Back to Health Pathway

INSIGHT & IMPACT

Case Study: George Eliot Hospital GEH

George Eliot Hospital NHS Trust

Back to Health Pathway BtHP

An integrated health and care volunteer supported pathway

The narrative in this study, unless noted otherwise, represents activity since the start of the programme (Sep '21). Some elements of the programme have not been running and/or collecting data for the full duration and will be labelled with dates accordingly.

Context

COVID-19 had a devastating impact on the physical and mental health of the nation. As of September 2023, the NHS England waiting list stands at 7.8m[1] whilst 8 million outpatient appointments were Did Not Attends (DNAs) in 2022/23 [2]. Reports have highlighted that without urgent action, the NHS will face a huge workforce crisis as staff leave suffering from burnout [3].

In March 2020, some volunteering support services within hospitals were fast tracked to meet the changing needs of the hospital caused by pressure in the system; visiting restrictions, exhausted and over stretched staff and blockages in patient flow.

The Back to Health Pathway (BtHP) has been developed in response to the pandemic and the elective recovery needs of the NHS.

40,107
patients supported

(Sep '21 to Sep '23. Active response, meet and greet and contact centre roles)

8,001
volunteer hours

(Response volunteer hours April '22 to Sep '23. Contact centre hours Dec '22 to Sep '23)

"The Back to Health Pathway is helping George Eliot support patients whilst they are on our waiting list and after they have been discharged from the hospital.

This enables us to become; better anchored in our local communities, to have a better understanding of hyper local needs and to build stronger, more resilient communities that ultimately, will place less pressure on the health and care systems"

Jenni Northcote Chief Strategy Office
George Eliot Hospital

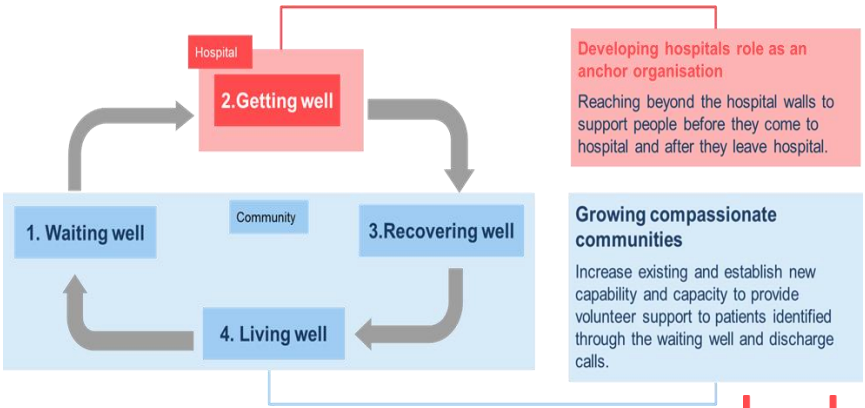
The model

The BtHP is an integrated health and care, volunteer supported, pathway. It brings together impactful, existing, emerging and new volunteer roles and services into a single pathway that supports patients both within the hospital and in the community.

The recent changes in the Health and Care system, a shared vision and governance structure, across Warwickshire North Place will maximise the impact and benefits of delivering previously stand-alone volunteer roles / services.

Figure 1 below demonstrates the reach of the pathway, supporting people through a cycle of; waiting well, within the community, getting well within the hospital and recovering and going on to living well back out in the community.

Figure 1. Overview, Back to Health Pathway



[1] NHS England » Operational performance update
[2] Hospital Outpatient Activity 2022-23 - NHS Digital
[3] NHS workforce: our position | The King's Fund (kingsfund.org.uk)

helpforce

© Helpforce 2024

Insight and Impact
Pathway components making an impact

1. Waiting well

'Waiting well' calls from volunteers to patients:

1)Identify those factors impacting patient needs such as; deconditioning and isolation. A referral to community provision is made where support is identified. Example: 'Shape up for Surgery run by a local charity AmbaCare deliver a volunteer supported 12-week programmes focused on preparation for surgery e.g., weight loss, stopping smoking, mobility etc.

2)Focus on reducing 'Do Not Attends' **Figure 2.** Volunteers call patients the week before their outpatient appointment to remind them and check if they have any barriers to attendance such as accessibility requirements. In 2022/23 NHSE reported that 8 million outpatient appointments resulted in Did Not Attends (DNAs). So far, the BtHP waiting well DNA calls in one specialty have demonstrated a 5.8% reduction.

2. Getting well

Response Volunteers support patient flow, with a particular focus on discharge related tasks. For example, volunteers support the Same Day Emergency Care (SDEC) by running urgent pathology samples when needed, increasing patient flow by collecting the discharge medication from pharmacy and bringing it straight to the patients on the wards to free up bed space. Response Volunteer Drivers also deliver to patients at home ensuring they have the appropriate medication. **Figure 3**

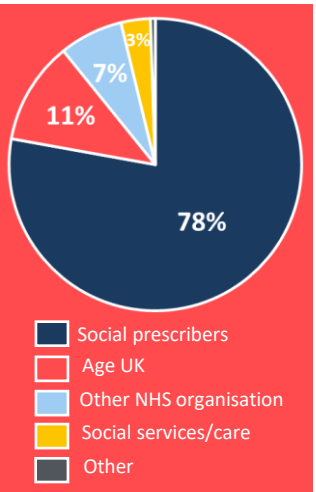
Figure 4

Discharge Call

Patient Z, aged 90. Call taken by the patient's daughter identified a rapid decline in health. The volunteer identified that the daughter needed advice and guidance around; how to keep her mother safe and in her own home for as long as possible and reassured her that there was support available.

Call outcome

Patient referred to the social prescribing team



(Destination of external referrals/ signposting. Discharge calls, since Nov '21. N=185 total external referrals/ signposting)

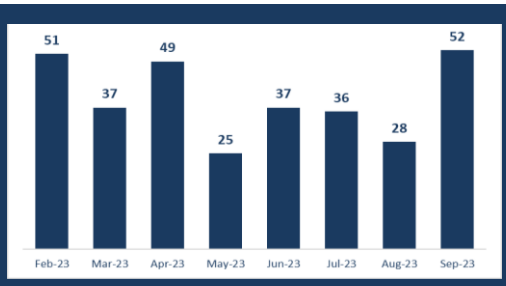
Figure 2

11.1% to 5.3%

Physiotherapy DNA rate reduced

(-5.8% difference. In weeks when calls were made, there were 21 DNAs vs 396 appts; in weeks when calls weren't made there were 46 DNAs vs 416 appts. Smaller changes seen in other specialties: -1.2% in ENT; -3.2% in complex pregnancy/maternity)

Figure 3



Patients medically fit for discharge getting home faster and freeing up bed space

(Snapshot view - responder drivers out of hours medication delivery Feb '23 – Sep '23. N=315 total out of hours deliveries)

3. Recovering well

Patients are called by a volunteer within 72hrs of being discharged. From the calls made, support needs are identified, and a relevant referral/ signpost completed. A contact centre approach to delivering calls at scale has been developed and continues to evolve, making an average of 154 successful discharge calls per month, a **total of 3,540** to date. Between Apr and Sep '23, 9% of successful calls identified a need that resulted in a referral or signposting. Supervision is provided for the volunteers, should they be troubled by or need to talk through a call.

4. Living well

Building community relationships across Warwickshire North place and the wider ICS with a focus on shifting resources from remedial to preventative. Community Engagement Officers, bring together community service providers to focus on reducing health inequalities and build more resilient communities through locally developed volunteer initiatives, such as; volunteers promoting and supporting ethnic groups who are not currently able to access maternity services and prevent/ reduce related emergency department admissions.

© Helpforce 2024

Integration

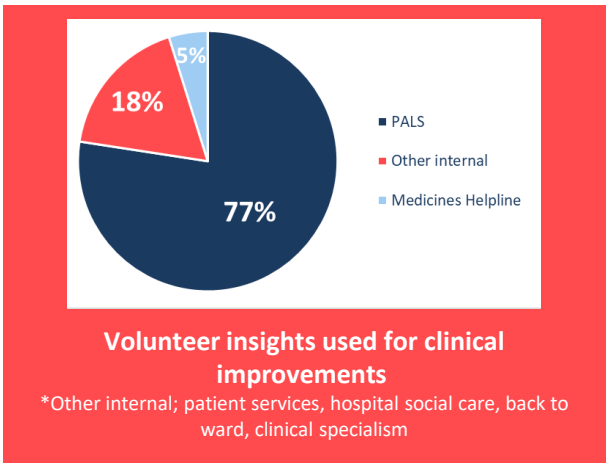
Effective integration of volunteering services into clinical operations

Clinical involvement

Clinicians play a significant role in the BTHP :

- Supporting the strategy and governance around the impactful volunteering roles e.g., escalation procedures, and patient calls scripts.
- Ensuring volunteering is embedded within the bronze command structure.
- Supporting the appointment of a BTHP Nurse (Integrated Care Board (ICB) funded). Data from volunteer discharge calls and subsequent internal referrals are critical insights for clinical improvements, the BtHP Nurse links these insights back into the clinical teams. **Figure 5 & 6**

Figure 5



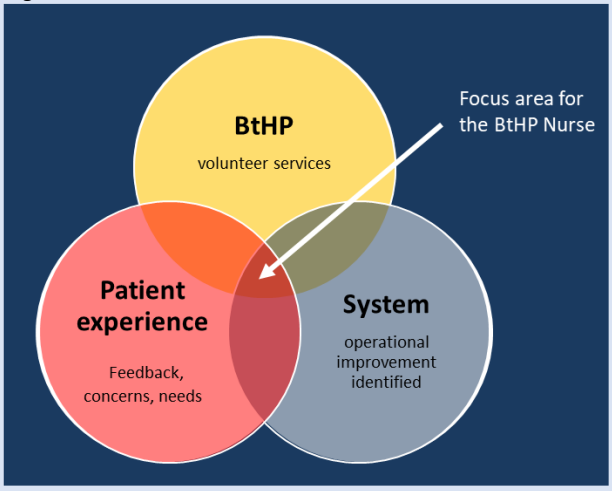
(Discharge calls (since Nov '21) destination of internal referrals/ signposting, N=62 total internal referrals/ signposting)

Example – Figure 6

GEH hospital are focusing on improving surgery outcomes to reduce; recovery periods and related hospital stay, risk of readmissions and pressure on community and primary care etc. There is particular concern for patients on long waiting lists who are deconditioning and increasing the risks associated with surgery.

The BtHP Nurse collaborated with clinical services to build a referral route (for patients on their waiting list that they are concerned about) into the community volunteering provision 'Shape up for Surgery' that delivers intensive support to better prepare patients for surgery e.g., weight loss, stop smoking etc.

Figure 6



(Working with the data and insights produced as a result of volunteers supporting patients at scale, the BtHP Nurse can identify pinch points within the systems and develop volunteer-based solutions in collaboration with clinicians and feedback identified clinical issues for improvement)

Cross 'place' Steering Group

Chaired by the Chief Strategy officer, the steering group is effectively supporting the BtHP. The group is made up of multidisciplinary stakeholders from across Warwickshire North Place with representatives from; Primary Care Networks, Local Voluntary, Community and Social Enterprise's (VCSE), ICS, Helpforce etc. The group meets monthly and focuses on removing barriers, making connections, understanding perspectives and context and priorities across place. Identifying opportunities for further integration.

helpforce

© Helpforce 2024

Insight
Learning, sustaining and scaling

Working at scale, a 'contact centre' approach

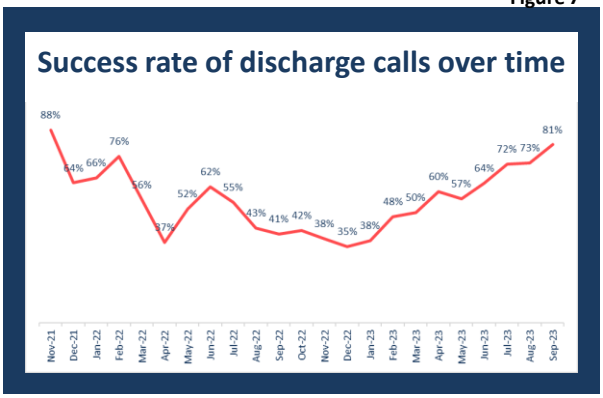
The principal approach to the BtHP has been about testing how volunteering can work at scale to tackle large scale problems and make a big impact. The contact centre, delivers calls to patients made by volunteers.

Initially discharge calls were made to patients aged 75+. Through learning, developing efficiencies and improving the quality of calls made, the service scaled, delivering to all age groups. However, this decreased the success rate of calls, as fewer people who were called answered or wanted to proceed.

Further learning was applied and text messaging was implemented for patients to opt in or out of discharge calls.

By calling a smaller, more targeted group of patients who want or need a call, the success rate of the discharge calls once again increased. This also freed up volunteer capacity to start making outpatient reminder calls. **Figure 7.**

Figure 7



(Success defined as a patient answering and consenting to continue the call. Based on a total of n=6,450 patients called)

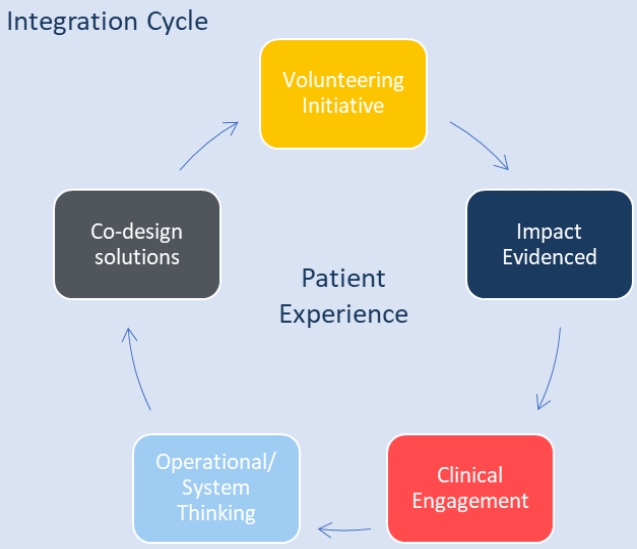
An approach to integration

Successfully integrating volunteering as a core component into all health and care services across GEH and beyond has resulted in a business-as-usual approach to volunteers.

This culture shift is evidenced through the range of volunteering roles available and the commitment to considering volunteering in new and innovative ways to enhance patient experience.

The integration cycle figure 8, is a tried and tested 'integration' methodology that emerged as key learning from this 14-month project.

Figure 8



Data driven

The project has been designed using available relevant data.

This has resulted in a targeted approach to address place wide challenges resulting in fast-tracked cross place engagement and decision making which reduced subjectivity and ambiguity.

Figure 9 - Example of evidenced impact

(Oct '22 – Sep '23 = 4,178 response volunteer hours. FTE based on 37.5 hour working week and 45 working weeks per year)

© Helpforce 2024

Feedback
What the people involved are saying

Patients

"The volunteer made me smile when I was sad and provided good company."
GEH patient

85% said volunteers cheered improved their mood
N=88

75% said volunteer helped them feel less anxious
N=88

51% said that volunteer helped them feel less lonely/ isolated
N=88

Staff

"Volunteers are a great asset to any team. If only every department could have help, I think staff would be less stressed. Keep up the good work and recruit many more"
GEH staff member

96% agreed volunteers improve working lives of staff
N=77

95% agreed volunteers support gives them more time to help patients
N=77

91% agreed volunteer support helps them to feel less stressed when busy
N=77

Volunteers

"I love volunteering at the George Eliot hospital, I'm sure I make a difference & it's a lovely feeling knowing that you've helped someone"
GEH volunteer

20 of 22 had their expectations met or exceeded by their role

18 of 22 were satisfied with their role

19 of 22 said they were likely to recommend volunteering at GEH

Scale and spread

The BtHP project will continue beyond the involvement of Helpforce. The Trust has committed ongoing funding to sustain the project based on the systematic data driven approach, robust evaluation and whole system commitment to volunteering. The project approach is transferable to other areas including community and social care.

***Data Limitations:**

- Not all data has been collected across the whole time period of the programme. Each point of activity data has been labelled with the relevant time frames.
- Activity data has been collected internally by GEH and it has not been possible for Helpforce to validate this.
- Survey responses are not limited to Back to Health volunteers only or patients or staff who have come into contact with only Back to Health volunteers. Survey responses reflect feedback on volunteers and volunteering at GEH more generally.
- Data from the outpatient reminder calls represents emerging insights and further data collection is required to validate ongoing change.

© Helpforce 2024