Volunteers Preventing Missed Imaging Appointments

Norfolk and Waveney Integrated Care Board

Final Evaluation Report

January 2026

In partnership with

Norfolk and Norwich University Hospitals NHS Foundation Trust

The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust

James Paget University Hospitals NHS Foundation Trust

helpforce

#bethehelpforce

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Executive Summary

At the time of starting this programme, Norfolk and Waveney Integrated Care System waiting lists for diagnostic services stood at 27,000, with 41% waiting more than 6 weeks. DM01 data up to December 2025 shows a reduction in the proportion of patients waiting longer than 6 weeks (29% of patients) and an overall waiting list of 34,940. One contributing factor is that all 3 acute trusts were experiencing waste and inefficiencies through missed appointments, with Queen Elizabeth Hospital and James Paget University Hospitals falling short of the 5-6% benchmark for non-attendance expected in several modalities.

To address this, a volunteer-led diagnostic reminder calls model was introduced to support proactive engagement about their upcoming appointments and address any personal circumstances, along with barriers that may prevent the patient from attending. The model was implemented across Norfolk and Norwich University Hospital (NNUH), Queen Elizabeth Hospital King's Lynn (QEH) and James Paget University Hospital (JPUH), with varying levels of maturity and scale.

At NNUH, where delivery was most established, reminder calls were associated with a reduction in DNA rates across several modalities, including statistically significant reductions for DEXA and General Ultrasound. These changes were also accompanied by other benefits, such as avoiding missed appointments and increased flexibility in the booking process. At QEH, the calls were implemented following NNUH, with findings suggesting lower DNA rates during calls period across General Ultrasound, CT and MRI. Financial analysis across two sites was also promising, with an indicative cost savings associated with reduced DNAs. JPUH joined the programme following the two sites, with positive engagement from the team. However, progress to date has been impacted by wider operational and capacity pressures, limiting the scale of delivery and activity data at the time of evaluation.

Across the three sites, the service has supported approximately 35,811 patients since implementation, contributing to reductions in DNAs and improved utilisation of available appointment capacity. Indicative cost avoidance associated with reduced DNAs varied by site and modality; however, when considered collectively, the estimated cost avoidance ranged from £7,000 to £37,000.

While these results, including financial benefits – which could be interpreted cautiously – the model has the potential to be adapted and scaled to support additional modalities and grow beyond imaging to other specialities needing to reduce missed appointments and provide access to care more quickly. This model aims to:

- Reduce missed appointments
- Prevent wasted capacity to reduce waiting times and clear backlogs faster
- Reduce unnecessary appointments by understanding when patients may no longer need them
- Minimise on-the-day cancellations as a result of insufficient preparation
- Increase communication with patients and provide more personalised care
- Understand the barriers to accessing appointments and provide appropriate support to address them
- Provide a tested, adaptable and scalable model for other specialities to adopt
- Improve administrative processes

This final evaluation report outlines the overall progress of the programme over the past 24 months, the impact of volunteer-led reminder calls, and recommendations moving forward.

Strategic context

The scale of missed appointments

Missed appointments lead to delays in diagnosis and treatment, negatively impacting patient outcomes as well as NHS efficiency and performance.

Of the 103 million NHS outpatient appointments booked in 2021/22, 7.6% were missed (a 'Did Not Attend'), equating to an average of 650,000 appointment slots wasted each month. [1]

This project aims to harness the capacity of local volunteers to reduce missed appointments and the waste, inefficiencies and health inequality that come with it.

Reducing inefficiency and waste to improve performance

Rescheduling missed appointments for patients has a domino effect on Norfolk's Radiology waiting list backlog of 27k, leaving patients waiting longer to be seen (41% of wait more than 6 weeks for imaging appointments according to Model Health System Sep 2023). Booking teams struggle to issue plenty of advance notice of appointments, which can limit a patient's ability to accommodate it, and clinics are often overbooked to compensate for potential non-attendance at the cost of staff burn out.

Locally the *Norfolk and Waveney ICS five-year Joint Forward Plan* strives for more patient engagement and less inefficiencies, ultimately improving care quality and reducing wait times for the patients who are on waiting lists[2] while the *NNUH H2 Winter Plan* cements the urgent need to reduce wasted appointments, minimise avoidable cancellations and increase clinic throughput.

Achieving Health Equity

The Diagnostics: Recovery and Renewal report by Professor Sir Mike Richards highlights the importance of timely diagnostics to improve patient outcomes (Richards, 2020)[3] and the 24/25 planning guidance from NHS England has outlined that optimising resource and improving patient access to healthcare should be a priority for healthcare systems, aiming to achieve 95% of patients having their diagnostic test within 6 weeks.[4]

Health inequalities remain a significant challenge within the NHS, with patients from deprived communities, non-English-speaking households, and those with disabilities experiencing greater barriers to accessing care. There is an 11.9-year age gap between the lowest life expectancy in Norfolk and Waveney and the highest (72.2 years in North Lynn & Yarmouth Parade, 84.1 years in Eaton)[5] and 42 of our communities have some or all of the population living in the most deprived 20% of areas in England.

Missed appointments exacerbate these disparities, delaying diagnosis, treatment and subsequent outcomes for vulnerable populations. This demonstrates commitment from Radiology and Volunteering services to the *Health Inequalities 10-Year Strategic Framework for Action,* making tackling unfair and avoidable differences in health outcomes everybody's business. It has the potential to increase access to diagnostic appointments by directly engaging with patients to understand and address their barriers to attending, and:

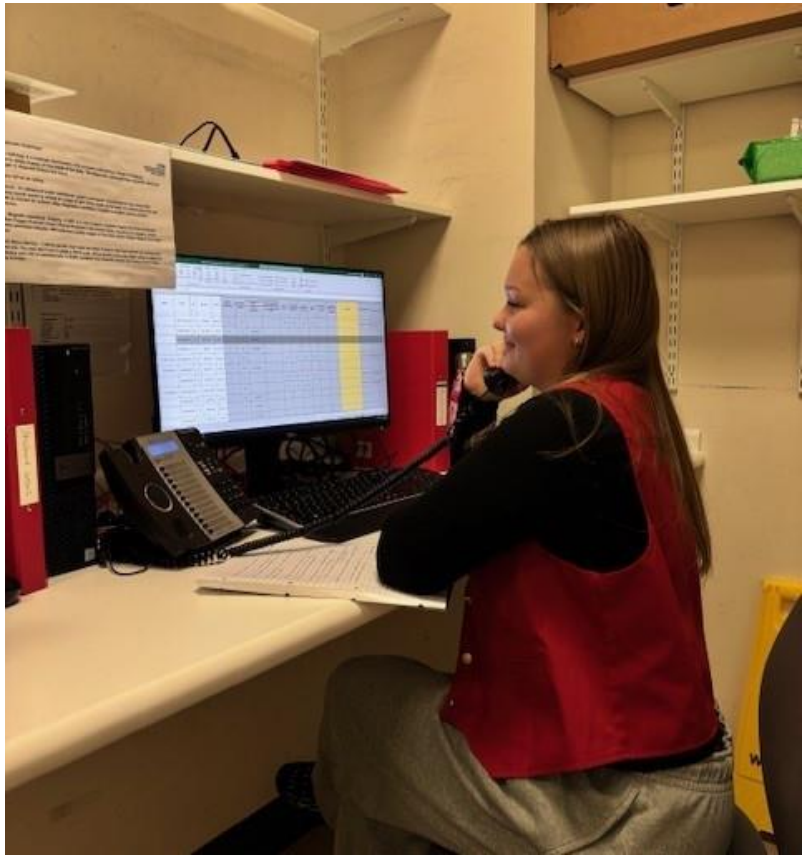
- Provide personalised support, reassurance, and practical solutions for patients facing logistical or emotional challenges.
- Signpost patients to additional services, such as transport or meet-and-greet volunteers, to reduce access barriers.
- Respond to cultural and individual needs, such as accommodating gender preferences for clinical staff.

[1] NHS England (2023). NHS drive to reduce 'no shows' to help tackle long waits for care.
[2] Norfolk and Waveney Integrated Care System. (2024). Joint Forward Plan 2024/25–2028/29
[3] Richards, M. (2020). Diagnostics: Recovery and Renewal. NHS England.
[4] NHS England. (2024). 2024/25 Priorities and Operational Planning Guidance
[5] Norfolk and Waveney Health Inequalities Strategic Framework for Action

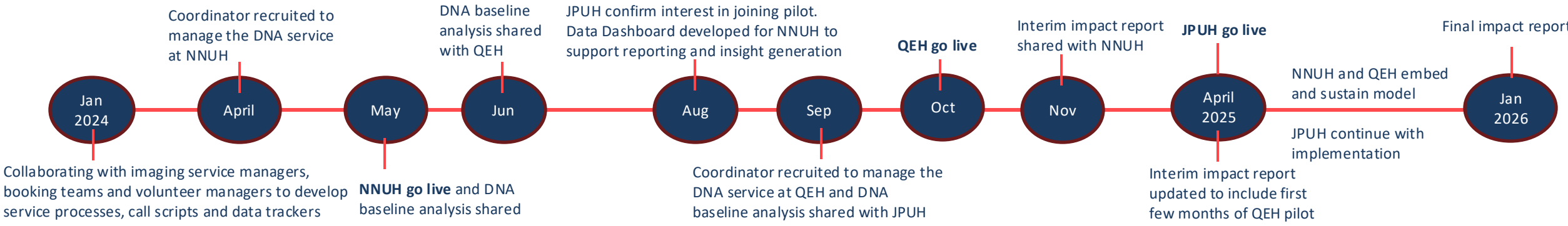
Programme overview

With support from the Imaging East Networks, Norfolk and Waveney ICB and Helpforce, funding was secured to pilot a new approach to reduce missed appointments utilising volunteers at Norfolk and Norwich University Hospitals, The Queen Elizabeth Hospital King's Lynn NHS Foundation Trust and James Paget University Hospitals NHS Foundation Trust. This has involved:

- Helpforce, the ICB and Trusts co-designing a service where volunteers engage directly with patients about their upcoming diagnostic appointment, reminding them of appointment details and preparation guidance as well as identifying barriers to attendance
- Recruiting a dedicated coordinator at 2 sites to establish and manage the volunteer service before embedding it as business as usual within radiology teams
- Working collaboratively with radiology service managers, booking teams and volunteer managers/coordinators to establish robust service processes and escalation pathways so that patient barriers are resolved, and appointments are rescheduled and filled where necessary
- Recruiting and training volunteers
- Establishing a baseline view of imaging activity and missed appointments (DNAs) at each site to inform the modalities of focus
- Agreeing a standard approach for tracking activity, insights and impact across the 3 sites, developing data collection tools and undertaking data analysis to demonstrate impact.



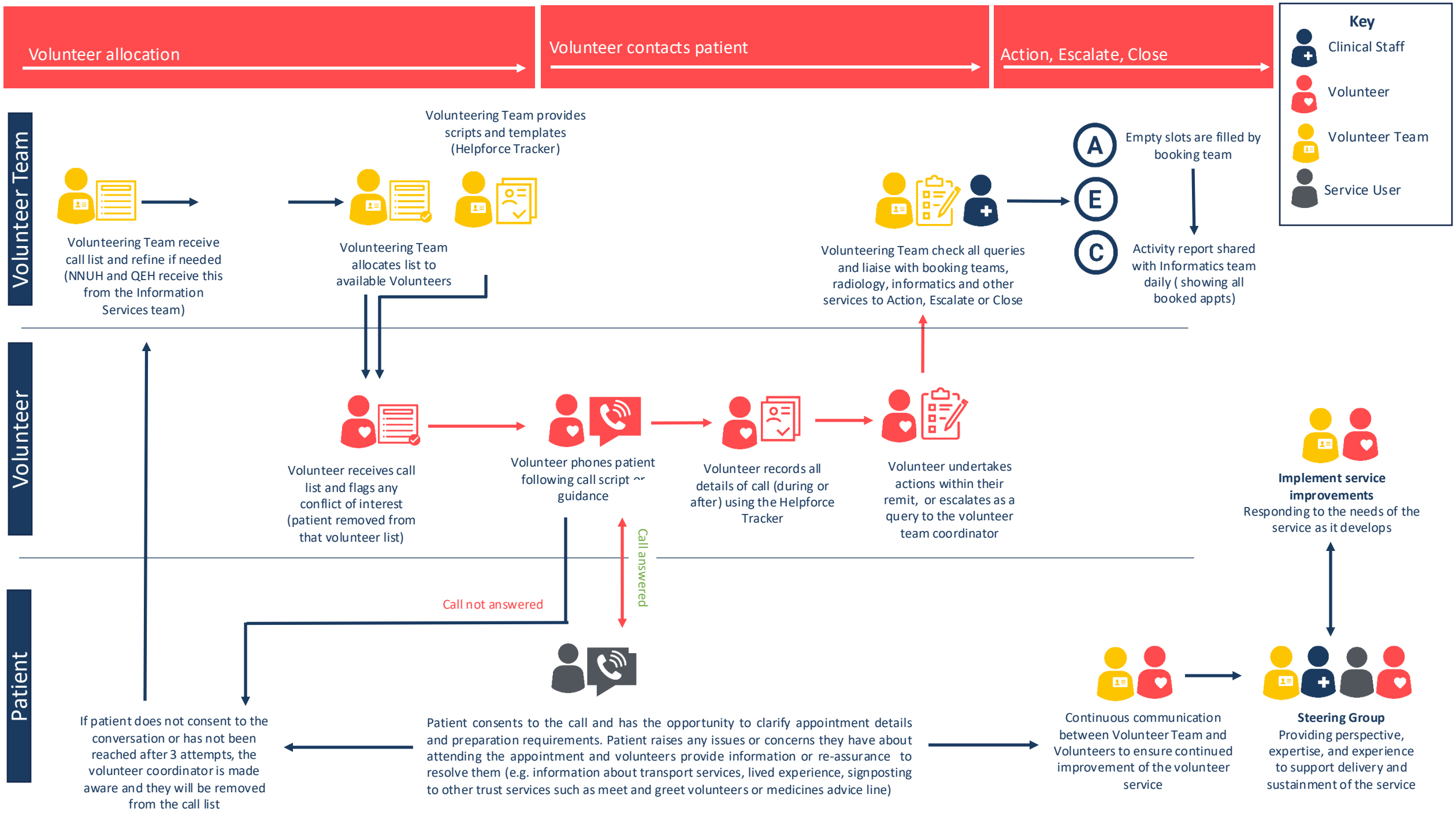
Timeline 2024 - 2026



Service Blueprint

The next slide visually outlines how the Volunteer service works in practice, and the table below compares key aspects of the model at each site.

	NNUH (Embedded & sustained)	QEH (Embedded & sustained)	JPUH (Implementing)
Dedicated service coordinator to initially establish the call center service	1 FTE Band 5 Volunteering team (May 24 – Dec 24)	1 FTE Band 4 Volunteering team	0 FTE (pilot implementation absorbed by existing capacity with support from NNUH/QEH)
Senior Risk Officer	Radiology Service Operations Manager	Radiology Clinical Operations Lead and Advanced Practitioner	Radiology Department Diagnostic Information Manager
Volunteers to date (Jan 2026)	5 (target 10)	5 (target 10)	2 (target 5)
Sustainability status	Embedded and sustaining within Radiology teams existing capacity without investment in dedicated resource	Embedded and sustaining within Radiology teams existing capacity without investment in dedicated resource	In implementation phase without investment in dedicated resource to establish the model. Intention is to embed and sustain.
Operating Hours	Runs Monday – Friday and covers 7 days of appts	Runs Monday – Friday and calls weekday appointments only	Ad-hoc based on volunteer availability
Shifts	9.30am-1pm 12.30 - 4.30pm	9am-12noon 12noon-3pm	Ad-hoc based on volunteer availability
Modalities	DEXA Ultrasound	Ultrasound CT MRI	Ultrasound
Devices	2 x dedicated Mitel phones 2 x dedicated computer, keyboard, mouse	Uses available devices in the Radiology Admin Room	Uses available devices within Radiology support team
Space	Up to 3 volunteers off Loddon ward	Up to 2 volunteers in the Radiology Admin Room	Up to 1 volunteer with radiology support team


Volunteer allocation
Volunteer contacts patient
Action, Escalate, Close
Key
Clinical Staff
Volunteer
Volunteer Team
Service User
Volunteer Team
Volunteer
Patient
Volunteering Team receive call list and refine if needed (NNUH and QEH receive this from the Information Services team)
Volunteering Team provides scripts and templates (Helpforce Tracker)
Volunteering Team allocates list to available Volunteers
Volunteering Team check all queries and liaise with booking teams, radiology, informatics and other services to Action, Escalate or Close
A
E
C
Empty slots are filled by booking team
Activity report shared with Informatics team daily (showing all booked appts)
Volunteer receives call list and flags any conflict of interest (patient removed from that volunteer list)
Volunteer phones patient following call script or guidance
Volunteer records all details of call (during or after) using the Helpforce Tracker
Volunteer undertakes actions within their remit, or escalates as a query to the volunteer team coordinator
Call answered
Call not answered
Implement service improvements
Responding to the needs of the service as it develops
If patient does not consent to the conversation or has not been reached after 3 attempts, the volunteer coordinator is made aware and they will be removed from the call list
Patient consents to the call and has the opportunity to clarify appointment details and preparation requirements. Patient raises any issues or concerns they have about attending the appointment and volunteers provide information or re-assurance to resolve them (e.g. information about transport services, lived experience, signposting to other trust services such as meet and greet volunteers or medicines advice line)
Continuous communication between Volunteer Team and Volunteers to ensure continued improvement of the volunteer service
Steering Group
Providing perspective, expertise, and experience to support delivery and sustainment of the service

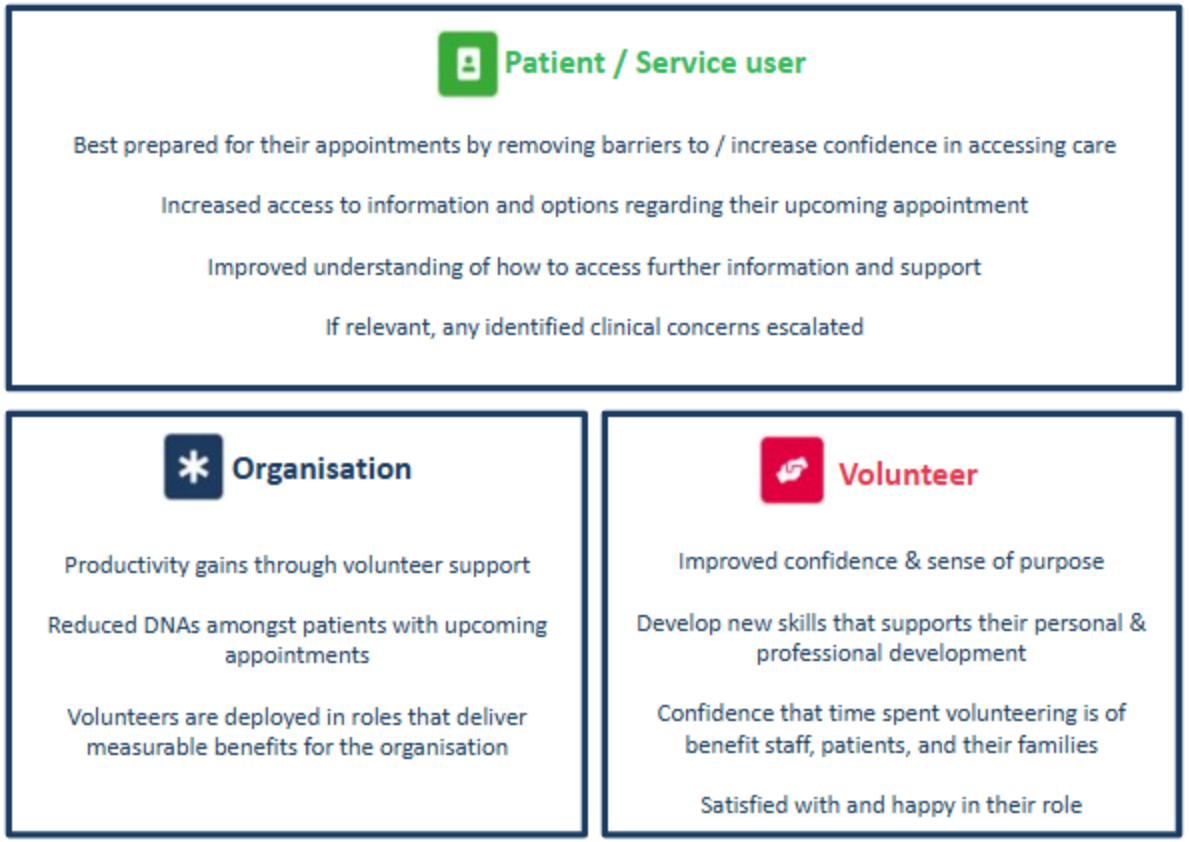
Evaluation approach

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 evidence the outcomes. For the full evaluation, Helpforce provided support to the trusts involved to gather evidence of insights and the impact of the service.

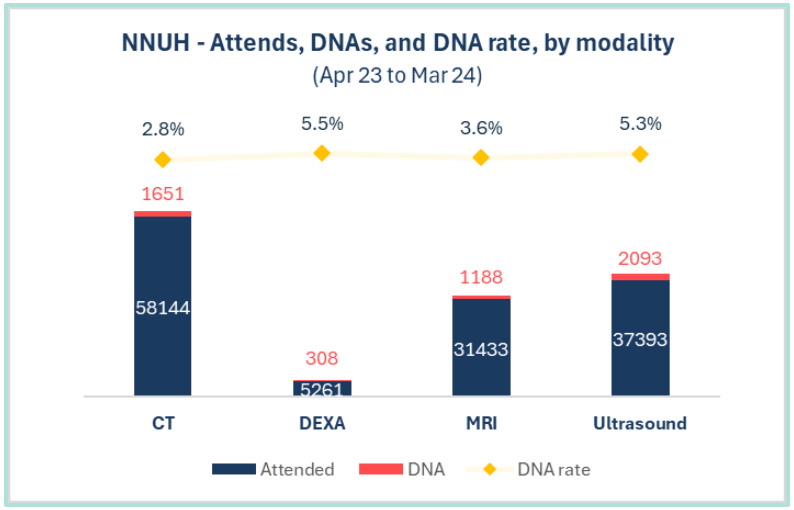
The analysis consisted of three data collection / analysis methods:

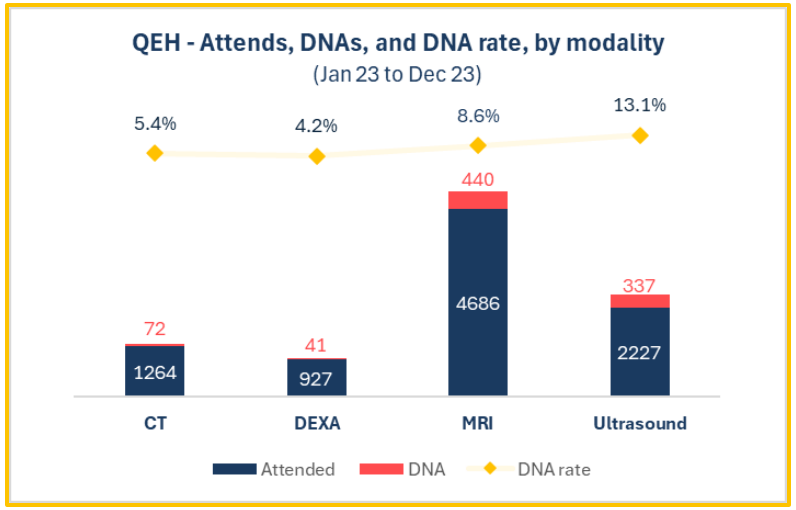
- **A patient call log:** In partnership with the participating organisations, a call tracker has been developed to support volunteers in successfully making calls and record resulting information / outputs. The log includes key details to support the call process, such as the list of patients to contact and their details, whilst also providing a structure in which to log call insights and outcomes, including any actions taken to address issues raised by patients, signposting provided, enabling escalations, and the final outcome of the call.
- **Volunteer feedback survey:** An online survey developed to capture feedback from diagnostic call volunteers on their role, their perspective on the impact they are making for the people they support, and any insights they have on areas for improving the service.
- **Organisational data**: Data requested from organisations, including DNAs and completed exams which has been used for baseline data analysis and DNA rate change calculations.

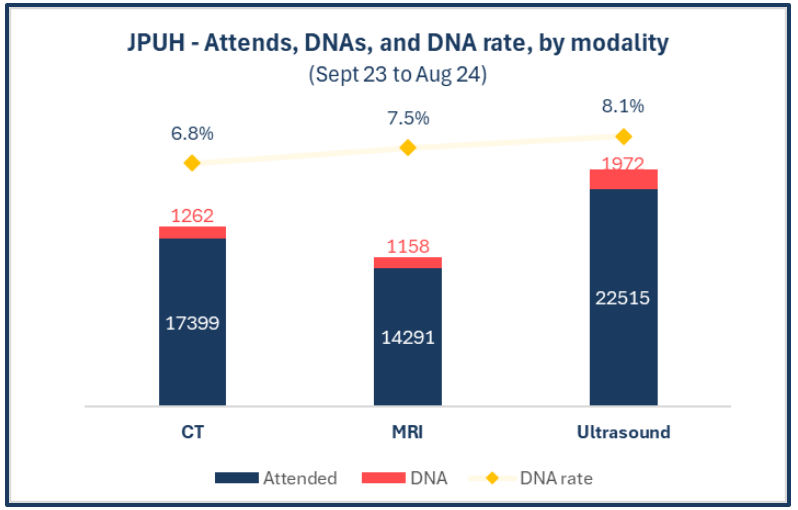


Baseline Activity and DNAs across the organisations

A baseline data analysis was conducted on 12 months of pre-project data for each organisation, focusing on activity levels, capacity, and DNA rates across modalities.







The findings provided insight to inform decisions on where best to focus volunteer calls at each site. Overall:

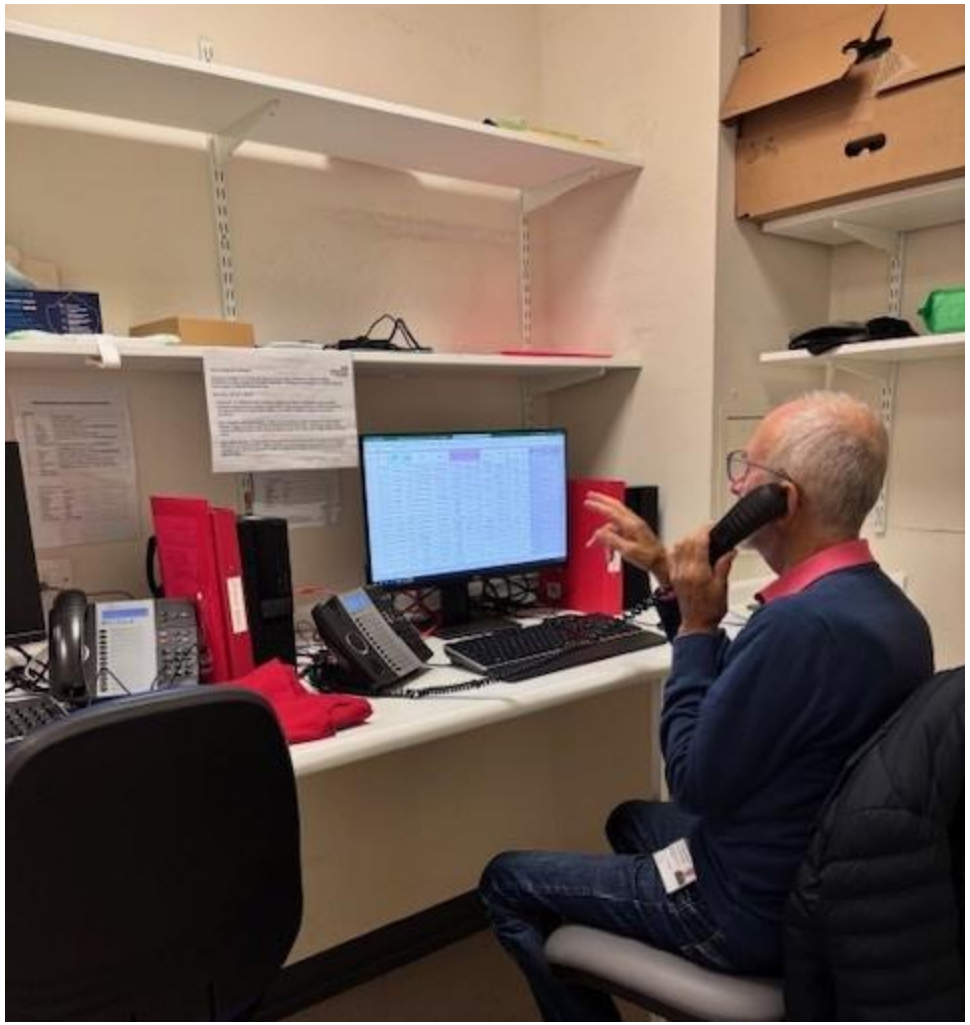
- NNUH showed the highest activity volumes and the greatest capacity for completing scans, while QEH reported the lowest activity levels across the three sites.
- Analysis of DNA rates by speciality revealed that Ultrasound (US) had the highest DNA rates over a 12-month period at JPUH and QEH, whereas at NNUH it ranked second, with the highest being Bone Density Scans (DEXA).
- NNUH has the lowest rate of non-attendance, aligning more closely with the national benchmark for imaging services expected to be between 5% and 6%.[6] In comparison, QEH and JPUH have a greater opportunity for larger reductions in non-attendance particularly in US and MRI.

[6] Doctor Doctor (accessed Nov 2024), Royal Orthopaedic Hospital's Radiology department reduce DNA rates to 3% in just 3 months.

Norfolk and Norwich University Hospitals NHS Foundation Trust

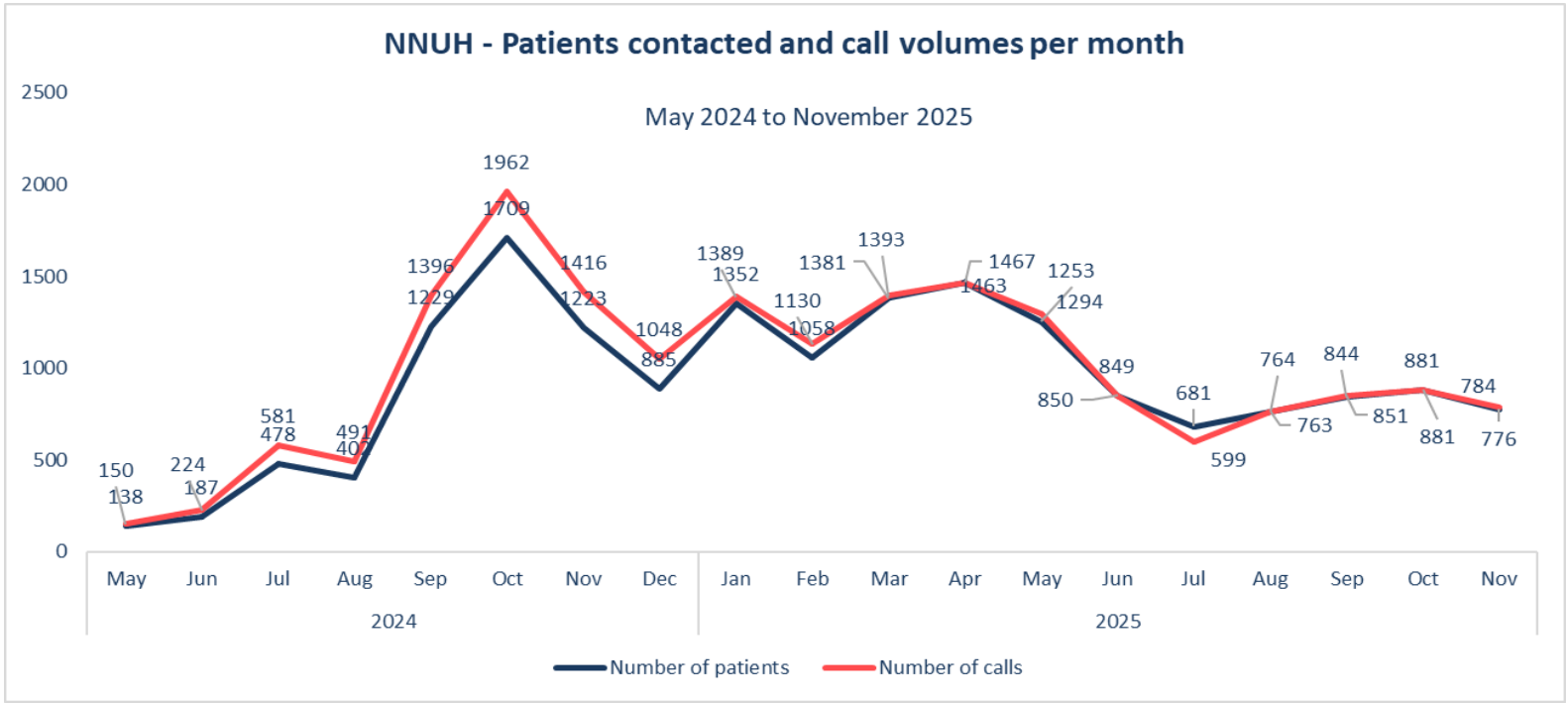
Service Model and Delivery - NNUH

- At NNUH, the calls project began in April 2024, following the recruitment of a dedicated service coordinator within the Voluntary Services Team in May 2024. The role remained in place for approximately eight months, and from January 2025 the service no longer had access to dedicated coordination capacity and was subsequently sustained by the Voluntary Services Team and the Radiology Team.
- Baseline analysis (Apr 2023 – Mar 2024) identified DEXA (5.5%), General Ultrasound (5.3%) and Fluoroscopy (4.8%) as the modalities with the highest DNA rates; the project initially focused on DEXA before expanding to General Ultrasound.
- 2WW cancer patients were excluded from the calls, as a dedicated team is already responsible for contacting them, ensuring compliance with strict governance processes and timelines. The sensitive nature of these calls could also present a challenge if they were delivered by volunteers.
- Initially, calls were made by the service coordinator to establish and test efficient processes and ensure that insights were integrated into volunteer training to equip them to perform the role effectively. NNUH has seen a growth in call volumes, scaling from 150 calls per month to over almost 1,800 in a 6-month period.
- Volunteers were provided with a list of patients with upcoming appointments, relevant appointment preparation information and conversation guidance to follow. They were also provided with clear guidance of action and escalation pathways in order to signpost patients to other hospital services where appropriate or to flag issues for the volunteer service manager to pick up.
- A call tracker was built onto the volunteer call list to enable volunteers to keep a consistent and standardised record of the issues raised by patients and actions taken during or following the interaction.



Volunteer Call Activity

- Overall, volunteers have **attempted to contact 17,553 patients**, completing **9,259 calls successfully** (53% successful contact rate), with calls averaging a 2.6-minute duration. A successful contact is defined as a patient answering and consenting to proceed with the call.
- Of the 9,259 patients successfully contacted, the majority awaiting General Ultrasound (6,532 calls), followed by DEXA scans (2,718 calls), reflecting the overall activity levels at the trust.
- Call activity increased over the early stages of the project, reaching a peak in October 2024. After this point, activity gradually declined and has remained at a more consistent level over the past five months. While this may be linked to the loss of dedicated coordinator support, it is also likely that other factors also influenced activity levels during this period.



17,553
patients contacted for a diagnostic call
May 24 to Nov 25

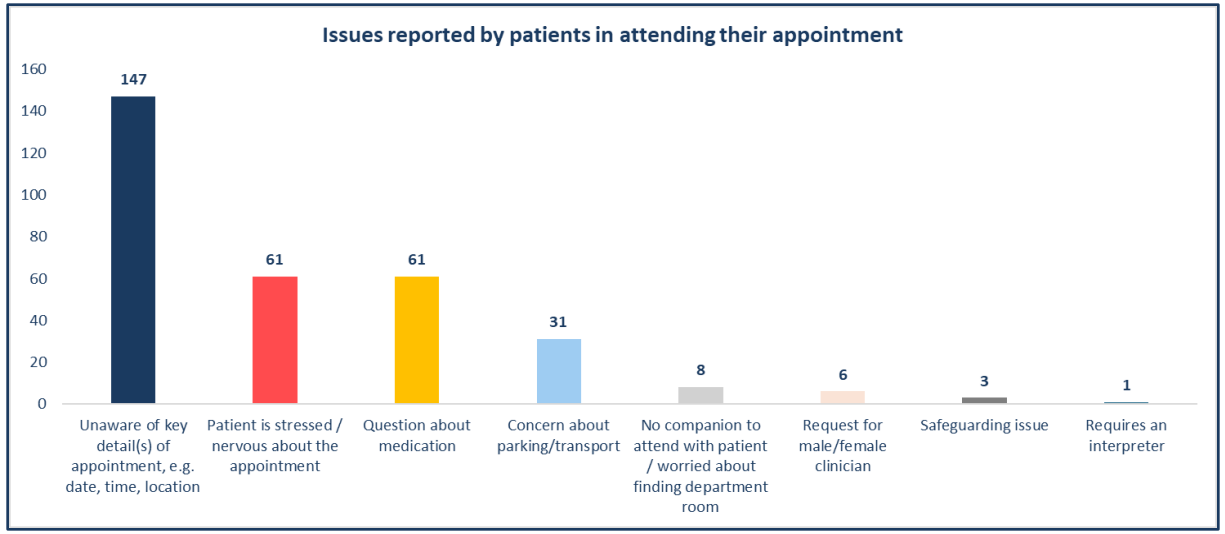
53%
of patients contacted successfully

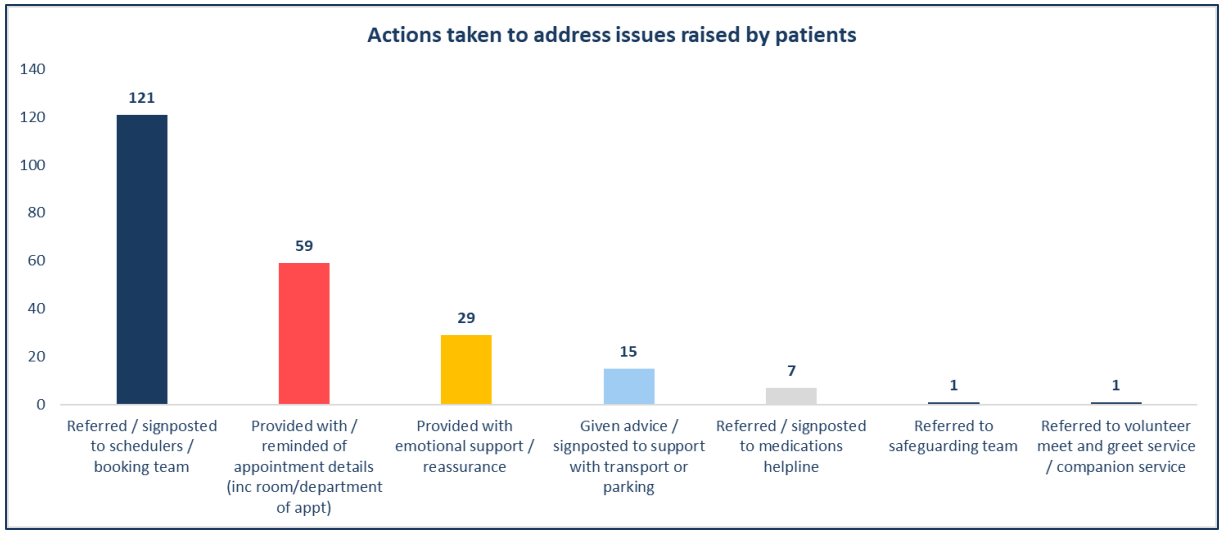
Patient Barriers and Call Outcomes

Of the 9,259 patients successfully contacted, **9,095 (98%) still required their appointment**. However, **130 did not**, with a resulting **cancellation rate of 1.4%.**

Of the 9,095 patients who required their appointment…

- **391 reported being unable to attend their appointments**; 214 of these requested rescheduling. Most of the remaining patients had called or emailed the booking team themselves and were awaiting a rescheduled appointment.
- **262 patients raised concerns or issues in relation to their appointment**, such as being unaware of appointment details, having questions about medication and/or feeling stressed /nervous about the appointment. Many of these were resolved directly by volunteers during the call or were escalated to the volunteer manager to action/ pass to other departments.
- **For 203 patients, a resulting action was taken following the call**, including being supported to contact the booking team or provided with more information in relation to their appointment. In some cases, a more bespoke approach was taken, for example, providing details of the 'Meet and Greet' volunteers who accompany patients once at the hospital or accommodating a request for an appointment with a female staff member.
- After the loss of dedicated coordination capacity and transition of project ownership to the radiology team, capacity constraints affected the consistent recording of all issues and actions. The figures below therefore reflect only those formally captured, with further issues raised and actions taken in practice.

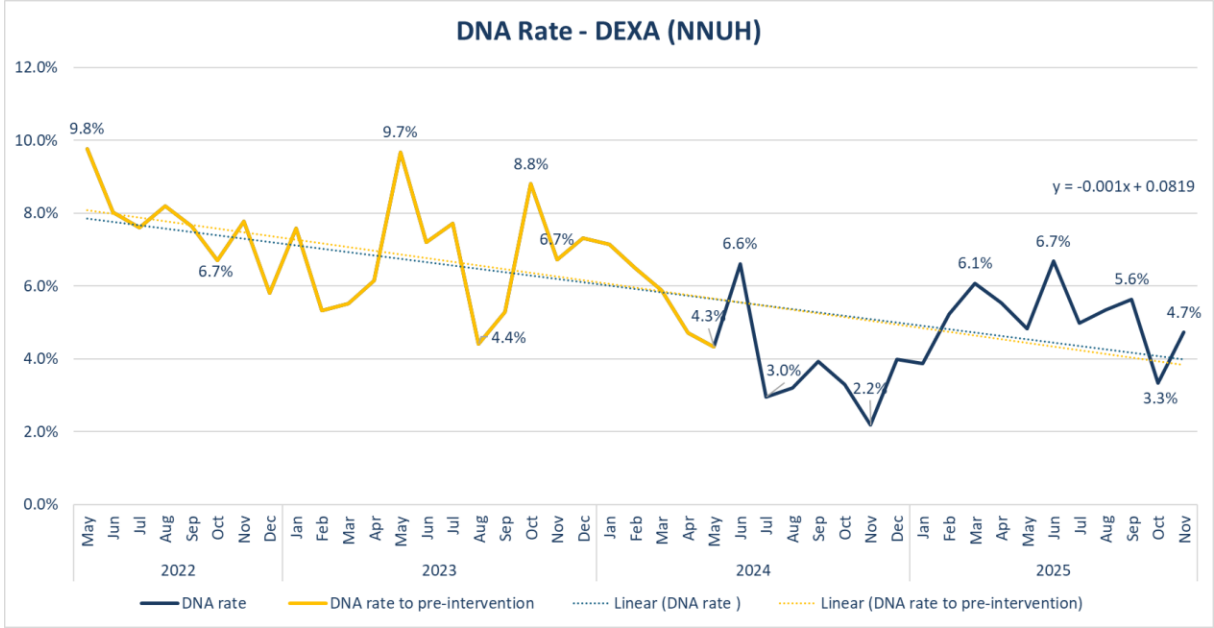




Impact on DNA rates - DEXA

DNA rates have been analysed for DEXA, comparing appointments in months where patients may have received a reminder call to months where no calls were being made.

- The analysis showed that **DEXA DNA rates were lower in months where patients had received calls, compared to when they had not**. This difference was notable with a **-1.8 percentage point change** from 6.4% to 4.6% (-28.3% relative change),[7] which is **statistically significant**.[8]
- A regression analysis with a trendline was conducted using two years of historical DEXA data to estimate what the DNA rate would have been during the calls period if the calls project had not taken place, based on existing patterns in the data. The expected DNA rate for the period was 7.6%, compared with an observed rate of 4.6%, **indicating a further -3.0 percentage point difference during the calls period.**
- The above findings suggest that the volunteer calls can be associated with **a reduction in DEXA DNA rates.**
- In addition to the reduced DNA rate, the proactive engagement with patients has reportedly contributed to the booking team moving away from booking appointments with 10 days of advance notice to 5 weeks of advance notice.



DEXA DNA Rates

(Based on 18 months of calls and 18 months of no calls)

DNA rate in weeks where patients did not receive calls	DNA rate in weeks where patients received calls	Absolute (% point) difference in DNA rates	Relative difference in DNA rates
6.4% (501 of 7840)	4.6% (375 of 8181)	-1.8%	-28.3%

[7] An absolute or percentage point change looks at the numerical difference between the two percentages. A relative change considers the percentage difference between the two changes, providing a proportional perspective. For example, in the instance of a 10% DNA rate that had been reduced to 9%, the absolute or percentage point change would be 1%, whereas the relative change would be 10%.

[8] Statistical significance testing was performed using a Z score for 2 population proportions, a two-tailed test at a 95% confidence level.

Financial Impact – DEXA

- Financial impact of the calls was also examined, comparing estimated and observed DEXA DNA rates during **18 months of the call period.**

Approximate

£11,000

cost avoidance for DEXA to date

Without calls (estimated)
7.6% DNA rate

With calls (observed)
4.6% DNA rate

Difference:
-3.0 percentage point reduction

Approximate

£7,000

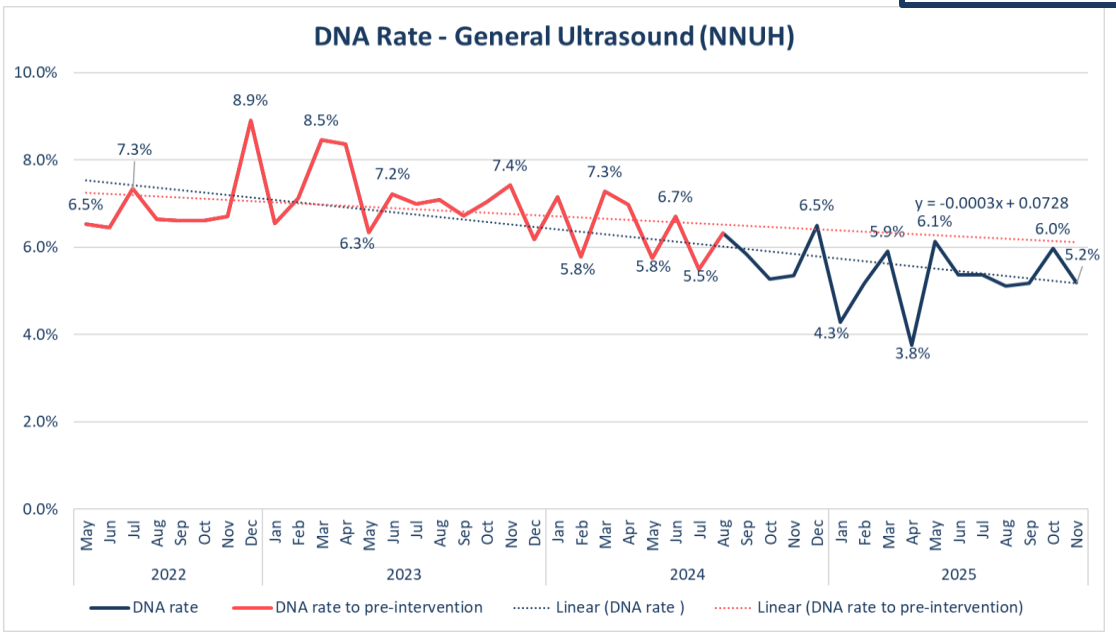
DEXA cost avoidance annual equivalent

Figures are indicative only and based on the difference between observed DNA rates and regression-estimated rates during the volunteer-led calls service. These were calculated by applying the unit cost of a DEXA scan at NNUH (£44; 2021/22 reference costs).

Impact on DNA rates – General Ultrasound

DNA rates have also been analysed for General Ultrasound, comparing appointments in months where patients may have received a reminder call to months where no calls were being made.

- For General Ultrasound, **DNA rates were lower in months where patients had received calls, compared to when they had not**. This difference was notable with a **-1.3 percentage point change** from 6.7% to 5.4% (-20% relative change),[9] which is **statistically significant**.[10]
- A regression analysis with a trendline was conducted using historical General Ultrasound data to estimate what the DNA rate would have been during the calls period if the project had not taken place, based on existing patterns in the data. The expected DNA rate for the period was 6.2%, compared with an observed rate of 5.4%, indicating a further -0.8 percentage point difference during the calls period.
- This demonstrates that the volunteer calls appear to be having **a positive impact on General Ultrasound DNA rates at NNUH.**



US DNA Rates

(Based on 15 months of calls and 15 months of no calls)

DNA rate in weeks where patients did not receive calls	DNA rate in weeks where patients received calls	Absolute (% point) difference in DNA rates	Relative difference in DNA rates
6.7% (2566 of 38387)	5.4% (1814 of 33777)	-1.3%	-20%

[9] An absolute or percentage point change looks at the numerical difference between the two percentages. A relative change considers the percentage difference between the two changes, providing a proportional perspective. For example, in the instance of a 10% DNA rate that had been reduced to 9%, the absolute or percentage point change would be 1%, whereas the relative change would be 10%.
[10] Statistical significance testing was performed using a Z score for 2 population proportions, a two-tailed test at a 95% confidence level.

Financial Impact – General Ultrasound

- Financial impact of the calls for General Ultrasound (US) was also calculated, comparing estimated and observed US DNA rates during the **15 months of the calls period.**

Approximate

£19,000

cost avoidance for US to date

Without calls (estimated)
6.2% DNA rate

With calls (observed)
5.4% DNA rate

Difference:
-0.8 percentage point reduction

Approximate

£15,000

US cost avoidance annual equivalent

Figures are indicative only and based on the difference between observed DNA rates and regression-estimated rates during the volunteer-led calls service. These were calculated by applying the unit cost of an ultrasound scan at NNUH (£71; 2021/22 reference costs).

Staff Testimonial

"Since the service started in April 2024, the volunteer calls in Imaging at the Norfolk and Norwich Hospital have helped our patients attend their upcoming appointments, reduce missed appointments and ***alleviate pressures on the radiology service and booking team****.*

Some of our patients for various reasons may not have received a letter about their appointment or a text message reminder, making this service their ***first line of defence*** *in preventing missed and wasted appointments.* ***The calls are more than a reminder****, they provide an opportunity for patients to* ***share their concerns****, clarify details about preparation and tell us about the* ***barriers they are facing****. We have been able to accommodate patient preferences, link them into wider services of benefit e.g. 'Meet and Greet' and signpost to other teams/ information to resolve their queries.*

This service reduces waste and improves productivity by ensuring space, staff and equipment are utilised as planned through ***rebooking patients who are unable to attend and offering the slot to somebody else****. To date, we have managed to* ***avoid over 300 potentially missed appointments*** *and the service has now been embedded within our Radiology team."*

Joshua Sperring - Diagnostic Radiology Volunteer Project Coordinator at Norfolk & Norwich University Hospitals

This quote reflects the position at the time it was collected. Activity and outcomes have continued to develop since this point.

The Queen Elizabeth Hospital King's Lynn NHS Foundation

Service Model and Delivery - QEH

- The diagnostic calls project at Queen Elizabeth Hospital King's Lynn NHS (QEH) started in October 2024 with 6 volunteers, focusing on patients with upcoming Radiology department appointments who are not on a 2WW cancer referral pathway. A dedicated coordinator managed the service until the end of August 2025.
- Following the coordinator's departure, the calls project was managed by the Radiology team within the Trust.

- Baseline analysis (January – December 2023) identified Ultrasound (US) at 13.1%, Magnetic Resonance Imaging (MRI) at 8.6%, and Computed tomography angiography (CT) at 5.4% as the modalities with the highest DNA rates. These modalities were therefore recommended as a priority for the calls intervention.
- However, DEXA was selected as the initial focus, followed by X-ray, informed by internal clinical feedback and operational considerations. Subsequent analysis of routinely collected calls data indicated limited scope for improvement due to already low DNA rates, and the focus was therefore refined to modalities with higher DNA rates, in line with insights from the baseline data analysis and recommendations for targeted intervention.

- Volunteers were provided with a list of patients with upcoming appointments, relevant appointment preparation information and conversation guidance to follow. They were also provided with appropriate action and escalation pathways in order to signpost patients to other hospital services when needed, or to flag issues for the volunteer service coordinator to pick up.
- A call tracker was built onto the volunteer call list to enable volunteers to keep a consistent and standardised record of the issues raised by patients, as well as actions taken during or following the interaction.

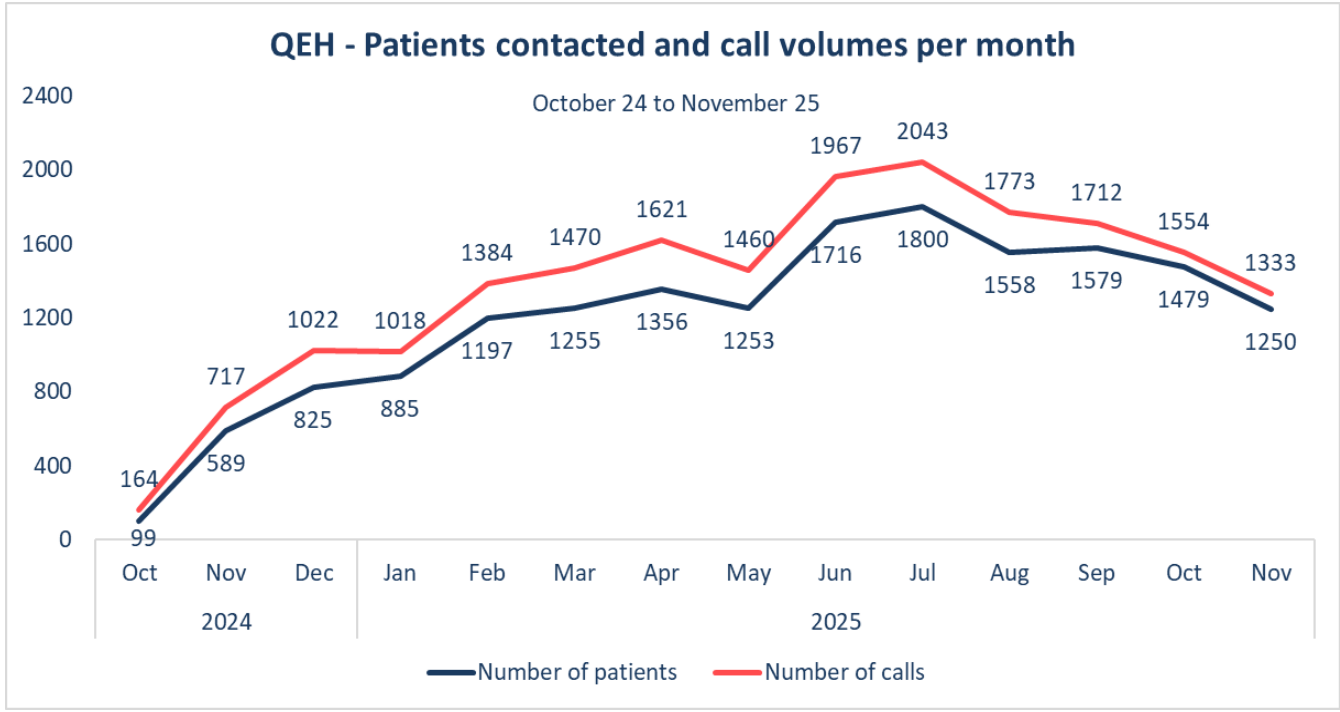
Volunteer Call Activity

QEH

- To date, volunteers have attempted to contact 16,841 patients, of which **10,034 were successfully contacted.** This therefore equates to a 60**% call success rate** with an average call duration of 2.6 minutes. A successful contact is defined as a patient answering and consenting to proceed with the call.
- Call activity increased from the start of the project, reaching a peak in July 2025. Following this, activity gradually declined towards the time of evaluation, coinciding with the loss of dedicated coordinator support. While this pattern may be partly linked to reduced coordination capacity, it is likely that other factors, such as seasonal variation, also influenced activity levels during this period.
- Among the patients successfully contacted:
    - 6,155 had appointments for General Ultrasound.
    - 2,081 had appointments for MRI scans.
    - 826 were CT scans.
    - Additional 639 DEXA and 333 X-Ray appointments.

16,841
patients contacted for a diagnostic call
October 24 to November 25

60%
of patients contacted successfully



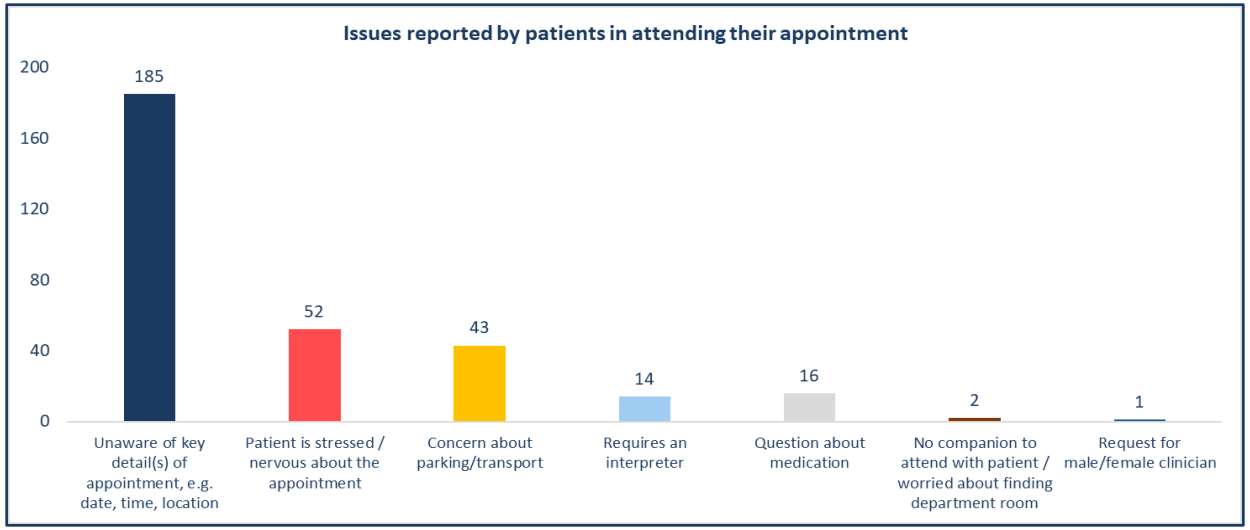
Patient Barriers and Call Outcomes

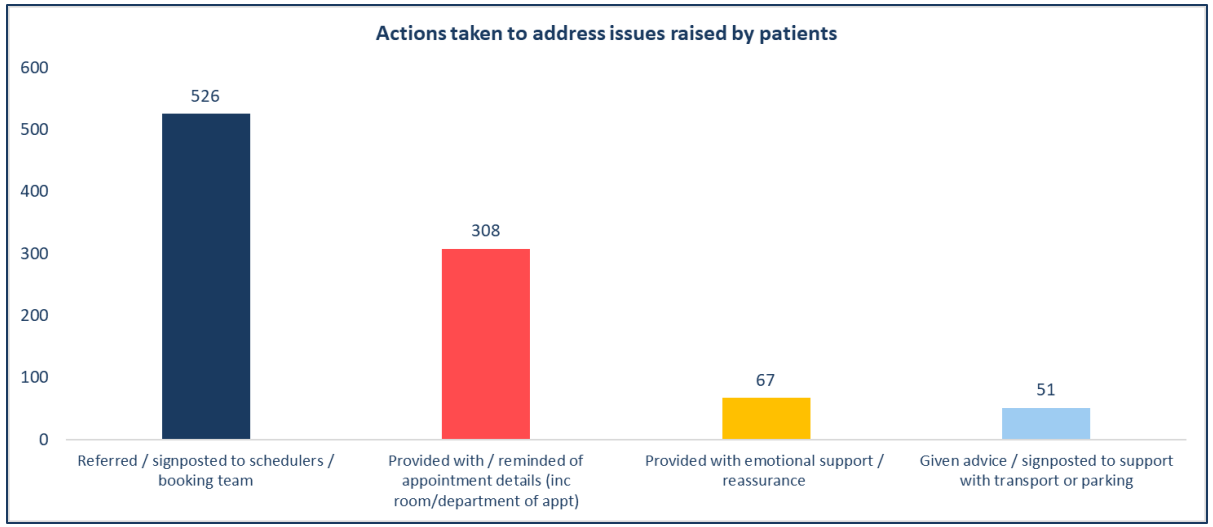
During the calls, **9,839 patients (98%) confirmed they still needed the appointment.** However, **172** of the patients called reported that they no longer needed their appointment, with a resulting **cancellation rate of 1.7% -** creating space to re-fill these slots and preventing what could have been wasted appointments.

Of the 9,839 patients who required their appointment…

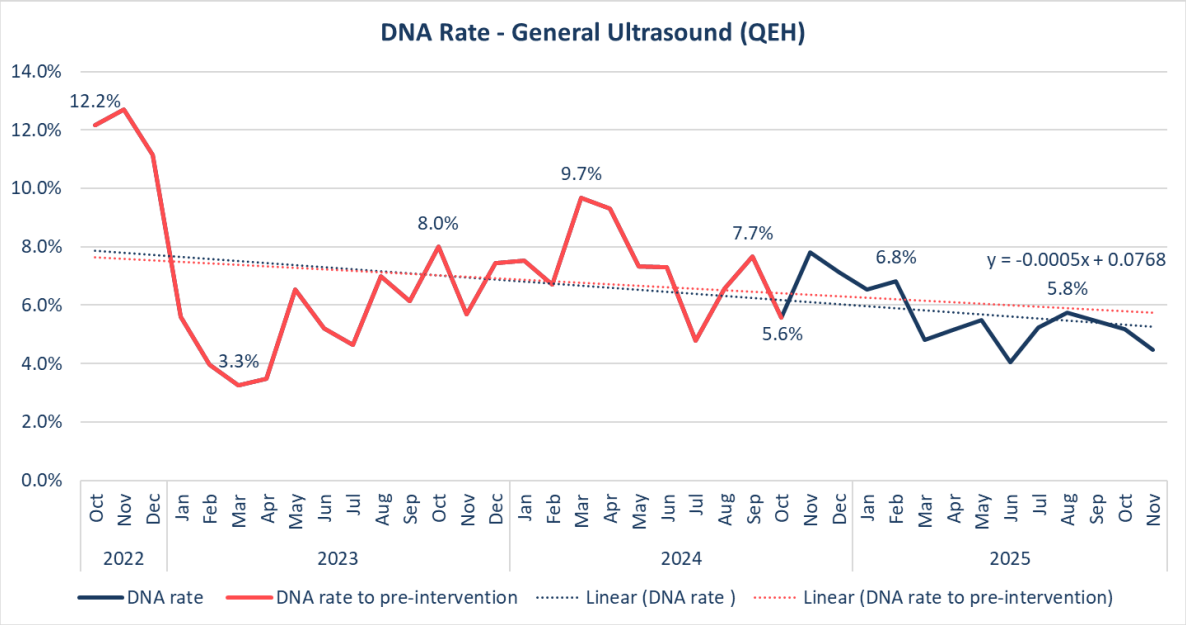
- **404 reported being unable to attend** their appointment; 361 of these requested rescheduling.
- **302 patients raised concerns or issues in relation to their appointment**, such as being unaware of appointment details, having questions about medication and/or feeling stressed/nervous about the appointment. Many of these were resolved directly by volunteers during the call or were escalated to the volunteer manager to action/pass to other departments.
- **For 810 patients, a resulting action was taken following the call**, including being supported to contact the booking team or provided with more information in relation to their appointment.

The issues reported by patients in attending their appointments and the actions taken are illustrated below.





DNA rates – General Ultrasound



DNA rates for General Ultrasound were examined by comparing months in which patients may have received a reminder call with months where no calls were delivered.

- **DNA rates were lower during periods with calls,** showing a **statistically significant reduction of 1.6 percentage point change** from 7.2% to 5.6% (-22% relative change)[11], which is statistically significant.[12]
- Regression analysis using two years of historical data estimated an expected DNA rate of 6.04% for the calls period in the absence of the intervention. The observed rate of 5.6%, therefore represents a **further reduction of -0.4 percentage points** during the calls period.
- These findings indicate that the volunteer-led calls can be **associated with reduced Ultrasound DNA rates.**

US DNA Rates

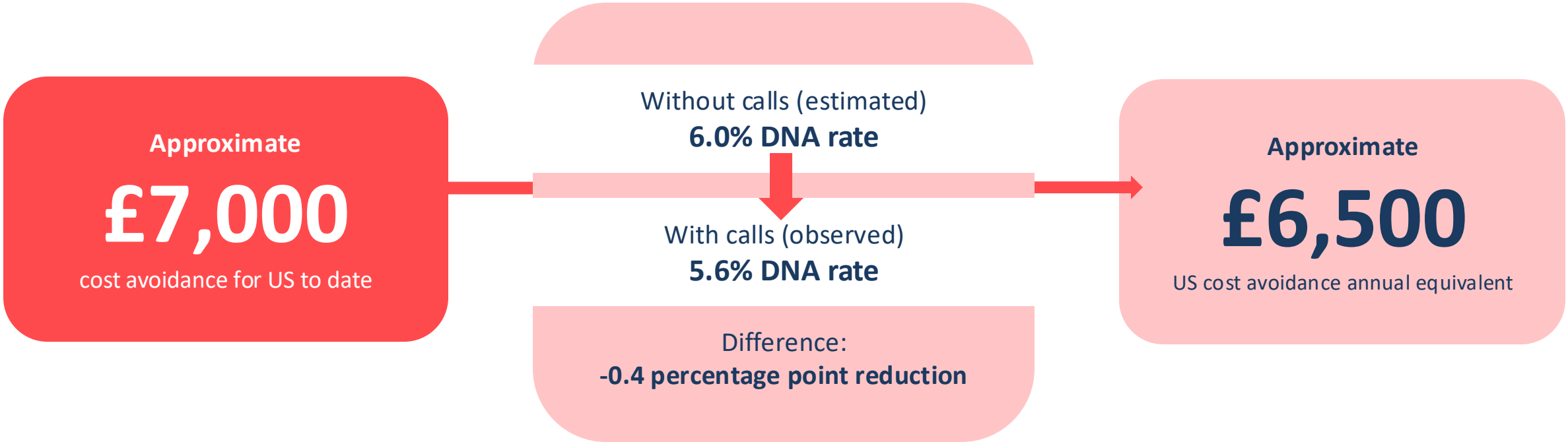
(Based on 13 months of calls and 13 months of no calls)

DNA rate in weeks where patients did not receive calls	DNA rate in weeks where patients received calls	Absolute (% point) difference in DNA rates	Relative difference in DNA rates
7.2% (838 of 11684)	5.6% (938 of 16703)	-1.6%	-22%

[11] An absolute or percentage point change looks at the numerical difference between the two percentages. A relative change considers the percentage difference between the two changes, providing a proportional perspective. For example, in the instance of a 10% DNA rate that had been reduced to 9%, the absolute or percentage point change would be 1%, whereas the relative change would be 10%.
[12] Statistical significance testing was performed using a Z score for 2 population proportions, a two-tailed test at a 95% confidence level.

Financial Impact – General Ultrasound

- Financial impact of the calls was also examined, comparing estimated and observed General Ultrasound (US) DNA rates during **13 months of the call period.**



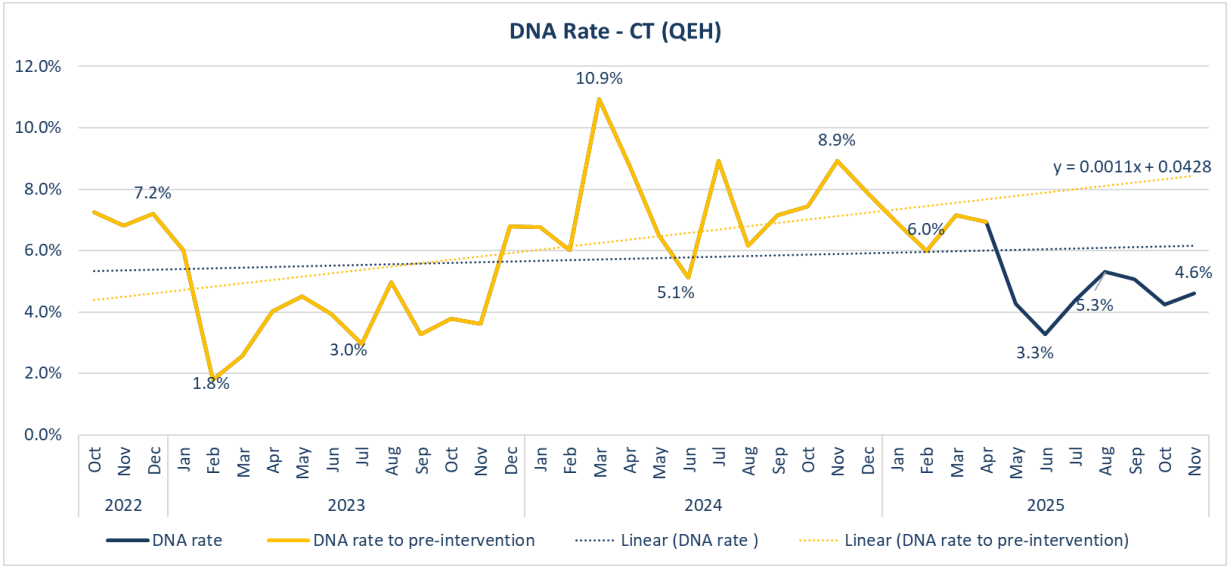
Figures are indicative only and based on the difference between observed DNA rates and regression-estimated rates during the volunteer-led calls service. These were calculated by applying the unit cost of an ultrasound scan at QEH (£106; 2021/22 reference costs)

DNA rates – CT

QEH

DNA rates have also been analysed for CT, comparing appointments in months where patients may have received a reminder call to months where no calls were being made.

- For CT, **DNA rates were lower in months where patients had received calls, compared to when they had not**. This difference was notable with a **-2.9% percentage point change** from 7.3% to 4.4% (-40% relative change),[13] which is **statistically significant**.[14]
- A regression analysis with a trendline was conducted using historical CT data to estimate what the DNA rate would have been during the calls period if the calls project had not taken place, based on existing patterns in the data. The expected DNA rate for the period was 7.8%, compared with an observed rate of 4.4%, **indicating a further –3.4 percentage point difference during the calls period.**
- These results suggest that the volunteer calls might have a **positive impact on reducing CT DNA rates.**



CT DNA Rates

(Based on 7 months of calls and 7 months of no calls)

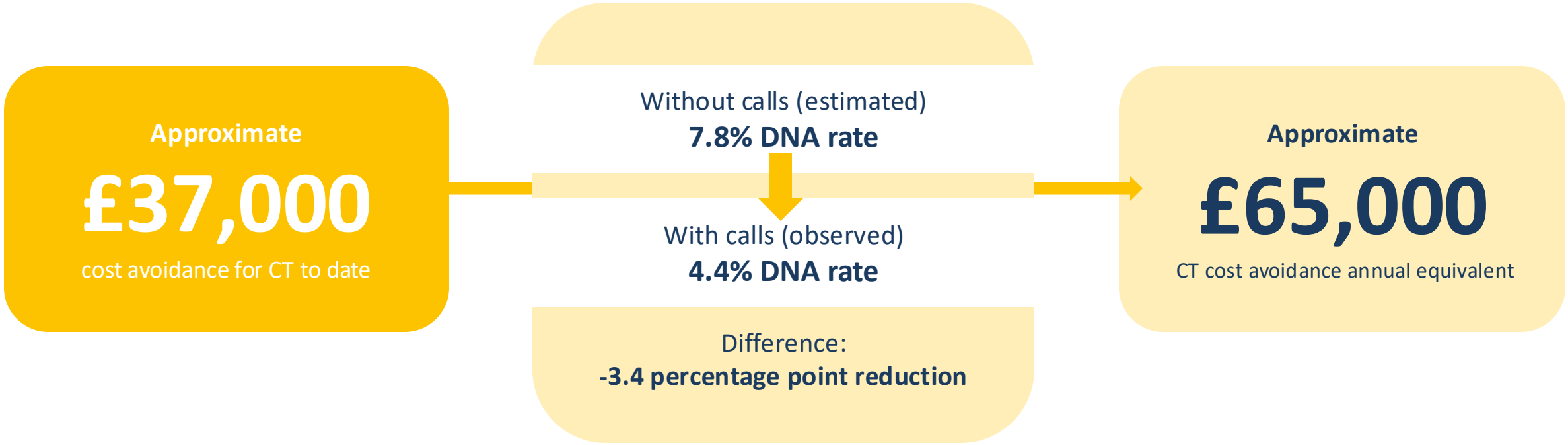
DNA rate in weeks where patients did not receive calls	DNA rate in weeks where patients received calls	Absolute (% point) difference in DNA rates	Relative difference in DNA rates
7.3% (397 of 5448)	4.4% (277 of 6339)	-2.9%	-40%

[13] An absolute or percentage point change looks at the numerical difference between the two percentages. A relative change considers the percentage difference between the two changes, providing a proportional perspective. For example, in the instance of a 10% DNA rate that had been reduced to 9%, the absolute or percentage point change would be 1%, whereas the relative change would be 10%.

[14] Statistical significance testing was performed using a Z score for 2 population proportions, a two-tailed test at a 95% confidence level.

Financial Impact – CT

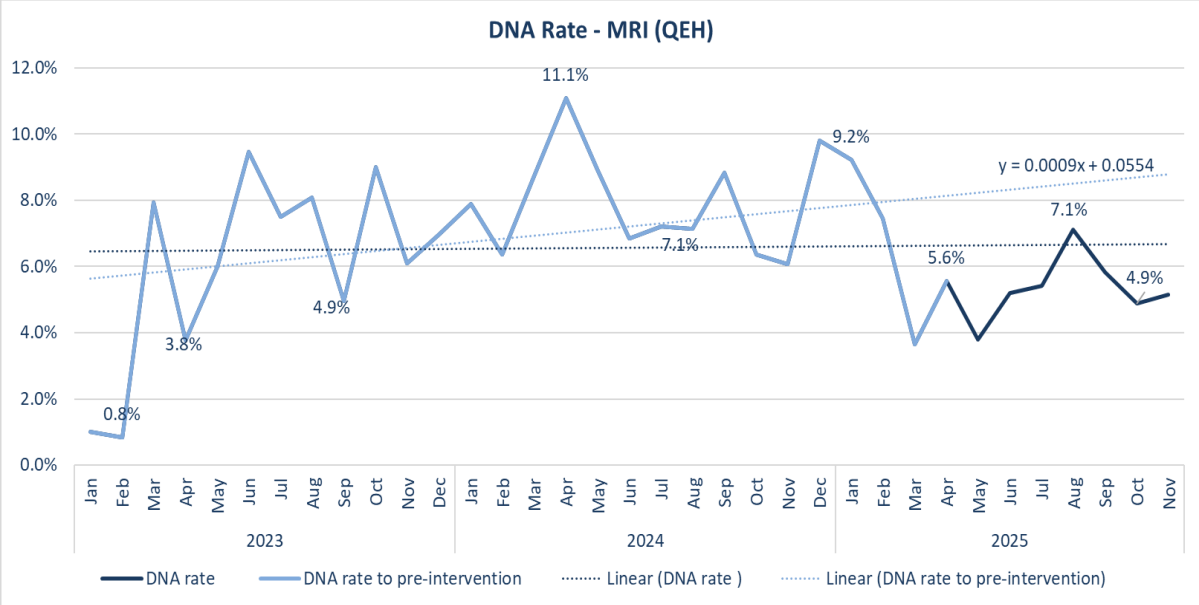
- Financial impact of the calls was also examined, comparing estimated and observed CT DNA rates during **7 months of the call period**.



Figures are indicative only and based on the difference between observed DNA rates and regression-estimated rates during the volunteer-led calls service. These were calculated by applying the unit cost of a CT scan at QEH (£171; 2021/22 reference costs).

DNA rates – MRI

QEH



Finally, MRI DNA rates were also analysed using the same approach, comparing months with and without the reminder calls.

- For MRI, **DNA rates were lower in months where patients had received calls, compared to when they had not**. This difference was notable with a **-1.5% percentage point change** from 6.9% to 5.4% (-22% relative change),[15] which is **statistically significant**.[16]
- Regression analysis of historical MRI revealed what the DNA rate would have been during the calls period if the project had not taken place, based on existing patterns in the data. The expected DNA rate for the period was 8.2%, compared with an observed rate of 5.4%, **indicating a further –2.8 percentage point difference during the calls period.**
- Overall, findings suggest that the volunteer calls can be linked to a **reduction in MRI DNA rates.**

MRI DNA Rates

(Based on 7 months of calls and 7 months of no calls)

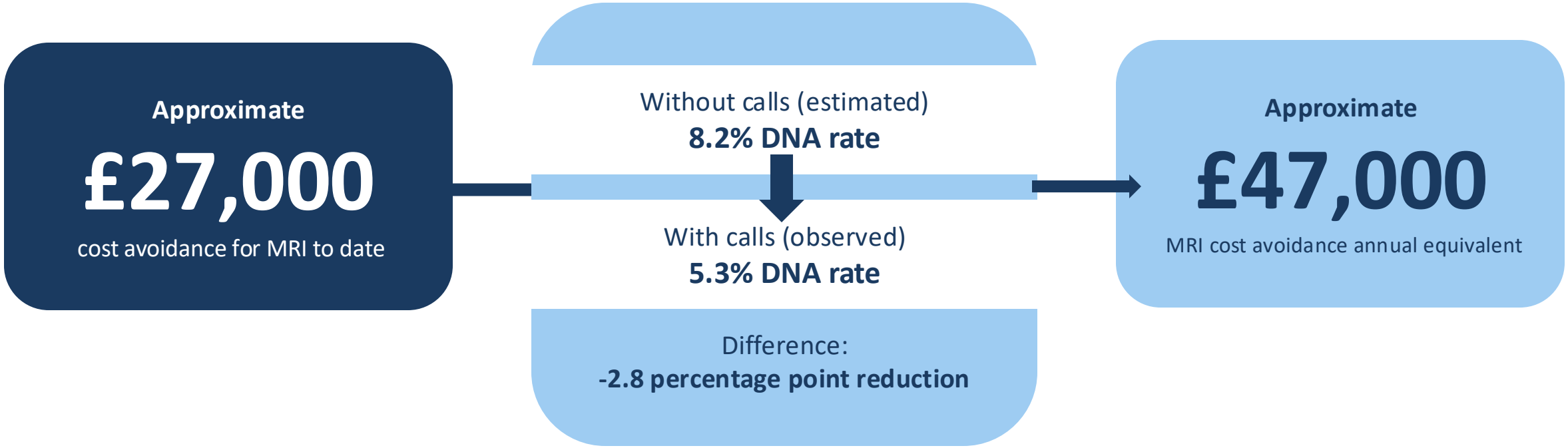
DNA rate in weeks where patients did not receive calls	DNA rate in weeks where patients received calls	Absolute (% point) difference in DNA rates	Relative difference in DNA rates
6.9% (272 of 3949)	5.4% (239 of 4451)	-1.5%	-22%

[15] An absolute or percentage point change looks at the numerical difference between the two percentages. A relative change considers the percentage difference between the two changes, providing a proportional perspective. For example, in the instance of a 10% DNA rate that had been reduced to 9%, the absolute or percentage point change would be 1%, whereas the relative change would be 10%.

[16] Statistical significance testing was performed using a Z score for 2 population proportions, a two-tailed test at a 95% confidence level.

Financial Impact – MRI

- Financial impact of the calls was also examined, comparing estimated and observed MRI DNA rates during **7 months of the call period.**



Figures are indicative only and based on the difference between observed DNA rates and regression-estimated rates during the volunteer-led calls service. These were calculated by applying the unit cost of an MRI scan at QEH (£221; 2021/22 reference costs).

Volunteer Outcomes

Impact of Volunteers

NNUH
QEH

- Volunteers at NNUH and QEH were asked to reflect on their volunteering experience, including their perceptions of the impact on patients and the organisations they support.
- Responses were received from 4 volunteers at NNUH and 7 volunteers at QEH.

10 of 11 volunteers agreed or strongly agreed their volunteering has a positive impact for the patients they support

11 of 11 volunteers agreed or strongly agreed their volunteering has a positive impact for the **organisation they volunteer for**

- 10 out of 11 volunteers told us that volunteering has a positive impact on the patients they support.
- All volunteers agreed that volunteering has a positive impact on the organisation they volunteer for, indicating that volunteers feel their contributions are meaningful and valued.
- Volunteers said:

"I feel the calls make a big difference to the patient experience, and help with DNAs"

Volunteer at QEH

"It is rewarding when I help to sort out a problem the patient may have and if they are nervous about coming to the hospital to chat to them and give reassurance."

Volunteer at NNUH

"I like speaking to different people. I like to think more patients can be treated because there are fewer missed appointments."

Volunteer at NNUH

Impact on Volunteers

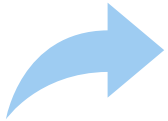
NNUH
QEH

- Volunteers were also asked to reflect on their volunteering experience, including their sense of purpose and satisfaction with the role.

11 of 11 volunteers agreed or strongly agreed volunteering gives them a sense of purpose

11 of 11 volunteers were satisfied or very satisfied with their volunteering experience

6 of 11 were very satisfied



11 of 11 volunteers said volunteering either met or exceeded their expectations.

2 of 11 said it exceeded their expectations

10 of 11 volunteers were likely to recommend their volunteering role to others

- All respondent volunteers reported that volunteering gave them a sense of purpose.
- There were also high levels of satisfaction among volunteers, with all reporting that volunteering either met or exceeded their expectations. In addition, the majority reported being likely to recommend their role to others.
- In addition to these measures, volunteers were also asked about the impact volunteering had had on their confidence and skill development:
  - 4 of 11 volunteers agreed or strongly agreed that volunteering increased their confidence; 6 reported neutral views and 1 disagreed.
  - 5 of 11 volunteers agreed or strongly agreed that volunteering enabled them to develop new skills; 4 reported neutral views, and 2 disagreed.
  - These may suggest that confidence building and skills development may not have been key or intended outcomes for this volunteer group, potentially reflecting age and prior experience.
- Volunteers said:

"Thank you for the opportunity! It has helped me open doors career wise but also continues to give life and social experience."

Volunteer at NNUH

"I really enjoyed speaking to patients, most of whom are very appreciative that you've reminded them about their appointment. I've also increased my knowledge of Radiology and various scans."

Volunteer at QEH

"I enjoy doing the diagnostics call and feel well supported."

Volunteer at NNUH

Volunteer Case Study

MY VOLUNTEERING JOURNEY AT QEH

"When I first began searching for a volunteer role, I was looking to gain experience in a hospital setting while I continued my efforts to secure a job within the NHS. The job search had become disheartening, with multiple rejections leaving me feeling isolated and unsure. I knew I had time, willingness, and a desire to grow, so I applied for the Call Reminder Services Volunteer role within the Radiology department at QEH. Initially, I saw volunteering as a stepping stone, an opportunity to build experience, develop confidence, and stay connected with the kind of environment I aspired to work in. But very quickly, I discovered that volunteering was so much more than that.

From my first few weeks, I began to understand the true value of giving time and energy selflessly. Whether it was meeting the pharmacy runner, greeting the front-desk volunteers with warm smiles, or simply being part of a community that showed up every day to help others, it all began to shape my perspective. ***Volunteering at QEH wasn't just about tasks, it was about compassion, presence, and genuine human connection.***

Working in the radiology department as part of the call reminder services was particularly rewarding. Having the chance to speak to patients, gently remind them of appointments, answer their questions, and ease their anxieties has been incredibly meaningful. It strengthened my communication skills, improved my telephone etiquette, and above all, taught me the importance of empathy and listening skills I will carry with me for life.

This journey has been transformative. Volunteering at QEH gave me more than just experience, it gave me confidence, purpose, and the opportunity to be part of something greater. ***And it helped me take the next step in my career, I am grateful to share that I've secured a position as a Physiotherapy Assistant at Norfolk and Norwich University Hospital, a role I had long dreamed of.***

While I am excited for this new chapter, leaving the team at QEH is bittersweet. I will always hold deep appreciation for the support, kindness, and encouragement I received—especially from Mel, Jo, and Jane, who have been incredibly understanding and uplifting throughout my time here.

Thank you, QEH, for giving me the chance to grow, to serve, and to find joy in helping others. ***This experience has shaped not just my career, but also the person I am becoming.***

"

Sakshi Thakur - Diagnostic calls project volunteer at QEH

James Paget University Hospitals NHS Foundation Trust

Project Delivery and Activity

Baseline data analysis using data from September 2023 to August 2024 showed monthly activity ranged from 6,719 to 9,385 appointments, with DNA rates across all examinations ranging between 6.20% and 7.78%. The Radiology team recognised the value of implementing volunteer calls, particularly given there was no automatic reminder system in place and agreed the three modalities of focus were General Ultrasound (US) at 8.1%, MRI at 7.5%, and CT at 6.8%, with initial plans to prioritise the US modality.

The volunteer calls went live in April 2025 at significantly smaller scale than the QEH and NNUH with one volunteer. Despitesupport from both Radiology and the volunteer services manager, it has been challenging embedding the service to provide service resilience over the week and at sustainedvolumes. Contributing factors include;

- Unlike the QEH and NNUH, the JPUH did not receive investment to secure additional capacity within the volunteering team to enable the service implementation to be a focussed priority and establish quickly
- There have been challenges attracting and retaining a pool of volunteers, with the service predominantly relying on the availability of one volunteer at a time. This makes it impossible for calls to cover a full week, and delivery completely stops if a volunteer leaves the role or is unavailable for a volunteer shift, often leaving long gaps in delivery whilst a new volunteer is onboarded. As of Jan 2026, the team have 2 volunteers giving their time to the service.
- Without dedicated resource to onboard and train volunteers, there has been variation in volunteer capability and the utilisation of data recording tools, meaning that not all contacts with patients had high quality data to inform service insights and impact, and a longer time was needed for volunteers to perform the role effectively.
- There is no dedicated space to accommodate more than 1 volunteer at a time, limiting the number of calls that can be made each day significantly. If additional space was to be found there would need to be an investment in the devices necessary to make calls, and also in license costs associated with volunteers being able to sign into computers to record call outcomes.

Activity data has been shared on one occasion to date, and these findings are reported below.

1,417
patients contacted for a diagnostic call
April 24 to June 24

29%
of patients contacted successfully

Conclusion
&
Recommendations

Conclusion

- This evaluation demonstrates that volunteer led diagnostic reminder calls can play a significant role in supporting patients to attend their imaging appointments, reducing DNAs and delivering financial value to imaging services.
- Across the three sites, the service has supported approximately 35,811 patients since implementation, contributing to statistically significant reductions in DNAs across multiple modalities, including DEXA, Ultrasound, CT and MRI, and improved utilisation of available appointment capacity. Indicative cost avoidance associated with reduced DNAs varied by site and modality; however, when considered collectively, the estimated cost avoidance ranged from £7,000 to £37,000.
- To implement the services at pace within QEH and NNUH, investment in a dedicated resource within the volunteering team was made. This enabled the model to be successfully embedded within the Radiology teams and sustained once this resource was no longer available. However, call volumes(and subsequent reach and impact) have reduced at both sites since losing a dedicated co-ordinator to oversee the service.
- JPUH joined the wider programme following implementation at NNUH and QEH. Although the project started in April 2025, progress has been impacted by wider operational and capacity pressures, limiting the scale of delivery and the availability of activity data to date. Baseline analysis and early learning nonetheless provide a clear foundation for future implementation when capacity allows.
- Across sites, volunteers reported high levels of satisfaction and a strong sense of purpose, alongside positive perceptions of their impact on patients and the organisations they support.
- Overall, the findings highlight a model that can support patient experience and service efficiency, while also offering financial value, provided that sufficient coordination and operational capacity are in place.

Recommendations

Scaling to benefit more specialties

1. With no speciality immune to patients missing appointments, Trusts and the ICB should consider identifying other specialities who could benefit the most from reducing missed and wasted appointments, and those with the largest waiting lists.

2. Consider how this model could be adapted to work at far greater scale and have a bigger impact across the health and care system. This may be via a central hub model as opposed to being site based, include volunteers working remotely from home, or taking up opportunities to have one conversation with a patient that covers multiple upcoming appointments.

Maximising Health Equity

3. Calls targeted at a risk assessed cohort of patients will increase the effectiveness and efficiency of the volunteer service. Trusts should consider using data and Artificial intelligence to identify the risk factors for missing appointments (e.g. living in a decile 1 area, recently had surgery) and applying this intelligence to refine the call-list to reach those who are most unlikely to attend. At George Eliot Hospital, using AI to generate call-lists targeting patients at high risk of missing their appointment resulted in a 17.8% reduction in DNA rate compared to a 6.7% reduction when volunteers made non-targeted calls.

4. The Voluntary, Community & Social Enterprise (VCSE) sector plays an important role in addressing health inequalities and ensuring equitable access to healthcare. It is a vibrant and creative sector that can lead the way to finding solutions for the barriers local people are experiencing, providing both immediate and long-term support to them. We encourage Trusts to work with local VCSE organisations to develop awareness of, and referral pathways into, their services so that every volunteer contact results in the biggest impact possible for the individual.

Measuring Impact

5. While reducing missed appointments is the main goal of the service, volunteer calls also act as a route to gathering rich insight about patient circumstances and increase patient access to helpful information or other services. Trusts should continue to consistently and accurately utilise the data collection templates provided by Helpforce to enable comprehensive evaluation and ensure that actions arising from calls are being managed and completed.

6. Radiology teams should ensure that the majority or all patients with appointments in one modality are phoned before extending the calls to additional modalities. This approach is more likely to positively effect DNA rates than calling a small volume of patients in multiple modalities. Alternatively, the teams could collaborate with data teams to identify the cohort of patients most at risk of missing appointments for each modality and target calls at them (see recommendation 3).

Appendices

About Helpforce

Helpforce was founded in 2017 by Sir Tom Hughes-Hallett, a former hospital chief executive, charity leader, and long-standing advocate for volunteering in health and care.

The idea for Helpforce grew out of his deep belief that volunteers could play a much greater role in supporting NHS staff, improving patient experience, and building stronger connections between hospitals and their communities.

With support from early philanthropic funders and backing from NHS leadership, **including Sir Jim Mackey, Glen Burley and Lesly Watts** - Helpforce was launched as a catalyst organisation - aiming to embed, scale, and evidence the impact of volunteering across the health system.

It began by working closely with a small number of pioneering NHS Trusts to test new approaches to volunteer integration, building insight and momentum for a more strategic approach to volunteer involvement in health and care.

Helpforce quickly gained national recognition for its practical work with Trusts, thought leadership, and commitment to generating robust data on the value of volunteering.

Over time, its network expanded, and its focus evolved from pilot projects and partnership development to influencing policy and supporting systems-level change.

Crucially, Helpforce's growth and resilience have been underpinned by a well-connected and highly engaged board of trustees, bringing together leaders from across health, business and the voluntary sector. Their expertise, networks, and personal commitment have played a vital role in shaping the organisation's strategic direction.

Since its inception, Helpforce has collaborated with NHS England, voluntary organisations, and hundreds of healthcare professionals and volunteers to advance its mission.

What began as a visionary idea has grown into a nationally respected movement, championing the role of volunteers as essential partners in delivering compassionate, person-centred healthcare.

Helpforce Insight & Impact Service (evaluation)

Produces evidence of the impact that you can use to increase investment in and sustain volunteering

What is I&I?

Insight and Impact (I&I) is a comprehensive evaluation service to measure the impact your volunteering or VCS service has on people, staff, volunteers and services - and gain insights to drive improvements.

It takes away much of the complexity of evaluation, making it **simple for your teams to work with us to produce high quality evidence**, which in turn helps to unlock further funding.

The service delivers an easy-to-read evaluation report that your leaders and funders will love. e.g. North West Ambulance - Low Acuity Community First Responders

Track record

Working with health and VCS partners like you we have:

- Completed **85 evaluations of volunteering roles and projects** over the last 5 years**, over 70% of which have led to change**, e.g. project sustainment, new funding, or extending staff posts.
- Built a bank of evidence of 459 evidenced outcomes, proving how volunteers and the VCS make a tangible impact on patients, staff, volunteers and the organisations.
- Demonstrated where volunteering and VCS have delivered financial value, as at North Tees where their volunteer drivers service has saved the Trust £200,453 vs using taxis.

The evidence we've delivered for our partners has played a key role in helping them **raise over £4.7M in new funding** for their volunteering programmes.

Our essential evidence

To prove how important volunteers are to healthcare we have compiled aggregated data around some key questions around their beneficiaries:

82% of people agree volunteer support **reduced their anxiety** *(n = 1152, 15 organisations)*

91% of volunteers report that volunteering gives them a **sense of purpose** *(n = 768, 27 organisations)*

87% of staff agree volunteers improve the **quality of service they can provide** *(n = 691, 43 organisations)*

Our services

High-impact, proven offerings, to address urgent healthcare challenges - ready for you to adopt and adapt

Volunteer to Career

A workforce solution proven at over 50 NHS organisations, we help you:

- recruit local people most in need of work
- get them volunteering to build their skills & confidence, while following a codesigned career pathway into vacant roles your organisation needs

Patient flow and Discharge

A broad range of volunteer roles that prevent patients from deterioration, get them home quicker, and be better supported back in their community

Enabling access

A service to help reduce your waiting list. We set up a volunteer contact centre to help reach patients most likely to ‘DNA’, and increase signposting to community services

Our services (Cont'd)

Co-design of new volunteering innovations

- Our team can work with you on new volunteering initiatives that your Trust group identifies, where volunteers could make a difference
- For instance, we are developing a new scheme for Digital Volunteers to support staff (e.g. PAS) and volunteers (NHS app) with digital skills

Developing your volunteer service to be at its very best

Having worked with volunteering services in over 100 trusts, we understand what great looks like. We help Trusts and their supporting charities to better integrate their volunteer resources, review and revamp their practices & process, increase volunteer recruitment, grow their team, and deliver their vision.

Best in sector evaluation

Our award-winning Insight & Impact service specialises in impact measurement of health volunteering roles. We have produced over 500 pieces of evidence, which we have used to help our health partners raise over £4.7M in new funding for volunteering.

helpforce

Thank you

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www.helpforce.community

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