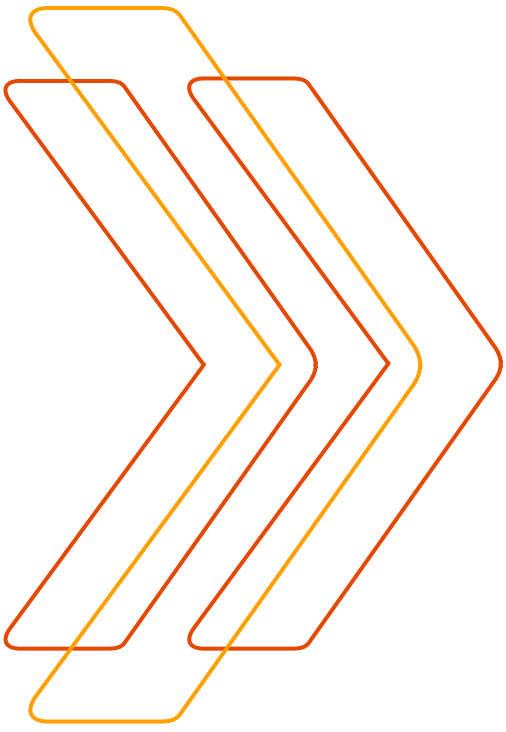
The King's Fund

Ideas that change health care

Volunteering in ambulance services

Developing and diversifying opportunities



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This independent report was commissioned by the Office for Civil Society as part of their commitment to testing and growing social action initiatives. The views in the report are those of the author and all conclusions are the author's own.

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to all.

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1 Introduction

The latest data suggests that around 22 per cent of adults over 16 years old volunteer at least once a month across England (Department for Digital, Culture, Media and Sport 2018) – that's around 10.4 million people freely giving their time to benefit others. The British Social Attitudes survey found that more than 3 per cent of respondents currently volunteer for 'health or care services' in their local area, equating to 1.7 million such volunteers across Britain (Buck 2016).

In their review of volunteering in health and care, The King's Fund identified the value of volunteers in improving patient experience, building a closer relationship between services and local communities, tackling health inequalities and promoting health in hard-to-reach groups, and supporting the coordination of care for people with multiple needs (Naylor *et al* 2013).

Much of the learning and research to date has taken place within hospital services. However, as the recent report *Volunteering in general practice* highlights, other parts of the NHS are increasingly developing their own approaches to supporting volunteering (Gilburt *et al* 2018). NHS ambulance trusts have longstanding experience in developing and supporting volunteers. These roles are embedded within local communities, supporting the provision of life-saving intervention for people who have experienced cardiac arrest as well as providing transport to attend hospital appointments for vital treatment for those who would otherwise be unable to do so.

NHS England have identified volunteering and social action as a key enabler in transforming the way the NHS works with people and communities and essential for the success of the *NHS five year forward view* (People and Communities Board 2017) and the *NHS long term plan* commits to doubling the number of volunteers across the NHS (NHS England 2019).

2 This report

The report aims to support the Association of Ambulance Chief Executives, its members and staff in ambulance services involved in the management of volunteers to identify and explore potential opportunities for developing volunteers. It also aims to support commissioners and national bodies to identify ways in which ambulance services can contribute towards social action and volunteering as partners within the wider health and care system and outlines the support required to enable this.

The report explores:

- the context of and current volunteer roles within ambulance services
- volunteer roles within the wider NHS and the opportunities for volunteering within ambulance services
- examples of different ways in which ambulance services are developing and diversifying their volunteering opportunities
- emerging learning and next steps to support progress.

The content of this report draws on:

- project plans drawn up by ambulance services as part of a nationally supported programme of work to develop volunteering and social action
- case studies collated by ambulance services and partners capturing progress over the course of 12 months
- interviews with ambulance service leads for volunteering and volunteer development and their partners involved in individual projects
- data shared by individual sites and their partners involved in developing new approaches.

3 Overview of ambulance services and volunteering

The ambulance service plays a pivotal role in saving lives and has a major influence on the flow of patients to hospitals. Trusts answered 10 million 999 calls and responded to more than 7 million separate incidents in 2017/18. The speed of response to cases of stroke and cardiac arrest can be the difference between life and death. At the same time, 90 per cent of these calls to 999 were not life-threatening but were low acuity calls, and nearly 60 per cent of responses resulted in a patient being conveyed to accident and emergency (A&E).

In recent years, there have been a number of key changes to policies and guidance that reframe the operations and performance of ambulance services and their role within the wider health and care system.

Transforming urgent and emergency care services in England

The *Five year forward view* explained the need to redesign urgent and emergency care services in England (NHS England 2014). A core part of this has been the redesign of clinical models for ambulance services and the development of two new pathways – 'hear and treat', where the response to a 999 call does not involve the dispatch of an ambulance vehicle, and 'see and treat', where despatch of an ambulance vehicle is likely to result in the patient being referred to other services rather than being taken to hospital (Urgent and Emergency Care Review Programme Team 2015). Both pathways recognise the importance of identifying the most appropriate service and support for an individual, providing a consistent response and allowing for more efficient use of resources. The guidance indicates the potential for the ambulance service to become integral in supporting the system to provide 'wrap-around' integrated care in community-based settings.

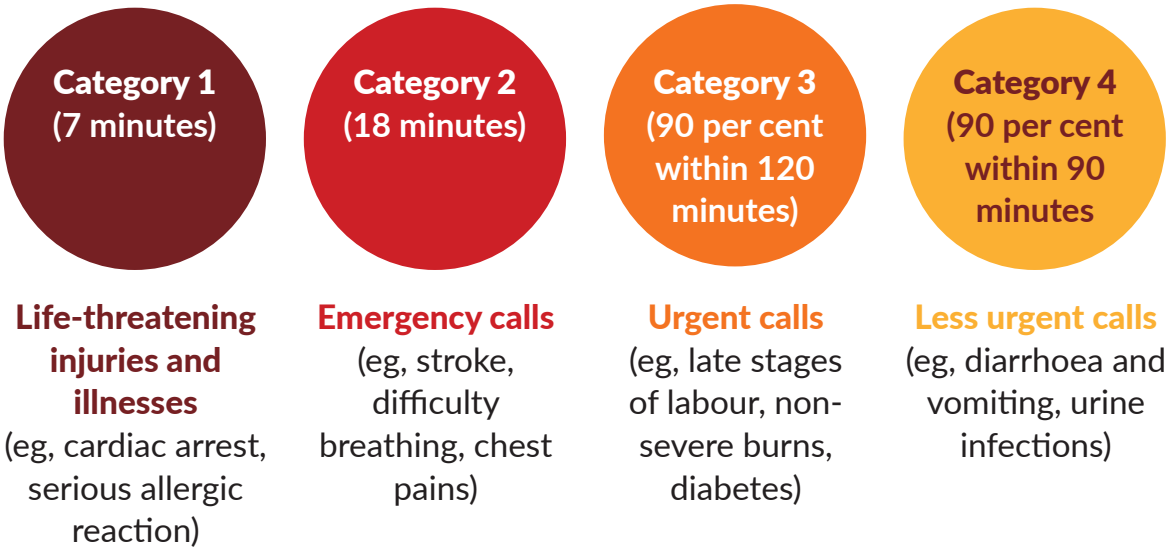
The Ambulance Response Programme

The NHS England Ambulance Response Programme sought to address underlying inefficiencies in the way ambulance services responded in order to meet performance measures by testing a new model of care to improve the

clinical response. Positive findings from the programme have resulted in fundamental changes to ambulance performance targets. These changes move from time-based standards, to:

- improve the initial call-handing process identifying all life-threatening calls, and for all other calls allowing sufficient time to target the right resource to the right patient
- implementation of new call categories that align clinical and resource allocation requirements and response options
- develop a revised set of indicators linked to the revised call categories.

Figure 1 NHS Ambulance quality standards



National Urgent and Emergency Ambulance Services Specification

The national service specification details a five-stage framework, providing a structure through which ambulance services and commissioners can work together to deliver the principles of the *Five year forward view* and *Urgent and emergency care delivery plan* (NHS Clinical Commissioners 2018). The principles include a role for ambulance services in upstream health prevention and promotion and that the right outcomes for individuals are achieved by ensuring they get an appropriate response that responds to their needs and are directed to the right place.

Figure 2 NHS England five-stage framework to deliver the principles of the *NHS five year forward view* and *Urgent and emergency care delivery plan*

Volunteering in ambulance services

The role of volunteers within ambulance trusts is well-established. Volunteer roles currently focus around two key areas of provision – community first responder schemes and non-emergency patient transport services.

Community first responder schemes

Community first responder schemes comprise local unpaid volunteers – known as community first responders (CFRs) – who are trained and despatched by the ambulance control centre to attend life-threatening medical emergencies in the area where they live and or work and provide basic life support until the arrival of the professional ambulance crew.

Most CFRs also play an active role in fundraising for services, equipment and providing support in their local area such community engagement opportunities. The ambulance service deploys an estimated 250 CFR schemes, with more than 11,000 volunteers in the United Kingdom (Phung *et al* 2017), compared to a total of just over 20,000 ambulance staff in England (NHS

Digital 2018) and they make up the majority of volunteers with NHS ambulance trusts.

Non-emergency patient transport services

The non-emergency patient transport service provides transport for people who are unable to use public or other transport due to their medical condition including people attending hospital outpatient clinics, being admitted to or discharged from hospital wards, and needing life-saving treatments such as radiotherapy, chemotherapy and renal dialysis. Volunteer car drivers use their own vehicles to provide this service. Non-emergency patient transport services are commissioned separately from the commissioning of urgent and emergency care and some but not all these services are provided by NHS ambulance trusts.

Other volunteer roles

Many ambulance services have a wider range of roles that support both patients and staff. These include co-responders – who, like community first responders, can be despatched to respond to 999 calls – but are drawn from other emergency services; chaplains; and roles that support community engagement activities including fundraising.

4 The value of volunteering

The contribution of volunteers in the NHS

A list compiled by Volunteering England highlighted more than 100 roles that volunteers carry out in health and social care (Naylor *et al* 2013). Attempts to understand the effectiveness and deployment of volunteers in the NHS have grouped roles designed to impact on health and care into six broad categories, which are frequently structured according to the setting (primary care, acute hospital, hospice or community) (Boyle *et al* 2017).

Figure 3 Framework linking volunteer type to care setting and role examples

Volunteer type	Health and wellbeing in **home and community**	**Primary care**	**Hospital** secondary care	**After care** at home	**Care home** (intermediate care)	**Hospice** (end-of-life care)
Traditional volunteer: admin and ancillary, eg, driving			Helping in hospital: welcomers, shop and café	Receptionist		Receptionist
Front line	← Community health workers →		← Ambulance first responders →			
			Accident and emergency rangers Dementia buddies			
Supporters	Visiting/ befriending		Dining companions		Visiting/ befriending	Visiting/ befriending
Self help	Expert patient	← Hospital to home escort →			Social organiser Pregnancy champions	
Community connectors	Dementia friends Coproduction/ design Care navigators Community connectors	Time banks				
Champions	Young health champions Pregnancy champions	Practice champions		Fatigue champions		Care champions

A recent survey of hospitals found that volunteers were often undertaking practical tasks such as picking up medication from the pharmacy, helping patients and visitors find their way around the hospital, and making drinks for patients who were waiting (Ross *et al* 2018). They also play a role in providing comfort, support and companionship for patients in the hospital.

Individual service models or treatment approaches may also have defined roles for volunteers. Examples include involvement in the delivery of health education and self-management support programmes, supporting people to access and engage in community organisations through social prescribing, and in some cases providing that support (Gilburt *et al* 2018).

Areas in which volunteers can make valuable contribution in health and care

There are four areas in particular where volunteers can make a valuable contribution in health and care:

- improving the experience of care and support
- strengthening relationships between services and communities
- improving public health and reducing health inequalities – eg, designing and leading community action to improve health inequalities; peer support programmes; support for marginalised groups to access services
- supporting integration of care – eg, providing direct support as well as co-ordinating support available from multiple agencies; ensuring people are aware of what is available.

(Naylor *et al* 2013)

One of the challenges of determining the impact of volunteering is that it is to a large degree determined by the service model and what activities volunteers are doing. Support and interventions provided by volunteers have been associated with improved social outcomes for recipients including levels of self-esteem, confidence, perceived capacity to cope, increased involvement in social activities (Rowe 2017; Rowe and Feast 2016; McGregor *et al* 2015; Mowat and Bunniss 2013) and lower levels of social exclusion, isolation and loneliness (Casiday *et al* 2008). There is also some evidence that interventions delivered by volunteers can support improvements in health behaviours such as increased breastfeeding and improved parenting skills (Casiday *et al* 2008). Evidence of impact on clinical outcomes is currently limited, but community navigation and social prescribing schemes supported

by volunteers have demonstrated improvements in standardised measures of depression symptoms, anxiety levels, subjective wellbeing and health status (Swift 2017).

Volunteering can also have a positive impact on the volunteer in terms of increased knowledge related to health and wellbeing, and improved self-esteem, confidence, wellbeing and social engagement (Casiday *et al* 2008; McGregor *et al* 2015). Some volunteer roles may also provide an effective opportunity to support people into employment or change to a health-related career (Farenden *et al* 2015).

In a recent survey of staff in hospitals the majority of respondents reported that they enjoyed working with volunteers (Ross *et al* 2018). Many of the ways in which volunteer roles contribute within hospital settings aim to support the care provided by staff, freeing up their time to prioritise clinical care and by acting as an extra pair of hands or eyes (Ross *et al* 2018). Similarly, evaluations of schemes in general practice have found that staff have been generally supportive of volunteer roles (McGregor *et al* 2015; Farenden *et al* 2015) by helping to connect practices with communities, providing routes to address issues which underlie health but staff are unable to achieve without the support of others, and providing an opportunity for staff to reflect on their own value within a wider context of activities and support (Gilburt *et al* 2018).

Economic value of volunteering

A number of organisations have attempted to quantify the value of volunteering. Some example economic evaluations, each using different approaches, are set our below:

- For every £1 invested in training and management of a volunteer in an acute hospital, the trust receives 'value' of at least £11 in return (Galea et al. 2013).
- Each £1 investment in a volunteering programme yielded an average return of between £3.38 and £10.46, with these 'returns' shared between the organisations, service users, volunteers and the wider community (Teasdale 2008).
- A highly exploratory study of the possible impact of volunteers on quality of life (QALY) on hospital wards suggested that hospital volunteering may be cost-effective in terms of improved outcomes against NICE's cost-

> effectiveness criteria (£7,543 to £18,947 per QALY), translating into a cost-benefit ratio of between 3.3:1 and 1.3:1. (Fitzsimons et al 2014).

These figures, however, must be treated with extreme caution. Each makes many assumptions in order to derive the final figures. Each of the studies defines 'value' differently, and in each the return is not cost savings to the organisation but other sources of value (such as labour substitution, health and wider social gains) which are then monetised in order to show that the value delivered through volunteering is worth more than the direct cost of achieving it. Understanding what contributes to return on investment may be valuable in supporting investment and commissioning of volunteer services to ensure that adequate training and resources are in place to run the service in an appropriate way.

Volunteer roles in ambulance services

Volunteer roles within ambulance trusts are closely aligned with the operational requirements of their services. CFRs in particular have come to form an integral part of clinical pathways and they are perceived as a core resource.

Studies show that CFRs are often able to respond to incidents more quickly than ambulance services, particularly in rural areas, reducing time to defibrillation (Roberts *et al* 2014; Henriksen *et al* 2016). Although there is limited evidence of the impact of CFRs on clinical outcomes – research shows that in cases of cardiac arrest, fast access to emergency life support can increase pre-hospital survival rates by 25–30 per cent and for every minute that passes without defibrillation a patient's chances of survival reduce by approximately 14 per cent.

> *In practice what the CFRs do is amazing. They are not going to a group with a volunteer manager overseeing what they do and how they do it. They go through people's front doors, they have no idea of where we are sending* them, *and they potentially save someone's life*.
>
> CEO of an ambulance charity

CFRs are routinely deployed to all life-threatening injuries and illnesses and this role has been key way for ambulance trusts to meet their national response targets in England.

Reviewing the current role of volunteers

The demands of current roles within ambulance services are specific and significant. Patient transport volunteers are required to drive and, in some cases, use their own vehicle and the role involves a regular commitment that many people are reluctant to sign up for. The CFR role attracts a larger number of volunteers but, where volunteers often work in isolation, can exact a high emotional toll and volunteers don't necessarily feel valued as part of the wider ambulance service (Kindness *et al* 2014).

Interviewees with a role in supporting and managing volunteers identified a need to review volunteer roles within ambulance services. Once trained, CFRs are operational on the basis that they keep their skills up to date, but in practice managers reported wide variation in the engagement of volunteers, how they see their role and their motivation for ongoing contribution. One ambulance service community response manager we spoke to said:

> *Some would like to be doing full trauma surgery on the roadside – others do it so they can wear the t-shirt walking into town.*
>
> Ambulance service community response manager

The evolution of volunteer roles in ambulance services has meant that CFRs often have dual roles, being available for deployment in an emergency and supporting local activities including fundraising and community engagement. Participants reported that when CFRs were being deployed effectively and with sufficient frequency, then they are quite happy to take on other voluntary roles. However, the change in the ambulance performance standards – redefining the point at which the 'clock stops' from when a CFR arrives to when an ambulance crew arrives – has reduced deployment of CFRs in some areas. As a result, some people are put off from volunteering or are less willing to support the wider activities of the ambulance trust.

Research with community first responders has highlighted the need to accommodate the differing needs of volunteers as an opportunity for further skills development (Phung *et al* 2018), and as the service evolves to meet new demand there is an opportunity to consider how volunteer roles can support and provide value to ambulance services, the people who need them and the communities in which they operate.

Examples of volunteer roles drawn from across the NHS highlight the diverse ways in which volunteers can contribute to health and care, and the value

they provide as a result. This requires ambulance services to develop a vision of the roles that volunteers can play within their services, and the infrastructure, skills, training and support they need in order to achieve this.

5 Emerging practice

Ambulance trusts are pursuing a variety of methods to develop and diversify volunteering within their services in line with the variety of roles that volunteers play in the wider NHS. The following section highlights four areas that activity has focused on and gives examples.

Building volunteering capacity and quality

One of the strengths of volunteer roles within ambulance services is that their activities directly benefit the communities in which they live. Maximising the efficiency of recruitment processes and ensuring volunteers represent the diversity of the community is important in achieving this. Once volunteers have been recruited, volunteer management practice plays a key role in volunteer retention through the motivation and satisfaction of volunteers (Al Mutawa 2015).

Developing new approaches to recruiting volunteers – South Central Ambulance Service NHS Foundation Trust

Prior to the start of their project, recruitment of volunteers in South Central Ambulance Service NHS Foundation Trust (known as SCAS) relied on volunteers publicising the role and opportunities within their local communities through leaflet drops, open days and public speaking. While successful in some areas, it proved challenging to recruit from diverse communities and from different walks of life to ensure volunteers are reflective of their local communities.

Together with the South Central Ambulance Charity, SCAS aimed to improve this process through a programme of targeted advertising and work with communities and community leaders to engage more effectively. They commissioned a PR company to produce a range of campaign materials featuring volunteers representing different genders, ages, ethnicities and faiths to illustrate the inclusive culture of the service and encourage applications from a diverse range of backgrounds. In addition, they undertook a high-profile recruitment campaign to generate public interest in volunteering initiatives include appearances on local television, radio and newspapers.

Working with local partners, Reading Healthwatch and Milton Keynes Equality Council, they engaged with community engagement ambassadors from 10 ethnic communities and faith groups who shared messages about the volunteering opportunities available. In addition, they promoted volunteer opportunities through social media, online volunteering sites, and electronic newsletters, held local events and engaged with local networks and groups. To support this, SCAS undertook significant work to develop a volunteer customer relationship management (CRM) database to collect, store and monitor the diversity of its volunteers on an ongoing basis.

The programme supported the recruitment of an additional 81 volunteers over the year, although this was not a significant increase compared with data prior to the project. However, small improvements were seen in the gender balance, number of young people and ethnic diversity of volunteers.

Key learning included the importance of timing the recruitment campaign to avoid culturally significant events, and the need to spread recruitment efforts throughout the year rather than a one-off exercise. Focus on the recruitment process also highlighted that this was often long and protracted during which people could lose interest. As a result, SCAS and the South Central Ambulance Charity have developed a quarterly recruitment open day when potential volunteers can hear about the volunteering roles that the service offers, and which provides an opportunity to engage with people and build a relationship. In addition, they have amended their processes to complete all of the initial paperwork including a basic assessment of suitability on the day, speeding up the process of getting people on board.

Ensuring quality in volunteer management – North West Ambulance Service NHS Trust

In North West Ambulance Service NHS Trust (known as NWAS) the activities of volunteers and in particular CFRs is overseen by a lead in each region. Volunteer leads can be overseeing up to 200 volunteers and their focus is largely to ensure quality of clinical practice and governance. The trust recognised a need to invest in their existing volunteers and 'to make sure what they do is right' by working towards the Investing in Volunteers accreditation, a UK quality standard for good practice in volunteer management.

The process of gaining accreditation requires organisations to conduct a self-assessment of their current volunteer management including planning of volunteer involvement, recruitment, selection and matching volunteers to

roles, and supporting and retaining volunteers. With the support of an assessor or advisor, organisations are supported to establish a development plan to work on gaps in order to meet the required standard.

The process itself is quite involved, requiring the organisation to make sure it has all the requisite policies and procedures in place to support good volunteer management. During this NWAS has drawn on the support and expertise of South East Coast Ambulance Service NHS Foundation Trust who had already begun the accreditation process and received practical support from some of its existing CFR volunteers.

Development of CFR roles and activities

The original conception of the CFR role focused on being able to deliver life-saving intervention prior to the arrival of an emergency response vehicle. However, on average only 8 per cent of incidents fall under Category 1, requiring life-saving intervention. This raises the question of if and where CFRs can contribute to improving performance and outcomes in responding to the other 92 per cent of incidents requiring differing levels of urgent care.

One area that ambulance services are considering the potential role of CFRs is in relation to falls. Falls account for around 40 per cent of all ambulance call outs to homes of people over 65 and are a leading cause of older people's use of hospital beds (Tian 2013). For people over the age of 65, 1 in 3 will fall, and for those over 80, 1 in 2 will fall each year (NHS Confederation 2012). The East of England Ambulance Service NHS Trust found that the annual cost of falls accounted for more than £1 million in 2016/17.

In some circumstances a fall may result in injury and the despatch of an emergency response vehicle may be required. However, in many others, triage undertaken by ambulance staff responding to the 999 call from a clinical support hub may confirm that an individual has not sustained an injury as a result of a fall and that there is no immediate medical risk but that the person needs appropriate 'moving and handling'.

An audit of non-injury falls between October 2016 and September 2017 conducted by SCAS identified:

- an average of 1,220 falls per month, accounting for 3 per cent of total demand
- an average ambulance job cycle of 1 hour and 41 minutes

- 87 per cent of calls were classified as Green 1–3 (now Category 3 and 4).

Although this represents a relatively small proportion of calls, the time needed to respond to these calls is significantly longer than for Category 1 and 2 calls, resulting in ambulances being unavailable to respond to more urgent or emergency calls.

When demand for ambulance services is high, response to non-injury falls is low priority. With no other means available, the person remains on the floor until an ambulance crew is available, which in some cases has been for several hours (Graveling 2018). This contributes to poor patient experience and may result in further deterioration, requiring subsequent conveyance and potential hospital admission.

Developing a CFR response to non-injury falls – South Central Ambulance Service NHS Foundation Trust

SCAS's journey to develop an improved response to non-injury falls began by developing a robust understanding of demand. They mapped where the nature of the call was recorded as 'fall non-injury':

- by population across their geography
- over the course of a year, and during the 24-hour period
- by location (urban, semi-rural or rural)
- by age and gender.

Through this they built up a profile of demand identifying areas and times at which non-injury falls were most likely and when due to high call volume, response to non-injury falls is low priority. Using this data, SCAS identified three areas to pilot an improved response.

The improved response combined the provision of additional response vehicles with requisite lifting equipment alongside development of the CFR role to provide enhanced support. The pilot incorporated a number of approaches that aimed to increase benefit for patients while enabling the CFRs to be deployed safety and effectively.

The first has been development of a smartphone interface using Skype for Business. This allows the CFR to speak directly to the clinical support desk who can then see and assess the presenting situation, take pictures which can

be reviewed by clinicians and send messages. This can inform clinical support desk decisions as well as provide additional support to CFRs.

The second has been in providing experienced CFRs with additional training in use of the Manger Elk cushion, a device which allows trained staff to safely lift someone from their fallen position.

CFRs also have been trained to undertake a welfare assessment with the consent of the individual. This includes identifying factors which may have contributed to an individual's fall, to issues around hoarding and whether the residence has a smoke alarm. The CFR is then able to raise these issues through the ambulance welfare service to identify appropriate support. The skills that the responders need to carry out this enhanced role have been incorporated into a new National Qualification – the Level 3 Certificate in Ambulance Service First Responders. To date SCAS has trained nearly 200 volunteers with the enhanced skills set.

The deployment of a CFR to a non-injury fall with the skills and equipment to safely lift someone means that a double-manned ambulance is no longer required, freeing up this resource to respond to life-threatening incidents. The conveyance rate for non-fall injury incidents recorded as Category 4 was 15.5 per cent, 4 per cent lower than when the falls pilot was not in use. In addition, the digital interface enables deployment of a CFR in order to provide 'eyes-on' contact, informing the decision to allocate an ambulance.

In both instances, once on the scene, CFRs with enhanced skills can take additional measures to identify underlying factors that are impacting on an individual's health and wellbeing and may have led to the 999 call. Where CFRs have made repeated attendances, they have been able to build a relationship and a picture of the support an individual may need.

Another area of focus for enhancing the role of CFRs has been on mental health. A recent analysis of calls received by NHS Pathways (111 and 999 calls) found that calls about people presenting with mental problems account for around 1.2 per cent of total completed calls (NHS Digital 2018). Providing CFRs with further knowledge on mental health may support them with their role and provides additional skills and knowledge which can be valuable to the communities in which they reside.

Upskilling CFRs with mental health awareness – West Midlands Ambulance Service University NHS Foundation Trust

Like many ambulance trusts, the West Midlands Ambulance Service University NHS Foundation Trust (WMAS) does not routinely deploy CFRs to calls where someone has a known mental health issue. However, people do not always disclose the full nature of an issue at the time of a 999 call and WMAS identified that CFRs were not well prepared for providing an appropriate response. Coventry and Warwickshire Partnership NHS Trust, a local mental health care provider had identified similar issues, and together they are developing the capacity to provide volunteers with a better understanding of mental health and how they can support people with mental health issues.

Both organisations opted to develop their own internal training capacity to ensure sustainability. Together they recruited a cohort of 10 individuals from across the organisations to complete a nationally recognised instructor training course in Mental Health First Aid. The cohort included volunteers and staff, ensuring that if volunteers left, there would still be sufficient capacity to continue to deliver the training. The course was provided in-house with the seven-day programme spread over a few of weeks to meet with the availability and scheduling requirements of the organisations involved.

Like WMAS, the services that Coventry and Warwickshire Partnership NHS Trust provide are spread across a wide geographical area, with volunteers and staff groups across these. In rolling out the training, the plan is for instructors from both trusts to co-facilitate sessions and to open them to volunteers from both organisations, enabling staff and volunteers to share practice and support each other throughout the course.

One of the unexpected findings has been the value of the training for staff as well as volunteers. Non-clinical staff working in Coventry and Warwickshire Partnership NHS Trust and WMAS frequently take calls from people with mental health issues. Although both services provide support through a chaplaincy service, staff have identified the value of having colleagues with specific skills in mental health first aid. This capitalises on the close working relationships in the teams and provides an opportunity to identify if someone struggling and being there to support them.

Development of new roles

Both the CFR and patient transport roles are well established within ambulance services and the infrastructure to train and support those volunteers is matched to model of delivery. With ambulance services under huge demand, developing or changing existing roles can be perceived as a significant risk to being able to provide a response to life-threatening calls and subsequently on patient outcomes. There are also concerns that changes to CFR roles may impact on retention. Research with CFRs has suggested that role clarity is important in building a relationship with the public and ambulance staff (Phung *et al* 2018). For this reason, some ambulance services are exploring how current and future service needs could be supported through the development of new volunteer roles.

One focal area has been developing an effective response to frequent callers. Although it is a minority of patients that make frequent and excessive calls to the ambulance service, they place a significant demand on limited resources, and make it harder to respond to others with more serious or potentially life-threatening conditions.

> *It is important for all working in health and care to truly understand those in society who make frequent calls on our services; not just because they have unmet need, but because they are frequently misjudged and misrepresented by those same professionals*.
>
> Professor Keith Willett CBE, Director for Adult Care, NHS England.

Frequent callers to 999 often do so without malice and have legitimate healthcare requirements (Phillips *et al* 2006). A review conducted by the LAS of patients accepted over a 2-year period by their Patient-Centred Action Team which provides targeted intervention for frequent callers found that more than 85 per cent had complex underlying unmet medical, mental health, social and personal care needs (Edwards *et al* 2015).

Similarly, an audit conducted by East of England Ambulance Service NHS Trust identified a total of 9,426 frequent calls received in 2016/17. Of these, 37 per cent were related to chest pain, 28 per cent to falls and 26 per cent to diabetes. The service estimated that frequent calls from these categories cost nearly £1.2 million and they are one of the most significant issues raised by ambulance staff (London Ambulance Service 2018).

Calling 999 often results in a disproportionate response from the NHS, causing cost inefficiencies, poor patient outcomes and a failure to deliver the appropriate health care for their needs (Snooks *et al* 2004). Ambulance services are transforming into the gatekeepers of NHS acute services, by encouraging patients towards the most appropriate healthcare provider for their needs. As demands on the 999 system increase, it is vitally important that the NHS attempts to understand and tackle the issue of patients frequently accessing 999 for health care (Smith and McNally 2014).

Enhancing a multidisciplinary response to frequent callers – North West Ambulance Service NHS Trust

North West Ambulance Service NHS Trust have a dedicated Frequent Caller Team to identify and support individuals who call 999 frequently. An audit conducted between 1 April 2016 and 31 January 2017 identified a total of 1,507 frequent callers during this period. Of those:

- 368 cases were open
- 299 were receiving active intervention by the team
- 355 cases had received support and were closed.

Through their engagement with individuals the team has been effective in reducing the number of inappropriate calls and unnecessary conveyances by over 70 per cent but identified an opportunity to further enhance the support available as part of a multidisciplinary approach to engage and support those with non-medical needs.

The team overseeing CFR roles were well established, and it was perceived that developing these roles to provide a different type of support may have a negative effect on the service they provide. As a result, North West Ambulance Service NHS Trust opted to develop a new volunteer role to support the Frequent Caller Team.

To develop the new role, North West Ambulance Service NHS Trust brought together people from across the ambulance service including a small group of existing and experienced volunteers to scope what was needed and how the role would work. From this they drew up a job specification and sought the appropriate sign off and approval to begin recruitment.

Individuals who are identified as frequent callers by the team are screened by a specialist paramedic to identify the reason behind their calls. The new role,

known as a 'Q-volunteer', will be aimed at providing additional support for those who are age 65 or older and who are often most vulnerable. Those who have complex medical issues, mental health problems or substance misuse problems, however, are not deemed appropriate for Q-volunteers to support. Once the team identify someone who might benefit from further support they ask their permission for a volunteer to visit and be part of their care. Initial visits are conducted with the specialist paramedic as an introduction, and to make sure that both the volunteer and the patient are happy to work together. This is important in taking into account the expectations and views of volunteers and patients', ensuring that volunteers are getting something out of it and therefore more likely to continue, and that patients are getting the right care and support.

The Q-volunteer works with each individual for 6–8 weeks, helping them to identify health and social care needs as well as their strengths and interests. Volunteers support individuals to re-engage with services and support within their local communities helping them to build resilience, and work towards independence and improved wellbeing.

North West Ambulance Service NHS Trust has decided to pilot the new role in the Greater Manchester Sustainability and Transformation Partnership (STP) area, as this is an area with the greatest number of frequent callers. The trust has appointed a dedicated service coordinator to really get the new volunteer role up and running and to evaluate its impact over the coming year.

Connecting with communities through volunteering

Current CFR and patient transport roles are reliant on individuals volunteering from local communities. However, ambulance services span large geographies and their focus on operational activity means that ongoing engagement with communities and community organisations is often difficult in terms of both time and capacity across the entirety of their patch. One way to remedy this is by building wider relationships with communities and community organisations through social action and volunteering.

An area where there is potential to work with communities is in relation to prevention. A review of services provided by ambulance trusts found that demand has been growing, particularly through the rise in the most serious 999 calls, and that this in turn has contributed to poor morale and high stress levels in the workforce (Appleby and Dayan 2019). Investing in prevention is important in ensuring appropriate use of ambulance services.

Bridging emergency services and the community – South Western Ambulance Service NHS Foundation Trust

South Western Ambulance Service NHS Foundation Trust identified a gap in provision between when many young people leave school and youth programmes and their ambulance cadet programme, which tended to attract students in university or further education. Young people in this age bracket experience a range of new challenges from learning to drive, starting relationships, exposure to drink and drugs and use of social media, each of which can impact on demand for ambulance services in the immediate and long-term.

The 999 Academy is a youth development programme which is open to all young people aged 16–19 years regardless of career ambitions or capabilities and representative of the communities in which they live. The 999 Academy aims to influence the choices individuals make, as well as supporting the development of transferable skills that are of benefit to them and the communities in which they live, and in doing so to:

- change community views and inform people about the role of emergency services
- improve skills in the community for self help
- support volunteering for services, for example, as a CFR.

The programme is a unique collaboration between South Western Ambulance Service NHS Foundation Trust and the police and fire and rescue services working in partnership with a local education provider to support a broad curriculum and capitalise on existing infrastructure around the college. Each location has a core operational delivery team, drawn from operational staff representing each of the 'blue light' services and the education provider. All the operational team are trainers within their respective services and volunteer their time to support the course.

The programme comprises an initial residential session, followed by a series of extra-curricular sessions delivered weekly during term time over an 18-month period. The syllabus incorporates learning elements from each of the individual services such as basic life support and emergency aid, fire extinguisher training and police powers; sessions focused on life skills including CV building, cooking, and personal banking; and sessions involving cross-agency skills such as responding to missing persons and dealing with road traffic accidents. In addition, students are coached to perform at least 30

hours of community engagement within the local area during their time on the course.

The starting cost of a course for 18 students is around £4,000. The 999 Academy has run three courses to date, across two different locations. The latest cohort started in September 2018 and comprises over 90 students. Feedback from those involved and their parents is that individuals have gained confidence and maturity as a result of their participation. Many students have gone on to become CFRs through the course of their programme. In addition, some students have continued into emergency services including becoming paramedics, while others have used the skills they have developed as a route into work and university.

A benefit of ambulance service staff volunteering as trainers for the 999 Academy has been the opportunity afforded by cross-organisational training and knowledge. In co-delivering sessions on areas such as management of a road traffic accident, ambulance staff can get a view on the contribution and ways of working in other services and vice versa. This in turn influences their practice, and expectations of different emergency services. The 999 Academy has also demonstrated the potential contribution of young people to the future of ambulance services, and the South Western Ambulance Service NHS Foundation Trust has agreed to the involvement of a young person as part of their board of governance.

South Western Ambulance Service NHS Foundation Trust has been working to scale up the programme by developing a website, creating a handbook to support others in establishing local programmes and purchasing materials required for future cohorts of participants. In addition, they aim to further develop the programme by exploring opportunities for wider social action and peer support with the young people involved and to build staff capacity to support the programme long-term.

An alternative approach has been to establish connections with other organisations working with community-based volunteers. Although ambulance services manage a relatively large cohort of volunteers, in proportion to the scale of the communities they serve this is relatively limited. The vast network of voluntary and community groups with associated volunteers that exist provide far greater potential, the opportunity to work in partnership to source and provide the right support for people in their homes, and better integration and joined up working between those who deliver services.

Improving mobility to prevent frequent falls – London Ambulance Service NHS Trust

One of the groups contributing to the number of frequent calls is older people who have fallen. Frequent falls lead to poor outcomes for individuals and, with each 'call out and convey' costing the London Ambulance Service NHS Trust (known as LAS) an estimated £300, represents a preventable cost. The LAS sought to improve the response they provide to individuals who they have attended following multiple falls, by working with the Royal Voluntary Service.

Although the risk of falls increases with age, evidence shows that exercise is effective as a stand-alone intervention in preventing the loss of muscle mass in older adults (Public Health England 2017) and falls amongst those living in the community (Sherrington *et al* 2017). The project aimed to develop and test a new model of 'mobility volunteers' to deliver a physical intervention aimed at reducing subsequent risk of falls.

The LAS and partnering services referred individuals to the service who were mainly homebound and who had a fall within the last year, but priority was given to those who had fallen in the last six weeks. Following assessment by Royal Voluntary Service staff, mobility volunteers were paired with clients for 1-to-1 exercise lasting 45–60 mins per week for a period of 6–8 weeks. All exercises were targeted at activities which aid people in regaining or maintaining their independence – such as leg strengthening exercises which will help them get out of a chair or off a toilet, or arm exercises which will help them get dressed and out of bed. Throughout the period, volunteers would also discuss the importance of proper nutrition and staying well hydrated as a way of preventing falls and improving physical function. At the end of the period, the Royal Voluntary Service supported the client to transition to a community exercise programme or other activity that may be of interest through their wider support mechanisms to maintain the level of activity and social engagement.

The pilot project ran across the London boroughs of Hackney and Merton where need was particularly high. Recruitment of volunteers was targeted at people from a black, Asian or minority ethnic (BAME) background to reflect the communities where they would be active. A total of 34 volunteers (more than half of whom were from BAME backgrounds) were recruited to the role over a 7-month period and 16 remained active at the close of the pilot. Volunteers received training in 'move it or lose it!' a resistance-based exercise, nutrition and hydration.

The pilot service received 76 referrals, of which 31 completed the 6-week volunteer-led intervention, comprising a total of 242 volunteer hours. Both volunteers and clients alike gave very positive feedback and clients showed improvements in physical functions (such as sit-to-stand or gait speed) and in their sense of wellbeing (such as perception of health, happiness, confidence, anxiety and loneliness). Although there was no comparison group, the proportion of clients who experienced a fall after the programme, called 999 because of a fall, or visited A&E, fell during the intervention period.

One of the main points of learning was the importance of understanding how any new service fits into existing falls services and support and to engage stakeholders early to maximise the impact of the volunteer-led intervention. The majority of clients in the pilot were over 85 years, had a high level of frailty, and generally poor health. Given this, the opportunity for volunteers to provide a longer length of intervention and subsequent support to help individuals engage with community activities may help to sustain potential improvements.

Integrating the power of community volunteering – Yorkshire Ambulance Service

Yorkshire Ambulance Service (YAS) identified that difficulties in finding suitable alternative arrangements that can be quickly put in place to support someone to stay at home or obtain support locally were resulting in people being unnecessarily taken to hospital, which is not in the best interests of the patient, the ambulance service or the hospital and can lead to greater avoidable dependency on healthcare. The opportunity for ambulance services to link their provision (facilitated by health care professionals, call-takers and clinical advisory service nurses) to appropriate support in the community may enable them to identify the right support in a timely manner, preventing unnecessary conveyance to hospital.

Leeds was chosen as the initial focus for this work due to the large number of voluntary and community-based groups and the development of The Leeds Care Record, a shared patient record and the Leeds Directory, a digital resource supporting people to access support to live independently.

The YAS met with a large number of stakeholders including STP leads, staff from clinical commissioning groups, local councils, national leads, voluntary groups and public bodies. The YAS also worked with local partners Voluntary Action Leeds and British Red Cross to engage with key stakeholders in the voluntary and community sector through a discussion and design day to

explore opportunities for joint working. This identified strong support for greater integration with ambulance services and highlighted a number of existing projects which aligned with the proposed aims of the YAS project. However, stakeholders felt that YAS needed a clearer plan for working in collaboration with local organisations and for engaging service users and carers.

The conversations and engagement session enabled YAS to refine their plans and identify how best to work in partnership with local organisations. Their renewed proposal aims to utilise the Health Tapestry approach, a process that integrates the power of community volunteering in a co-ordinated way by linking health staff and those that need support with local volunteers (McMaster University 2018). This builds on work as part of the Leeds Care Record to develop processes and pathways of referral for the ambulance service to selected volunteer groups in the community; upskill ambulance staff and volunteers on how and where they can access information on community support; and exploring the development of digital resources to enable access to information.

A new volunteer Patient Advocate role has since been developed and is being piloted in partnership with local voluntary organisations, including Age UK Leeds. The new role aims to support people who have been identified by their GP as being at risk of needing urgent and emergency care. Patient Advocates meet with the person helping to identify and complete practical tasks that make it easier for them to navigate urgent care, such as starting an appointments diary, and co-produce a standardised health care plan providing vital health and social care information to clinicians if they are required to see that patient.

6 Building potential

Many reading this report will be surprised by the wealth of volunteers that has been developed within ambulance services and the vital support they provide to staff and patients. There is much to celebrate, and it is important that the Association of Ambulance Chief Executives, national bodies and the wider NHS continue to recognise this.

Ambulance services represent a series of individual and often fairly autonomous services spread over large geographies (there are 10 ambulance trusts in England, each of which covers 2–8 STPs) yet are relatively small organisations in terms of size and capacity. This provides unique challenges when it comes to supporting innovation and transformation, and in building and maintaining relationships with stakeholders beyond the ambulance service. The record demand that ambulance services are seeing and the operational pressures that result present further challenge to the pace and scale of change.

This is reflected in the progress of the developing projects. Many of the projects have been as much about starting a journey to explore opportunities and ways of working they could adopt, and that would be meaningful within the context of ambulance service provision.

It should not be surprising therefore that the case studies presented are at different stages of development and delivery, and all are at early stages of defining and capturing their potential impact. However, where the standard response for all 999 calls is to send an emergency vehicle and crew, the developments outlined in this report can be conceived as seeking to provide the right resource, right skills and at the right time to improve the efficiency and effectiveness of ambulance services through:

- providing an appropriate response which frees up capacity of staff within the ambulance control centre triaging calls, as well as the ambulance crews themselves, increasing resource availability for others in need of more urgent care
- improving the quality of care by providing a timely response, particularly at periods of peak demand, and one which can take into account the holistic needs of an individual

- supporting a move towards demand management through prevention, early intervention and health promotion.

Ambulance services have also made significant progress towards supporting and optimising existing volunteering roles and capacity through improving the quality of volunteer management through engagement in Investing in Volunteering award and development and redesign of recruitment processes to enhance engagement, increase diversity and streamline processes.

Finally, participants reported a number of wider benefits of being involved in developing projects. Most notably building partnerships and joint working arrangements with other statutory and voluntary and community sector organisations, and building confidence to support innovation. The profile of these projects and progress that has been made to develop new approaches to volunteering has provided support for other associated projects.

7 Supporting progress

Whether supporting ambulance services to meet standards or improving the outcomes of patients, volunteers have become a core part of the delivery of ambulance services. As the remit of ambulance services and the structures in which they operate change, there is a continual need to review and reflect on the value of those roles to ambulance services, volunteers themselves and the communities they live in and serve.

Key learning

The emerging work to develop and diversify volunteer opportunities highlights a few areas that have been important for that process and the ongoing sustainability of progress to date.

No 'one-size fits all' approach

The different approaches that each ambulance service is taking in part reflects the varied opportunities that exist as well as the creativity of those involved and the practicalities of doing so. Because of the uniformity of existing volunteer roles within ambulance services, it is unclear which approach will be better in a particular context than another and it therefore makes sense for different ambulance services to be taking different paths particularly where the opportunity to capitalise on existing relationships and provision presents itself. That said, as each develops it will be important to identify and share learning so that others can avoid potential pitfalls and develop similar approaches.

Staff capacity

It is notable that for staff leading these projects, involvement has been in addition to rather than instead of existing roles and responsibilities. Many projects have benefited from the huge enthusiasm and drive of these individuals, but this may have also constrained progress due to available time and capacity of those in the ambulance service, particularly at points of high service demand.

Working with partners including ambulance charities and external partners has been beneficial in providing additional support, however feedback from

those who have developed beyond the initial scoping and pilot stages has highlighted the need to identify and fund dedicated project manager capacity.

Managing risk

Concerns about risk have been raised in response to the emerging projects in a number of sites. Management of CFRs is a significant operation and any changes which may divert resources and capacity can be perceived having a high level of risk on the continued performance of ambulance services. Some ambulance services have specifically chosen to develop new roles in order to mitigate this risk. For others the risk that CFRs will leave as a result of being deployed less frequently has led to a focus on developing these roles.

At the same time, the CFR role has a clinical focus with clear systems of governance to ensure care is safe and effective. The developing projects demonstrate the potential to expand volunteer roles but there has been a continual need to consider how new skills will be deployed in practice and ensure the appropriate level of training and governance. Starting with patients who are perceived as 'low risk' where there is a specific or defined need and developing roles so that they deliver support within the existing infrastructure of oversight and governance has been important in providing appropriate assurance.

Working within the infrastructure of ambulance services

Volunteer roles that meet the operational requirements of the services have evolved within ambulance services, and volunteers can either 'take it or leave it'. However, as ambulance services seek to diversify volunteer roles and, in some cases, to increase volunteer numbers, those who have been able to draw on the input of individuals with wider experience of volunteer management within voluntary and community organisations have particularly benefitted. This input has been important in providing a perspective on what good volunteer management looks like and achieving a balance between the expectations of the volunteer and the potential benefits to the ambulance service.

A final note to developing volunteer roles relates to where the appropriate leadership and management sits within the organisation. As noted previously, this has often been assigned by means of chance rather than by design, but which participants have highlighted as requiring ongoing consideration in line with the direction that projects develop.

Developing a wider role in the system

Although some ambulance services have sought to support social action through volunteering, expected increases in volunteers have not always been realised. The aim to support social action through volunteering as opposed to supporting operational performance represents a marked divergence for ambulance services and has required consideration of how the resources of ambulance services can enable this, as well as the role of ambulance services within the wider context of services and support. There is a need to recognise the time it takes to do this, particularly within the context of operational pressures. However, as time goes on, there is a need to ensure progress becomes embedded internally and opportunities for greater alignment and integration of services are more widely are sought.

Funding

Dedicated funding to support projects has been beneficial in signalling the underlying value of developing volunteer roles, as well as practically enabling this to happen. In practice, many of the projects that have been taken forward have incurred relatively small costs and many have demonstrated an ability to attract and obtain matched funding from local partners. Some projects have additionally utilised existing resources within the service, and all have capitalised on a huge investment of time and skill from those involved.

Next steps

National and local policy enablers

A key factor in enabling ambulance services to continue this journey is the alignment of national and local policy agendas to support a vision for ambulance services that goes beyond conveyance. Traditionally, the focus of commissioners, regulators and providers has been on meeting response times (National Audit Office 2017). Some ambulance services reported that since changes to the performance standards it was harder to justify funding for the CFR role to commissioners within the envelope of funding. The retendering of patient transport services also created uncertainty during which ambulance services put on hold recruitment of further volunteers in case they were no longer able to support them if they lost the contract.

CFR roles continue to contribute to improved patient outcomes, providing life-saving intervention often before ambulance services are able reach the scene. At the same time, emerging projects are starting to demonstrate the potential that enhanced and new volunteer roles could play in supporting ambulance service to improve efficiency, respond to the wider needs of individuals and

mediate demand. If ambulance services are to continue to draw on and support a volunteer workforce, national bodies and commissioners need to consider how policy and payment systems enable and support this.

One means of recognising the value provided by volunteers would be to measure the performance of ambulance trusts not just by the activity they deliver but by the impact of their interventions. This would allow them the flexibility to utilise volunteers where appropriate, as has been demonstrated in the past.

A second means is to ensure that ambulance services are routinely incorporated into wider NHS policy and development programmes. Project A is one such example, which has emerged from the recent review into operational productivity and performance of ambulance trusts to support ambulance staff to identify and implement service improvements (NHS Improvement 2018). Many of the projects that have been developed by ambulance services reflect a move towards approaches to volunteering which have adopted more widely within the NHS. Conversely, there is much from the capacity and infrastructure of volunteering that has been developed within ambulance services which may be of benefit to other NHS organisations. The commitment in the NHS long-term plan to doubling the number of volunteers in the NHS presents an ideal opportunity to build on the progress that has been made in ambulance services.

Building on practice

Many of the projects that ambulance services have embarked on, and the volunteer roles they are developing are reflective of the roles and approaches that can be seen more widely in the NHS and among voluntary and community sector organisations. Although some of the ambulance services have partnered with other organisations, they have for a large part worked in relative isolation. In some cases, this has resulted in examples of reinventing the wheel.

There is a balance to be achieved between developing volunteer roles that are meaningful to ambulance services and the associated processes for managing them within the infrastructure and drawing on the wealth of resources and expertise both in the NHS and more widely that identify good practice. Resources such as those developed by NHS England provide a useful starting point. Exploring how learning from similar approaches and roles outside the ambulance sector can be applied to ambulance services also warrants greater consideration.

From managing volunteers to volunteer management

Management of volunteers in ambulance services has evolved in line with the clinical requirements of the current roles and is often overseen by a clinical lead. There is strong evidence for what contributes to good volunteer management practice and schemes like the Investors in Volunteers is one way in which ambulance services are seeking to embed this. As ambulance services seek to diversity and develop their volunteer roles, volunteer management will also need to develop to reflect the different training and support needs of volunteers, and to balance the wider needs and expectations of volunteers with those of the service. As the impetus to expand volunteering grows, ambulance services need to consider how they create conditions conducive to a valuable volunteer experience, else risk losing volunteers to other parts of the NHS.

Scaling up

The physical location of ambulance services as well as the associated infrastructure to support volunteers means that it has often been best to choose a specific locality to develop a pilot which tests proof of principle in the first instance, seeking to build confidence and learning.

A key question is how to go from this to scaling provision across the whole geography. South West Ambulance Service NHS Foundation Trust have created a product and package of support which aims to enable local ambulance services to replicate the 999 Academy model, but different approaches are likely to be required for different types of projects. A key consideration is the infrastructure required to support enable this. Currently this presents a considerable challenge in ambulance services, and one which is likely to require support and investment to realise the potential of volunteers.

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