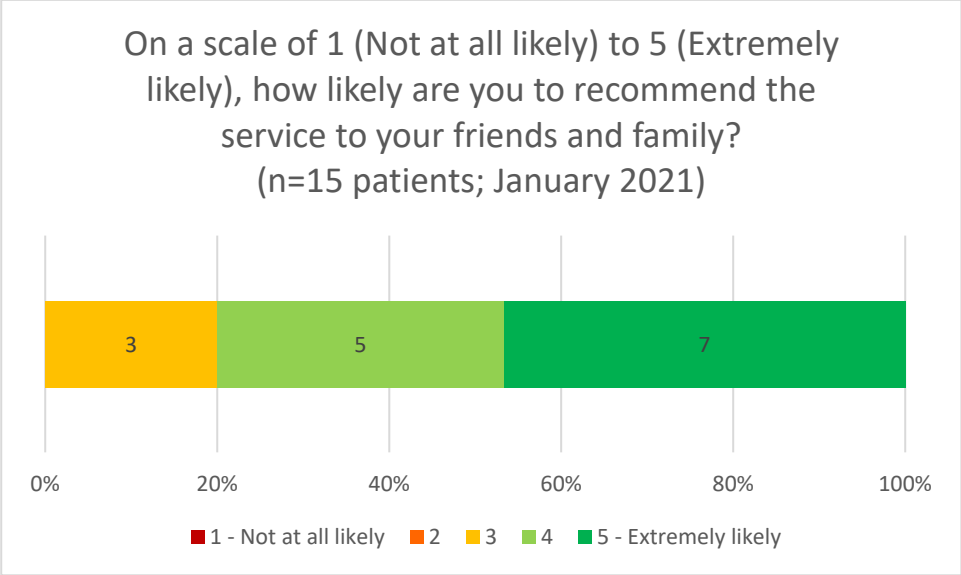
We developed an outcomes framework in the discovery stage of this project. Given the changing nature of the Hiyos Helpers activities and the formative nature of this evaluation, we only measured **outcomes in bold** at this stage. They will be revisited at later stages and in other modules of work.

Area	Outcome	Indicator	Source/Tool
Practice	Enhanced GP staff recognition of volunteers	Survey scale/staff feedback	Practice interviews
Practice	**Additional capacity within practice/3:1 + ROI including positive impact on staff**	**Survey scale/ Hours given vs overall cost/staff feedback**	**Spread sheet for logging volunteer hours given on a weekly basis and staff hours and interviews**
System	Scale of model according to fidelity principles	Number of successfully scaled sites	Project count
System	Ensuring representation/diversity of population	Age/ethnicity/gender of participants/deprivation measures	Whole systems integrated care data set (WSIC)*
Resident	Enhanced resident wellbeing	ONS survey/resident feedback	Practice data/WSIC and interviews
Resident	Reduction in healthcare activity (primary)	Number of primary care visits AND type of visit	WSIC
Resident	Reduction in healthcare activity (secondary)	Number of visits to secondary care AND type of visit	WSIC
Volunteer	**Enhanced volunteer wellbeing**	**ONS survey/volunteer feedback**	**Project specific survey/ qualitative interviews**
Volunteer	**Enhanced volunteer experience**	**Volunteer experience metrics**	**Helpforce survey**

Appendix 2 – Patient and volunteer survey results

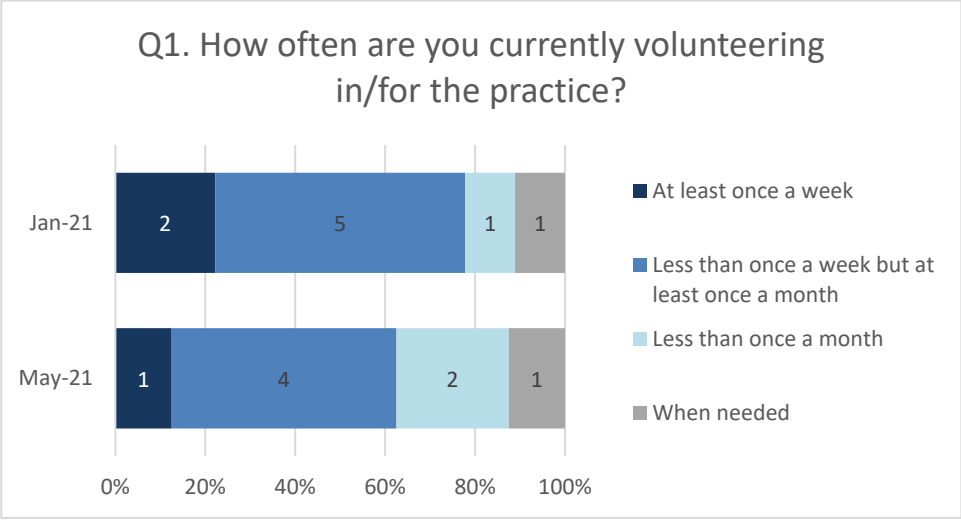
Patient survey results

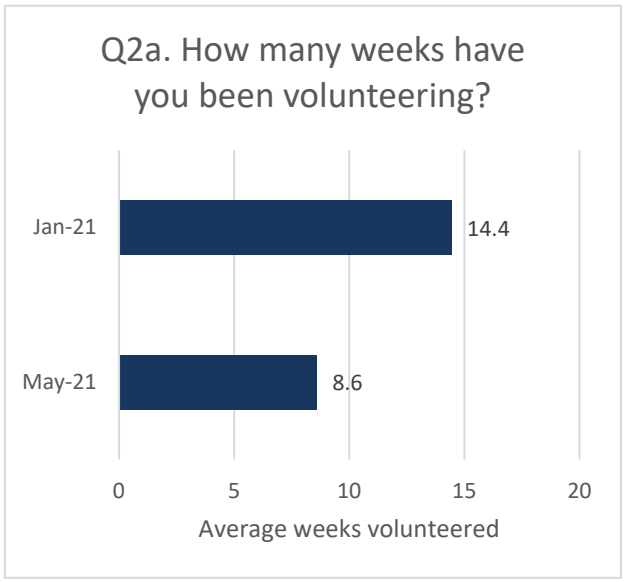
The patient survey held in January consisted as a single question – results shown below.

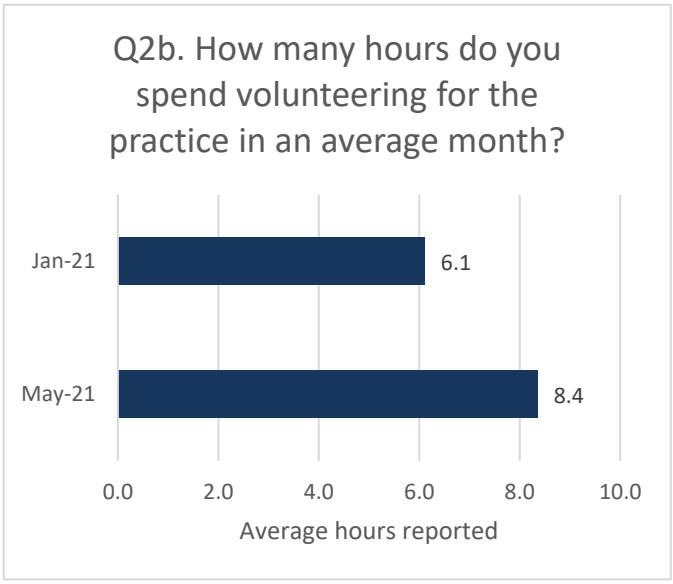


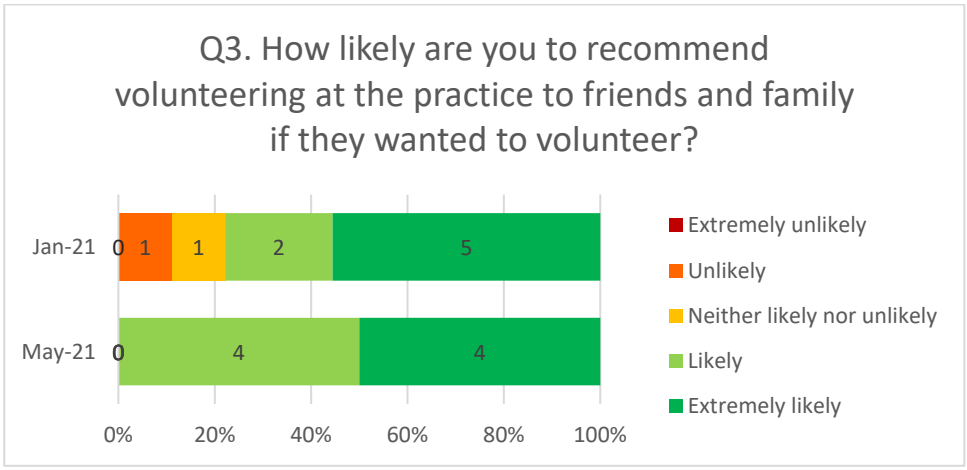
Volunteer survey results

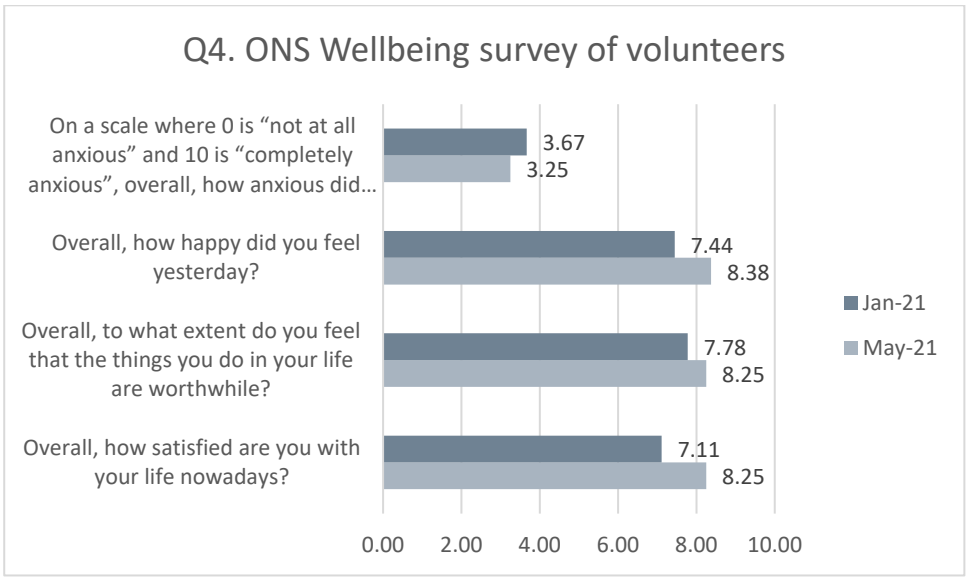
Two volunteer surveys were conducted in January and May, with the same set of questions to allow comparison. The full set of results are shown below. Results are shown as % of total responses with the number of responses displayed for each category, unless otherwise specified in axis label.

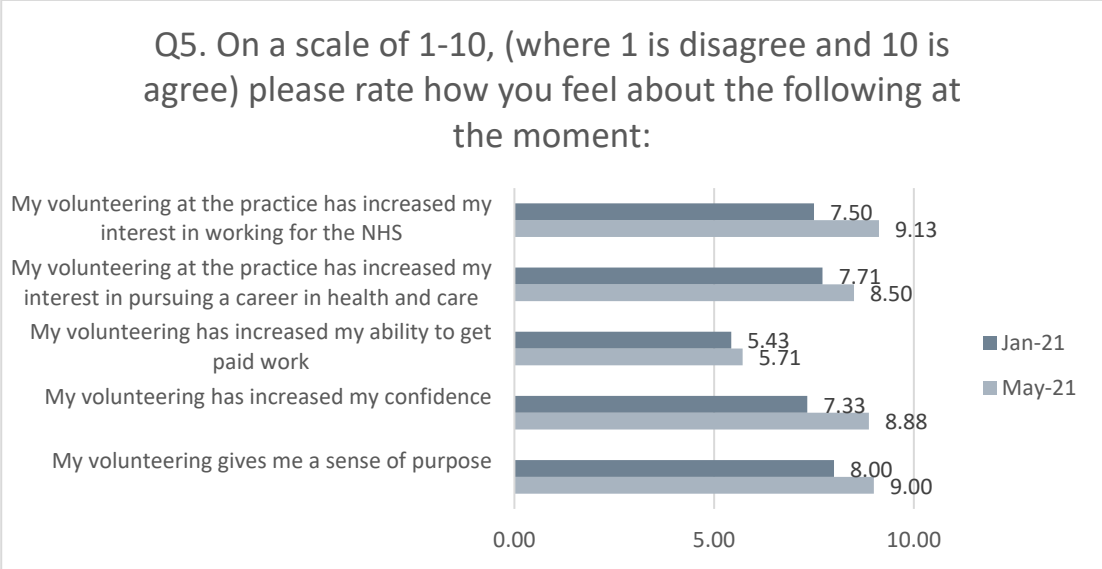


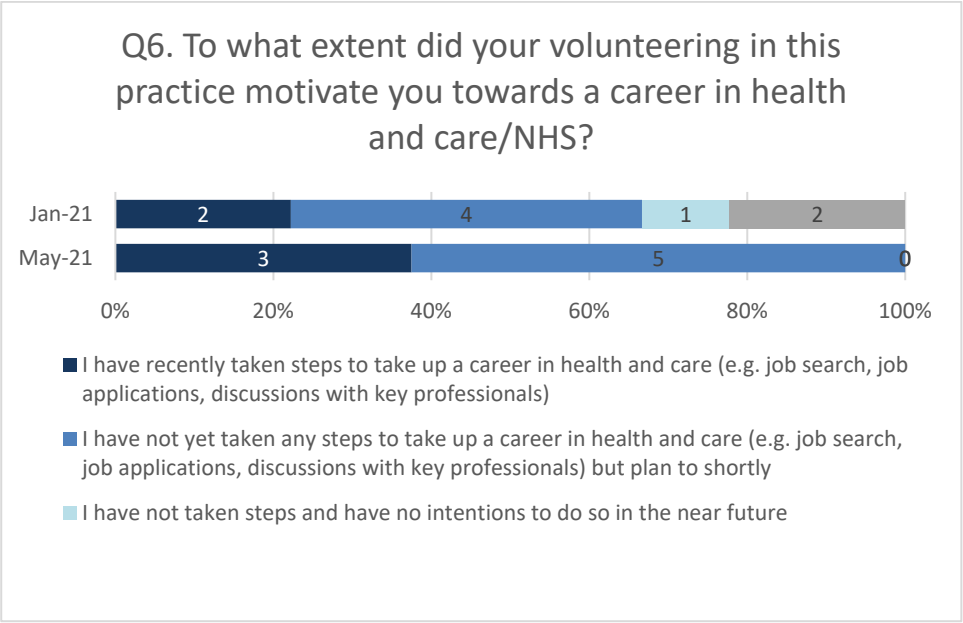

Q2a. How many weeks have you been volunteering?
Jan-21
14.4
May-21
8.6
0
5
10
15
20
Average weeks volunteered


Q2b. How many hours do you spend volunteering for the practice in an average month?
Jan-21
6.1
May-21
8.4
0.0
2.0
4.0
6.0
8.0
10.0
Average hours reported


Q3. How likely are you to recommend volunteering at the practice to friends and family if they wanted to volunteer?
Jan-21
0
1
1
2
5
May-21
0
4
4
0%
20%
40%
60%
80%
100%
Extremely unlikely
Unlikely
Neither likely nor unlikely
Likely
Extremely likely

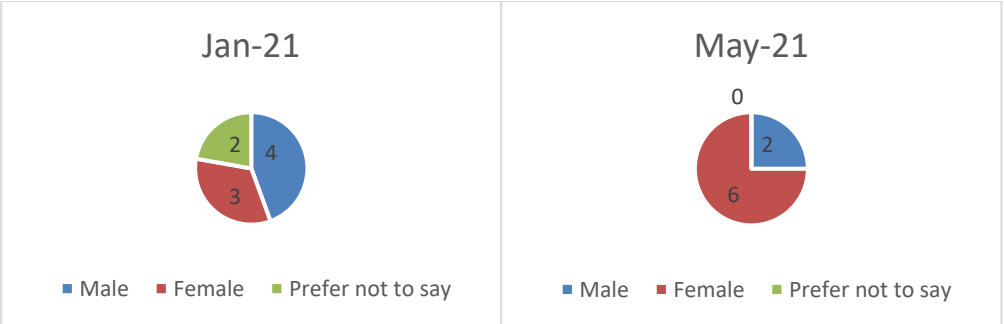

Q4. ONS Wellbeing survey of volunteers
On a scale where 0 is “not at all anxious” and 10 is “completely anxious”, overall, how anxious did…
3.67
3.25
Overall, how happy did you feel yesterday?
7.44
8.38
Overall, to what extent do you feel that the things you do in your life are worthwhile?
7.78
8.25
Overall, how satisfied are you with your life nowadays?
7.11
8.25
0.00
2.00
4.00
6.00
8.00
10.00
Jan-21
May-21



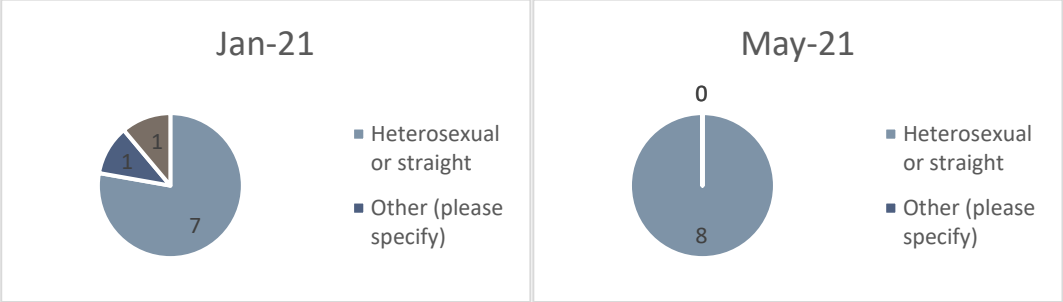


Demographic questions

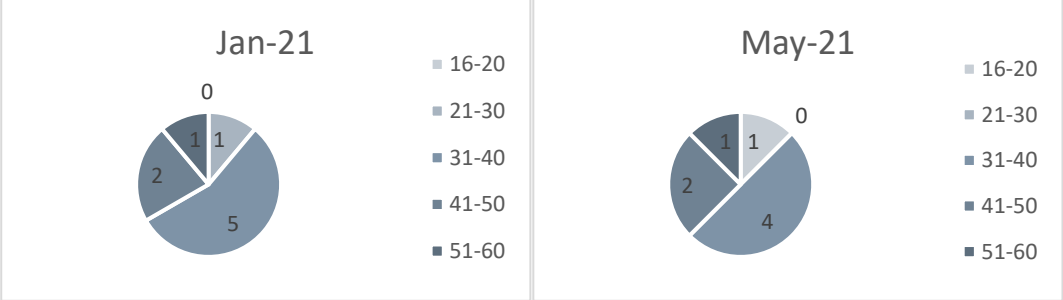
Survey respondents by gender



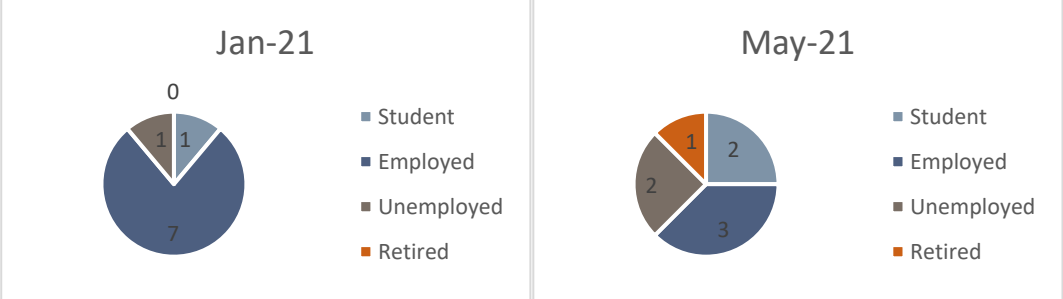
Survey respondents by sexual orientation



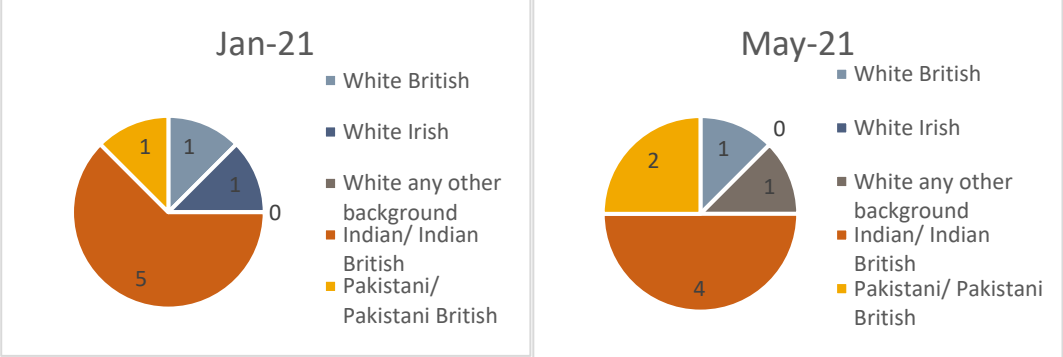
Survey respondents by age



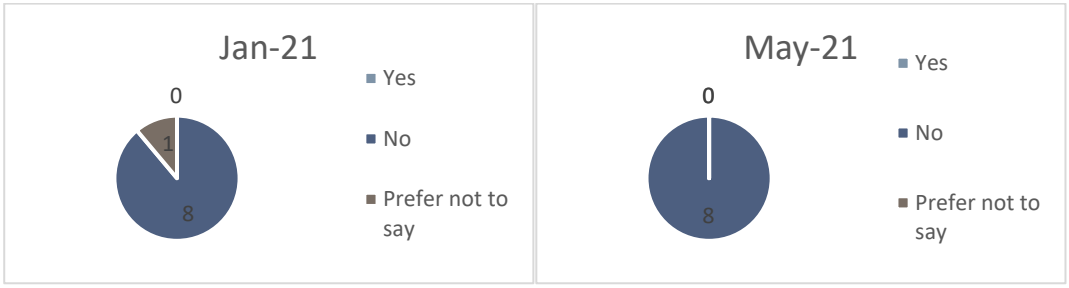
Survey respondents by occupation



Survey respondents by ethnicity



Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?



Appendix 3 – Calculations for return on investment (in hours)

Period:	August 2020 to January 2021	January 2021 to May 2021
Estimated staff hours	Project start and onboarding Docs, videos, initial meetings: 7h/day x ~5 days = **35h** Managing recruitment and training: ~7h/week x ~5 weeks = **35h** Project maintenance 2h/week x 16 weeks (from end of September to date of survey): **32h** **Total: ~102h**	New recruitment drive Managing recruitment and training: ~3h/week x 3 weeks = **9h** Project maintenance 2h/week x 15 weeks (from end of January to date of survey): **30h** **Total: ~39h**
Estimated volunteer hours	From survey: Total hours per month spent by n=9 who replied: 55h Average months spent volunteering: 3.5 months **Estimated total hours: 192h*** (*this does not include volunteers who did not reply to the survey so could be underestimating)	From Covid clinic records: Total number of volunteer shifts = 53 Hours per shift = 7h **Estimated total hours: 371 h**
Estimated ROI	**1.9 volunteer hours per staff hour**	**9.5 volunteer hours per staff hour**