

# Volunteering in general practice

## Opportunities and insights

### Overview

- Interest is growing in the contribution that volunteering can make in health and social care. This paper builds on our previous work, which examined volunteering in hospitals, to explore ways in which volunteers are involved with, and are contributing to, general practice.
- We identified four approaches to supporting volunteering in general practice: use of volunteers to enable general practice to carry out its activities; organisations using volunteer support that were located within general practice premises; social prescribing; and community-centred general practices.
- We explored 10 case studies, which demonstrate that approaches to supporting volunteering in general practice provide an opportunity for practices to engage beyond their traditional boundaries, creating an interface with voluntary and community sector organisations and with the wider community.
- The practice examples highlight the importance of partnership work to support and sustain volunteering, the different design and resource considerations in choosing an appropriate approach, the support and management requirements for volunteers and strategic factors that influence success and sustainability.

## The value of volunteering

An estimated 1.7 million people volunteer for health or care services across Britain. There is a wide range of convincing evidence that along with the contribution that volunteers make, volunteering benefits people's health and wellbeing.

Research on the role and contribution of volunteers in the NHS and social care has focused on volunteering in hospitals, including 'who' is volunteering, 'what' they are doing, and the 'value' it creates for patients and the service.

Around 90 per cent of all public interaction with the NHS is with primary care services and there are an estimated 400 million or so consultations with general practice every year. We know that people volunteer in general practice, and there are a few well-known practices that have been built on volunteering and a wider connection with the community – for example, the Bromley by Bow Centre and the Robin Lane Health and Wellbeing Centre.

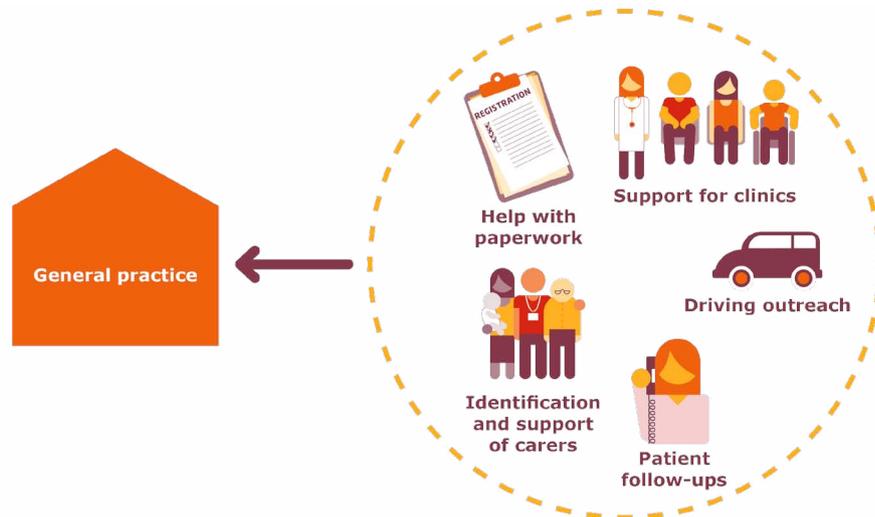
At a time when general practice is under pressure there has been growing interest in ways of supporting the provision of care without placing significantly greater demands on general practitioners. Volunteers are not going to be able to compensate for shortages of GPs, nor can they be a substitute for clinical care. However, Citizens Advice estimates that around 20 per cent of a GP's time is spent on social problems that are not principally about health, some of which may be better addressed through advice, support and access to community resources.

Helping GPs to capitalise on the enthusiasm, skills and capacity of volunteers to provide additional support, and enabling general practices to connect more effectively with their local communities could provide new opportunities for delivering care and in reimagining the future of general practice

## What approaches are people taking to support volunteering?

We identified four different ways in which volunteers were engaged in supporting general practice. Each approach offers an opportunity to engage beyond the boundaries of traditional general practice, creating an interface between the practice, voluntary and community sector organisations, and the wider community.

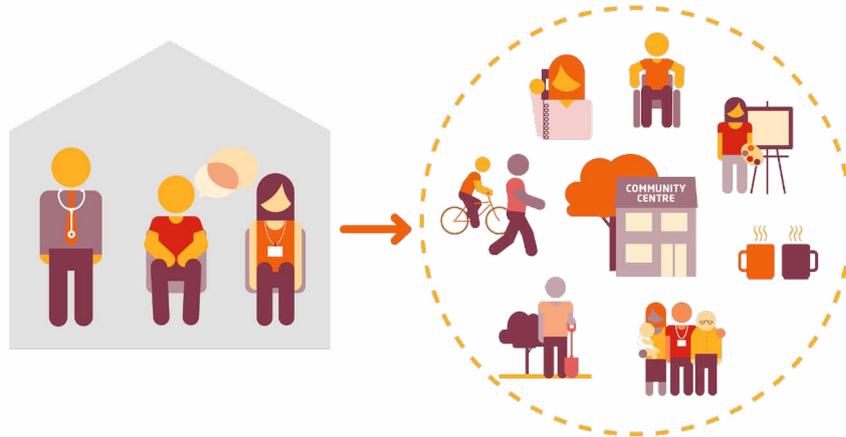
- Enabling general practice – volunteers who are engaged in roles that aim to support the practice in its day-to-day functioning or with activities that fall within the remit of general practice.



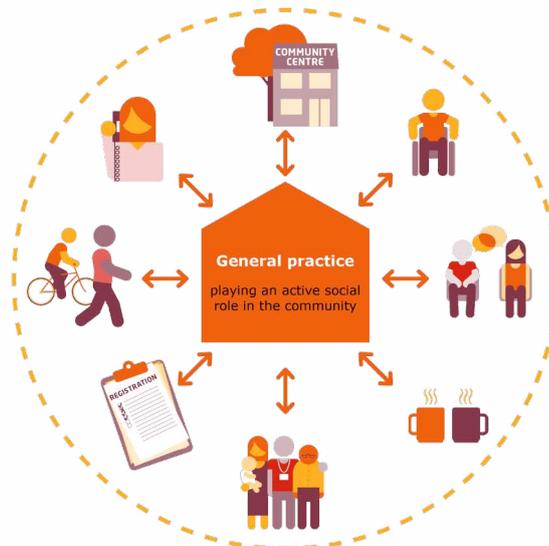
- Shared premises and space – the co-location of general practice with organisations that engage volunteers in providing services. This includes using practice space to run satellite services and as a community venue for delivering activities in which volunteers are engaged, such as health education and self-management support.



- Social prescribing – a way of linking patients in primary care with sources of support within the community. General practitioners refer patients to a link worker, who works with the patient to identify their needs and what support they want and subsequently makes an agreed referral to local organisations in the community. In some social prescribing schemes, volunteers are involved as link workers, and/or in the referral process, supporting patients to access and engage in community organisations, and in some cases providing that support.



- Community-centred general practice – a new role or model of general practice that reflects social as much as medical support; the practice plays a leading role in shaping that model and its contribution to the community. The activities and roles of volunteers within this category are similar to those in other approaches. However, they are often in conjunction with support for individuals to use their own skills and capabilities on a voluntary basis for the community and for the practice, rather than simply engaging in activities defined by the practice and its patients.



## Emerging learning from practice

A common theme in getting started was creating an interface between general practice, voluntary and community sector organisations and local communities and the need to build relationships to enable and support this.

- Recognising the opportunity for closer working between general practice and the community – identifying a shared agenda and establishing a common understanding of the issues and aims.
- Partnership working – either building on existing partnership working arrangements or general practices and voluntary and community organisations identifying and actively pursuing partnerships where joint working could support their mutual objectives.
- Local leadership – local leadership came from a range of different stakeholder groups; it does not have to come from general practices, though appropriate leadership from within practices has been beneficial in enabling engagement and implementation.
- Piloting and developing what works with general practice – most of the case studies describe a commitment to an approach that has developed over time and continues to evolve.

Individual surgeries and practices vary in size, staffing and the resources available to support different approaches to involving volunteers. The service model and type of volunteering influence the requirements of practices, the number and availability of volunteers, and the capacity of a service to provide different types of support. The success of implementation also relied on the ability to work with and support general practice staff. This included building relationships between staff and volunteers and developing leadership at a practice level.

- Skill requirements – most volunteer roles have a set of specific skills; in addition, volunteers often require communication skills and some administrative capability; there may also be an expected time commitment. Ensuring volunteers have the necessary skills requires attention to recruitment, training and development.
- Volunteer management – often forming a ‘hidden infrastructure’, this includes recruitment, induction and mentoring as well as day-to-day management and supervision. In our case studies this was supported by appropriate policies defining roles and responsibilities.

- Confidentiality – underlying concerns around confidentiality are common in general practice. It is important to address the interaction between practice staff, paid staff from external organisations and volunteers, and the transfer of information between them.
- Volunteer satisfaction – volunteers need to feel valued and supported; managing this includes ensuring a balanced workload, providing feedback on the impact of their involvement and opportunities for further development and learning.
- Turnover – recruitment is an active and ongoing process. A number of factors could influence turnover, and fluctuating turnover could also influence the level of service that could be provided.

Among the examples we studied, there were a number of strategic issues that had an impact on the ability of general practice to sustain volunteering over time: funding, leadership and community support. Funding was the most notable. Many of our case studies had received initial pilot funding, but subsequent funding was often unavailable.

The lead agency in our case studies was sometimes the general practice and sometimes the voluntary and community organisations. There is little indication of which is more successful, and in a few cases, the lead transferred from one to another for practical and financial reasons.

Finally, many of the approaches that aim to create links between general practice and the community are dependent on the support that exists within the community. If other services providing support in the community are withdrawn, volunteers could be left supporting people beyond the remit of the service and their capabilities.

### **The value of volunteering in general practice**

Research has shown that approaches to volunteering in general practice can have a positive impact on the volunteers, practice staff and patients. Volunteering in general practice can have a positive impact on the satisfaction of volunteers, their knowledge and confidence related to health and wellbeing and provide wider social value, such as supporting people into employment.

Approaches such as social prescribing and community-centred general practice have been well received by general practices, and where practice staff believed that what the volunteers were doing was worthwhile and were supporting practices

to get closer to the community. The ability to see how individual patients had benefited was particularly impactful. We also heard of the positive impact that working with volunteers could have on the culture of general practice.

Evaluations of volunteering have paid less attention to the outcomes for patients than for volunteers and the organisations for which they volunteer. However, some evaluations have demonstrated improvements in depression symptoms, anxiety levels, subjective wellbeing and health status. Research in this area remains in the early stages, and the quality and availability of research is often variable.

### Final thoughts

Our case studies show how general practices are successfully working with volunteers across a range of approaches from supporting everyday business to new community-centred approaches to general practice. Although volunteers are not an essential component of all of these new relationships, where they are, they play an important role in enhancing capacity, helping to meet needs, providing greater reach into communities and bridging the support provided by practices and the community.

Rather than a hierarchy of approaches, each provides a stepping stone to building a working relationship between general practice and communities. Even where the interface between volunteers and the practice is minimal, general practices can benefit.

Whatever the focus or approach to volunteering in general practice, investment in both volunteers and the practices themselves is essential. The need to prioritise the management and support of volunteers is crucial. Volunteers are not a substitute for clinical staff nor a saviour for the NHS; their support is not infinite or free, and requires significant investment. At the same time, general practice comes with its own set of opportunities and constraints, and success requires stakeholders to invest in developing and maintaining the links with general practice, relationships with GPs, health care professionals and staff.

To read the full report *Volunteering in general practice: opportunities and insights* please visit [www.kingsfund.org.uk/publications/volunteering-in-general-practice](http://www.kingsfund.org.uk/publications/volunteering-in-general-practice).

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