

Michael Dixon: the value of volunteering in health and social care

It's really nice to be here speaking about something positive. All we hear on the news is failing hospitals, debt, not caring, but here today we're discussing something really positive, really important, and I want right away to thank and congratulate the King's Fund on this brilliant report, 'Volunteering in health and care: securing a sustainable future,' because sustainable is what we're talking about. Not only our future, but I think the sustainability of the NHS. Because if we can't support a volunteering culture based upon goodwill and altruism amongst our patients and professionals, then I think we shall lose the NHS and everything it stands for. I think it's as stark as that.

I don't need to tell you why volunteering matters. It's something about fitting in with the message of the NHS, it's something about trying to make ends meet cost-wise, but it's also, for the individual patient, very much about better care, a better experience, about the volunteer's experience in terms of self-development, and also, I think, perhaps almost first and foremost, about creating a local culture and community, where the fabric and the social capital, the human capital, multiply the effects of volunteering as a social movement. I'm going to talk briefly about those areas, first of all.

The NHS, as we know, is a mutual commitment between rich and poor, between weak and strong, between every human citizen in this country. It can't ever, as I think we've been discussing over the last few years, be simply a consumer service, because that doesn't fit the definition of a service where there is virtually endless demand, but increasingly, as we know at the moment, limited resources. So I think that mutual commitment now needs to be properly treasured, celebrated and taken forward in strength. Not only nationally, where the health service clearly still exists in people's minds, but also locally, where everyone has that mutual responsibility, and it saddens me to hear increasingly about what I feel is a sort of breakdown, almost, between clinicians and patients within the health service. I hear some of my fellow clinicians talk about general practice not as something that's a mission, not something that is vocational, but simply a job. In fact, I hear of some people going into general practice rather than a specialism, who say it's a lifestyle choice. Now that's lying, to me, and worrying too, when you hear patients who regard the health service as something that's just for them personally, not a public service that needs to look after everyone. Now, I don't think these things are true of most clinicians or most patients, but there comes a tipping point in the relationship between patient and clinician where that goodwill that volunteering represents at a local level can, I think, completely dethrone the whole of the NHS very dangerously, and I think this is a more important threat today even than the financial problem. It's a question of, do we still have the spirit and the goodwill to make it work? And as I say, I think volunteering is a symbolic, if you like, barometer of whether we're getting there or not.

We've heard only last week about all the financial challenges the health service is meeting, and a call to action from the NHS executive. We will know about the scissors of doom, of the increasing cost due to elderly metabolic syndrome and new inventions and innovations and the declining money available, with everyone caught within that gap, and I think that gap - volunteering is going to be a major way of filling that gap. We know, for instance, from The King's Fund that each pound investment yields £3 to £10. Well, that, in economic terms, is really important, in an NHS that is increasingly finding that its resources don't meet its needs, and it seems to me that this is a question of making sure that everyone sees their role as involved in making sure the NHS works,

rather than us all involved in taking what we can from it. Now, these sort of appeals might sort a bit Canutist in a society where we hear endlessly from the press that everyone's in the trough, whether it's the politicians or the celebrities or the doctors or the MPs.***** But the King's Fund report, and you know, Richard's slide just now, substantiates that, shows that one in four of the population are already volunteering. So maybe that spirit isn't dead, maybe it just needs encouragement and the right sort of inspiration, because at local level I think that volunteering is, for the patient, very much an issue of actually improving the patient experience and improving care, and certainly my practice, as I'll show you shortly, I think is also about involvement at every stage in the service from planning to commissioning, and even whistle-blowing - I mean, how often do we hear about scandals in hospices where so many volunteers were involved, compared to for instance care homes where very few volunteers tend to be involved? Maybe volunteering is a very good break upon the sort of things we'll be hearing about this week, like the 14 underperforming hospitals.

Quite apart from the effects on the individual patient, what about the effects on the volunteer? There's apparently good evidence that volunteering can have a positive impact on the volunteer in terms of improved self-esteem, well-being and social engagement. Certainly I've seen that in my own practice, where patients coming into surgery, quite low, quite despondent, poor self-esteem, have taken up volunteering within the practice and suddenly become really inspirational leaders, extremely social animals, and able to mobilise potential within themselves and within the practice, which was perhaps unpredictable but which has done immense good to them and to everyone else. Indeed, you probably know there's some very new evidence showing that life expectancy is related to the amount you give. We used to say that the good die young, but maybe we can also say, in future, that the good also die old. Then, going from the individual volunteer, there's the local social benefit, and I think this is immensely important. It's something I witness, certainly, in the Devon villages where I look after.

The King's Fund report said in this context, "volunteers play an important role in improving people's experience of care, building stronger relationships between services and communities, supporting integrated care, improving public health, and reducing health inequalities." That's quite a widespread influence, and the Department of health, also quoted in the same report, said something similar. "Our vision is of a society in which social action and reciprocity are the norm, and where volunteering is encouraged, promoted and supported, because it has the power to enhance equality, reduce inequality, and improve outcomes in health, public health and social care." That's an extraordinary remit, really, and something that would be good if it were more recognised and more valued, I think, within the health service and outside. Because blow the £1 becoming £3 or £10, once you look at the effects upon social capital, human capital in the communities and all the multiplier effects, I think you see an effect that goes far beyond £1 going to £3 or £10 - perhaps £1 going to hundreds of pounds on terms of human value and how we regard ourselves.

So the next issue, I think, is why don't we have volunteering - why doesn't it have a higher profile? Why are we down here in the basement rather than in the Albert Hall today? And I think that's a real issue. Have we as a nation become more selfish? Do we not care anymore, and is that why volunteering has a low profile? Well, I don't think so, because I think that one in four volunteers, and Richard's slide, show that it's all there. It just needs releasing, and needs inspiring and needs some leadership. Again, I think

The King's Fund's report had something very important to say here. It said, "many organisations lack a strategic vision for the role of volunteering within their workforce". I think that probably is the real problem. Indeed, in primary care, I'd say not only lacking a strategic vision but any funding, any encouragement or even many models of good practice. So will things change? Well, this is the subject of today, but I believe they will. I believe that health and well-being boards, bringing together clinicians and councillors and local authorities, really will have a revolutionary presence, and will have a will to actually take this forward. I hope clinical commissioning groups led by clinicians, will also have the will and the wherewithal to also take things forward, and to overcome some of those barriers referred to in the report, between the professionals and the volunteers, between the concept of greater market competition and greater social cohesion. These are the dilemmas that I think at a practical level, where we really want to see change and difference ourselves as clinicians and patients, it will happen.

So before I finish, I thought I might take you down to my practice in Devon next, to show you what we've been trying to do, albeit on a very small level, but hoping to do even more as time goes by. So this is my practice. We call it the Integrated Centre. You probably can't see the bronze over there, which is one of the patients at the practice, Nicholas Dimpleby, who's a sculptor, who's the youngest brother of David and Jonathan, and that sculpture is the Green Man. The idea is the Green Man being a man in harmony with nature, or health provision in harmony with the community, recognising that the community is actually where health provision happens - all we can do is hope to ignite and catalyse that to happen. And the blurring of the roles between professional, volunteer, sort of start even before you've come into the centre. This is the organic garden that's gardened by patients, and beside it there's also a (s.I physic 00:11:01), or a herb garden, and the patient volunteers tell me that they're continuously interrupted by other patients asking how to cook the vegetables or how to use the herbs. One particularly enterprising patient volunteer decided to start potting the herbs and selling them to patients and telling them how to make themselves better! I won't say that it emptied the waiting room, but it certainly created a better culture of people looking after themselves and thinking a bit more about what they can do. One of the reasons I'm going back to see the president of The King's Fund is to do a herbal walk in Devon where we're going to show all the various herbs on an ordinary forest walk that could be used by patients instead of going off to the chemist.

So here we are in the café, which is the hub of volunteering. Here patients run volunteer groups for specific diseases, diabetes, fibromyalgia, for specific problems like obesity. They come and have a very healthy, low-calorie meal after their walks and they meet in the café, and also for lonely, isolated people - things like knit and natter groups. The café provides not only the forum for these groups to meet, but also creates the feeling that volunteer, professional and patient are all, if you like, joined at the hip and not separate.

Right at the middle of this, you need someone to bring things together, and this is our health facilitator - I think she's probably the only one in the country - and Ruth's role is to bring together all the local voluntary services and make sure that they fit for individual patients, because as you know, information and integration are not always a brilliant part of volunteering services or the voluntary sector generally. Ruth's role is not only to do that, but also to lead and develop patient groups, and also to direct patients to volunteer services within the practice. For instance, one of the services we have is one

run by a health visitor and a primary school teacher, voluntary, in their spare time, to look at school connecting families, to help families where the marital relationship is threatened, or there's a problem between the parents and the children. They do that very successfully, and their goodwill has spread to my own partners, who are prepared to pay for their CRB checks and the like. This is very much something that, I think, creates a virtuous circle within the practice, and it's extraordinary how many people say, "Well, how can you have these non-professionals doing this sort of work?" My answer to that is, if I've got a child who's smashing up the place who parents can't control, and I refer them to my child and adolescent service, I get a letter four weeks later saying, "This sounds like a personality problem, not a medical issue, and we can't give them priority and probably can't see them." So there isn't a service for a lot of the people that they see, but they're working upstream to stop them becoming the people that finally burn down the houses and burgle the local homes. So it's really, really important, I think, to create a volunteer capacity to try and take health upstream.

Most important of all, though, is our patient participation group, because they are the centre, the hub, of volunteering within the practice. This is the leadership group, and they not only lead the patient volunteers - we have volunteers, for instance, doing exercise schemes, we have things called walk and talks where patients take other patients of variable exercise capacity up hills or down dales or along straight roads as part of an exercise social health initiative. They also run the library that's behind them, an integrated library, so patients can access information, and they have monthly topics on different disease areas, which they run themselves, but guided by one of the partners in the practice. They run art exhibitions on health in various schools in the surgery, and overall they, as I say, lead the health initiatives in the surgery. They also raise funds, I should add, an awful lot of funds. One thing they did last year was to put the extra funds into a machine whereby patients now as they come into the surgery can measure their own blood pressure and body mass index, which not only reduces the professional time required to do that, but also it's more accurate, because you don't get white coat hypertension if a machine's doing it rather than a doctor. It also creates, as we hope to do within the surgery, this whole dynamic of health being in our own hands, self-care being as encouraged as possible, and it not being always up to the professionals to try and make things happen.

The other quid pro quo here is that they're not only, if you like, co-producing services, but they also plan them. They help us interview for new partners, for instance, and they also plan new services in the surgery and outside, and also the leads are now feeding into the clinical commissioning group, so they're also becoming the commissioners, deciding how services can be improved and also where services need to be either decommissioned or re-commissioned. So a really important role, and I can only say that, you know, we're halfway here in our journey - held back, I think, by a complete lack of any resourcing. None of what you've seen has ever been resourced by the health service, in spite of the many efforts, and held back by a dynamic within my own profession which doesn't see this as terribly important - but encouraged, I have to say, by the patients themselves, who I think if we had time and space to bring together, we'd have almost unlimited numbers of volunteers if we tried.

That's sort of all I've got to say. I don't think that the problem with lack of volunteering is a lack of will. I think it's all there, as I say, ready to galvanize. I was horrified, going to India, working there two weeks earlier this year, finding that the doctors there spent

their Sundays volunteering in the local villages for free. I thought, "Well, would that ever happen in this country?" I know there's a PCT up in Burnley where people die younger than anywhere else in the country, where the PCT staff agreed a year or two ago to give at least one day of the week for volunteering - no, one day a month for volunteering. It was a lovely spirit, and certainly my own organisations, NHS Alliance and NHS Commissioners and the College of Medicine, they are entirely propped up by people working in their free times, weekends and nights, out of their day job to make sure that things improve. So I think the spirit is absolutely there. What I think we need to do is to make it mainstream, something that really matters, whether it's NHS England, the Department of Health, your CCG or your local community or your local GP practice or hospital. Something that isn't simply a nice add-on, something that's totally systemic, because what I think it's ultimately about is rebuilding a social dynamic and encouraging health-creating communities, releasing energy, enthusiasm and commitment for the greater good. It's about us, ultimately, being social animals rather than winner-takes-all, and if that spirit is lost, then I think so too is the NHS. Because I see volunteering as about not only giving, but it's also about hope. Commissioners and providers, managers and clinicians, professionals and patients now need, I think, to invest in the opportunities and that hope which volunteering offers, because volunteering is, I believe, our hope for the future, and I think what we are discussing today, and your very presence here, is a great hope for the future. Thank you.