Memory Clinic Waiting Well Volunteer
Evaluation Report

Bradford District Care NHS Foundation Trust

March 2026

helpforce

Bradford District Care NHS
NHS Foundation Trust

Executive summary

The project

Volunteers for Bradford District Care NHS Foundation Trust made calls to patients who were on the waiting list with the Memory Assessment Team and their next of kin. The objective of the volunteer role was to check-in as patients were waiting for their memory assessment, with the aim of keeping them informed, making sure they are well prepared for their appointment, and signposting to local organisations who can offer interim support.

Evaluation approach

Using its established *Insight & Impact* evaluation service, Helpforce follows a consistent methodology to determine the impact of volunteering roles on health and wellbeing outcomes. Target outcomes are identified across a range of beneficiaries representing the people and organisations involved, and then we collect the necessary data to prove and evidence the outcomes. The evaluation consisted of a call tracker, a follow-up feedback call tracker, and referral data from a partner community organisation.

Key findings

Volunteers were successful in providing check-in calls for a number of patients on the waiting list. Calls were generally well received by patients and their next of kin, with reports of individuals feeling satisfied with the support provided. However, data was limited and findings inconsistent. Furthermore, referral data analysis revealed an increase in referrals to community partner organisations, although showed a decrease in the number of referrals accepted by the patient. Findings and trends are explored further within this report.

116

unique patients volunteers attempted to contact

41%

increase in number of referrals received to Dementia Hub via MAT team

4 of 6

patients were satisfied with the volunteer support provided

N = Pre intervention 457 referrals.
During intervention 630 referrals.

Conclusions & recommendations

The pilot project shows potential but was limited in scale, reaching only a small proportion of patients. Expanding volunteer capacity and further investigation of referral outcomes is recommended to maximise impact and substantiate findings.

Service Overview

- The Memory Clinic Waiting Well volunteer role at Bradford District Care Foundation Trust (BDCFT) aimed to support patients on the waiting list for an appointment with the Memory Assessment Team (MAT).
- With almost 1000 patients on the MAT waiting list at the start of the project, the role of the volunteer was to keep in contact with patients and/or their next of kin as they were waiting for their appointment, with the aim of keeping them informed, making sure they are well prepared for their appointments, and signposting to local organisations.
- Volunteers followed a pre-approved call script to check-in as the patient was waiting, allowing them to identify any concerns that could be escalated to staff.
- Volunteers could also refer patients onto two community partner organisations to get additional support whilst they waited for their assessment - Carers Resource and Bradford Dementia Hub, (provided by Inspire North).
- Additionally, a staff member at BDCFT made follow-up calls to patients or their next of kin following their volunteer call, to understand what difference the call had made to them.
- Between May 2025 and February 2026, there were two volunteers actively contributing to the volunteer role.

N.B. At the start of the volunteer role (May-2025), there were 974 patients on the overall MAT waiting list, including 391 waiting for their first appointment with the South-West Community Mental Health Team (SW CMHT). As of March-2026, this has reduced to 426 patents on the overall MAT waiting list, including 86 waiting for their first appointment with the SW CMHT.

Evaluation approach: Outcomes and Methodology

Helpforce's approach to evaluating...

Using its established *Insight & Impact* evaluation service, Helpforce follows a consistent methodology to determine the impact of volunteering roles on health and wellbeing outcomes. Target outcomes are identified across a range of beneficiaries representing the people and organisations involved, and then we collect the necessary data to prove and evidence the outcomes.

The target outcomes for this project were:

Patients

Best prepared for their appointments by removing barriers to/ increasing confidence in accessing care

More informed about their care

Any identified clinical concerns escalated

Improved access to further information and support provided by community partners

Satisfied with their volunteer support experience

The evaluation included the following data collection methods:

A **call tracker** completed by volunteers. This monitored how many calls were made, whether patients/next of kin took part in the call, any referrals made to community organisations, any concerns raised and actions taken as a result. The call tracker was filled out over the duration of the delivery period, between May 2025 – February 2026.

Between February and March 2026, a BDCFT staff member completed a small number of **follow-up calls** to understand what difference the call had made to them. Details of the call were recorded in a tracker.

Analysis of **referral data provided by Bradford Dementia Hub**, (provided by Inspire North) to understand the impact of the calls on referrals to the community organisation.

Throughout the report, data findings are linked back to the beneficiary using icons at the top right-hand side of the screen. Evidence strength is also rated used icons.

Insight: Call volumes and success

Between May 2025 – February 2026, volunteers attempted to contact 116 unique individuals (patients/next of kin) across 125 calls (individuals who could not be contacted on the first attempt were tried up to a total of three times were capacity allowed).

Of the 76 individuals who were successfully contacted[1]...

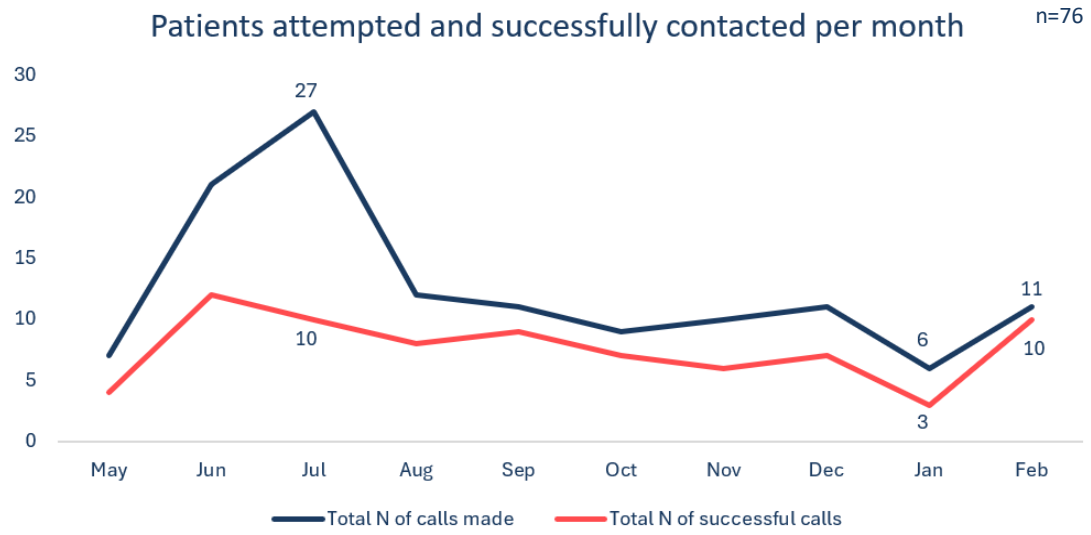
- Five experienced a cognitive decline.
- Five were identified as having an additional need for a referral.
- Four were escalated to a staff member.
- Eight were referred directly to community organisations for further support whilst waiting (five referrals to Carers Resource and three to Bradford Dementia Hub, (provided by Inspire North).

The highest number of calls were made in July 2025 (n=27). However, February 2026 had the highest call success rate (91% patients successfully reached).

The lowest number of calls were made in January 2026 (n=6) and this month also had the lowest successful call rate (50%).

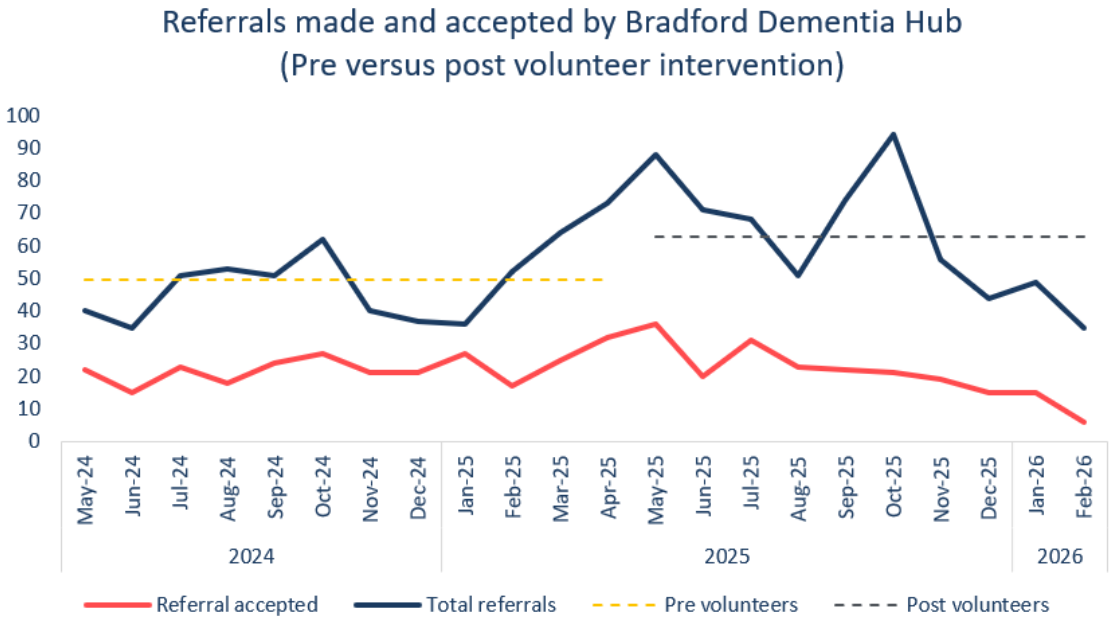
116
Unique individuals were contacted

61%
of individuals answered and consented to the call



[1]Patients/next of kin who answered and consented to the call (n=76) were deemed 'successful calls'.

Impact: Improved access to community partner support



To improve patient access to further information and support, referrals are made from the MAT to Bradford Dementia Hub, (provided by Inspire North). The hub aims to provide information and advice service for anyone, of any age, living in Bradford concerned about their memory, living with dementia, and their carers, families and friends.[2]

Referrals received from the BDCFT MAT team to the hub pre (May 2024-February 2025) versus during (May 2025-February 2026) the volunteer intervention were as follows:

- The average number of referrals made per month during the volunteer intervention (n=63) was higher than pre intervention (n=50).
- **41% increase in number of referrals received** to Bradford Dementia Hub, (provided by Inspire North) via the MAT team (457 referrals pre intervention vs 630 during the intervention).
- **30% decrease in the number of these referrals accepted** by the patient (215 referrals pre intervention vs 208 during intervention).[3]

We can therefore conclude that whilst referral activity increased during the time in which volunteers were calling patients, the overall number of referrals accepted by patients decreased. However, it is important to note that a number of individuals who declined their referrals still received advice and signposting and agreed to call back within 3-months. It is, therefore, possible that some of the referrals declined by patients may convert to an accepted referral at a later date.

[2] Inspire North (accessed March 2026), 'Bradford Dementia Hub'. https://www.inspirenorth.co.uk/our-services/get-help-and-support-page/bradford-dementia-hub/

[3] Accepted referrals are those who pursued the full service and completed a personal plan. This calculation tells you proportionally for the calls period and the pre-period the number of referrals accepted or declined. The percentage therefore provides and insight into the change in proportion of accepted or declined referrals.

Impact: Call Feedback

Of the 18 individuals (patients/next of kin) who received a follow-up call, 10 individuals answered. However, only six individuals both recalled the call and consented to continue. Further, only three individuals were aware that the call they had received was from a volunteer.

Feedback was mixed, with varying levels of agreement that the calls helped individuals to feel more informed about their care or prepared for their appointment. However, the majority were satisfied with the volunteer support provided.

Some individuals also provided comments about their call experience. Again, feedback was mixed, with respondents expressing that the volunteer provided reassurance and that and that the calls were a good idea whilst someone was on the waiting list. However, other individuals did express some challenges with the call. For example, one person received the call on the same day as their assessment which caused some confusion, and another respondent shared that they were not sure why the volunteer was calling.

Of the six individuals who participated in follow-up call:

When asked if the volunteer's call helped them to **feel more informed about their care...**

Two individuals **agreed.**

Two **disagreed.**

One was neutral.

One did not know.

When asked if the volunteer's call made them **feel more prepared for their upcoming appointment...**

Two individuals **agreed.**

Two **disagreed.**

One was neutral.

One did not know.

When asked if they were **satisfied with the support** they had received from the volunteer...

Four individuals were **satisfied.**

Two were **unsatisfied**, with one patient explaining they struggled to hear.

Taken together, these finding illustrate that the calls may be having a positive impact for some individuals, with the majority being satisfied with support received from a volunteer. However, due to the small follow-up sample (6 of 116 individuals who received a call) and mixed feedback, the overall impact of the calls is difficult to assess at this stage.

Staff Member Case study

A staff member was asked to reflect on their experiences of the Memory Clinic Waiting Well volunteer role...

Tracy Firth
Team Leader
Older People's Mental Health Team

"In respect of service users and carers, the support from volunteers has been very helpful - they have provided a link but also an opportunity to offer reassurance, onward referral and to highlight any increased risks. In this respect I feel that this has improved the experience for our service users whilst waiting for their memory assessment.

In terms of the team, it has provided reassurance that the waiting list is under review and that any increased risks/concerns are forwarded to the duty worker/team leader.

The highlights have been getting to know them-they have been a joy to have in the office.

The challenges is more for them really- the initial not being able to access S1 and having to be given numbers- this has been resolved by them having access. Some challenges with our service users and their hearing needs/difficulties- sometimes the volunteers have not repeat things."

Volunteer Case study

A case study provided by a volunteer provides further insight into their experiences of the Memory Clinic Waiting Well volunteer role…

"Volunteering in the Memory Assessments Clinic has had a positive impact on my personal and professional development. It has improved my communication, listening, and empathy skills, particularly when supporting patients who may feel anxious or uncertain while waiting for the assessment. Being part of the team has also helped me better understand how the service operates.

I have found the role very satisfying, especially knowing that the weekly check-in calls provide reassurance and continuity for patients. Many service users value the contact, and it is rewarding to know the calls make a difference during what can be a difficult waiting period.

I feel the role has a meaningful impact on both the service and service users by reducing isolation, identifying concerns early, and supporting patient wellbeing while they await assessment.

The highlights have been building rapport with patients and feeling part of a supportive team. The main challenge has been managing conversations with distressed or frustrated patients while remaining within my role. Overall, the experience has increased my understanding of the memory services and the importance of compassionate communication."

Tolulope Owolabi
Memory Clinic Waiting Well Volunteer

Conclusions and recommendations

- Volunteers successfully contacted 116 unique patients/next of kin, providing support, escalating any concerns, and making referrals to community organisations. At the start of the volunteer intervention, there were almost 1000 patients on the MAT waiting list which represents approximately 12% coverage. The project was delivered by only two volunteers and, therefore, with additional resource and capacity, the service has opportunity to contact more patients on the waiting list and potential to expand impact.
- Feedback from individuals who received calls suggests that the majority were satisfied with the call and support received from a volunteer. However, overall, there were inconsistencies within the feedback, where some individuals reported feeling unsure whether the call had made a difference.
- Referral data indicates that referrals from the MAT team to Bradford Dementia Hub, (provided by Inspire North) increased over the course of the volunteer intervention. However, while referrals increased, referrals accepted by patients decreased. This may suggest issues with referral suitability or patient willingness to proceed with engaging the community partners. Further investigation would be required to understand these trends.
- Overall, given the small number of volunteers, calls delivered and feedback gathered, at this stage it is difficult to determine the impact of the Memory Clinic Waiting Well volunteer role. In response to the limited data available, additional feedback mechanisms are being introduced at BDCFT. A post-call survey sent via SMS will be implemented to gather more consistent patient feedback. In addition, the timing of the volunteer calls will be adjusted so that patients are contacted three months after joining the waiting list, rather than six months, reflecting a change from the approach volunteers initially adopted due to the length of the waiting list when the role began.

Acknowledgements

Our thanks go to the BDCFT volunteers and staff members who spent time providing feedback, without whom this evaluation would not have been possible. We extend a particular thanks to Rachel Jones, Volunteer Service Manager, who provided practical support and acted as a key contact for the evaluation. We would also like to thank Bradford Dementia Hub, (provided by Inspire North) for providing referral data that helped form part of the evaluation of this project.

Appendix X: About the Helpforce Insight and Impact Service

What is it?

- The I&I Service is an online tool to help you easily and effectively evaluate your voluntary project or initiative.
- It guides you on a simple 4-step process, from designing outcomes for your beneficiaries through to what data we will need to collect - how, when, and from whom.
- Resulting in an evaluation report that our team produces for you, showing evidence of impact made against the outcomes and insights around how the project is working.

How the service is making a difference

We have worked with many NHS and VCS organisations to collect data on over 100 high-impact voluntary projects. We have produced evidenced findings against a broad range health and care outcome measures, that have helped to scale up volunteering services and unlock additional funding for our partners.

A guide to some key terms we use

Insights provide an understanding of a situation or problem. They help us to share valuable information around what is working well, and what is not working so well, so that we can advise on potential service improvements and developments.

Impact relates to evidence of lasting and sustainable changes. Impact data helps us to understand the value and difference being made as a result of the project.

Evidence is reviewed against the following criteria to determine if it is compelling, promising, or limited:

- Is the sample size / response rate reliable and robust?
- Is the data direct or a proxy measure?
- Is there a causal link between the evidence and the outcome?
- Is there a control group or comparative data set?
- How was the evidence gathered – directly from participants, or via a third party?
- Was the survey question well designed, or has there been signs of misunderstanding by participants?

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Thank you

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