THE BIG QUESTION

THIS MONTH WE ASK

"Is there a role for charities and volunteers to take the pressure off health services?"

OPINION | THE BIOMEDICAL 1



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rade unions in the NHS in England will shortly be publishing a charter with the Helpforce programme, which will provide certainty and clarity about the role of volunteers in the NHS in England, and a reference to NHS employing organisations, *Helpforce volunteers and their co-ordinators*, about how volunteers should be engaged and deployed in various health settings.

Trade unions have concerns regarding volunteering in the NHS around the use of volunteers undermining paid employed professions and occupations working in the NHS, including volunteers: • should not undertake tasks that are instrumental in the journey of patient care and diagnosis should never be included in the employee numbers and should not wear the same uniforms and badges • cannot be substituting for employed staff, to achieve safe staffing levels should not be engaged in tasks that impact on the registration or ethical conduct of employed staff • should not be deployed to prevent the development of new roles in the NHS.

Also, the deployment of volunteers could lead to the blurring of lines with employed staff, impacting patient safety and confidentiality.

There has always been a role for volunteers in the NHS and the values of community activism, collectivism and altruism are shared in the trade union movement.



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es, there is. According to a recent report by the King's Fund, unpaid volunteers make a significant contribution to many departments across health and social care settings - contributing to the delivery of safe and equitable patient experiences.

Speaking from the viewpoint of a biomedical scientist, volunteer STEM ambassador and British Science Association Crest Award assessor, I can confidently say that the roles of volunteers and charities are vital and unprecedented. Charities and volunteers have been known to effectively and positively contribute to the NHS services as a whole, through devoting their time, energy and resources to promote continuous quality healthcare.

We are in an era where the needs of our ageing population continue to grow, and the NHS is under economic pressures to provide quality care for more people with limited resources, the greatest being staff shortages across the NHS. NHS leaders should be expected to take the role of volunteers and charities seriously and should endeavour to invest in them and integrate their services into organisations.

Staff are constantly short of time and it is a central part of the contribution volunteers make to the NHS: the extra pair of hands provided by volunteers enables staff to maximise the efficiency of their work, allowing them to deliver the clinical and specialised tasks they are trained to do.



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here is the argument that if healthcare was properly funded and better utilised, there would be no requirement for the role of the various charities and volunteer workforce.

Many charities, regardless of size, provide additional funding for health services, which ultimately benefits the patient. Furthermore, if it was not for the many volunteers, the high street charity shops would not be viable economically with the resultant loss of funds, which would undoubtedly have a negative impact on patient care. It is these additional resources that ensure that lives continue to be saved.

Research is fundamental to the continued advancement of healthcare and if it was not for the support of charities, many research projects would never come to fruition. Many proofs of concepts and the resulting larger projects have been funded by charities, without which the latest treatments may have been unavoidably delayed.

The valuable work of the charities must not be overlooked, as they currently play a vital role in supporting many areas of the health services, both from a fiscal and from a manpower perspective.

The role of the volunteer in more clinical environments, such as helping to feed patients and providing companionship, is a different issue. What is their responsibility should a patient's condition deteriorate while they are getting fed? I am sure there is training, but I doubt it is substantive and it will not be repeated with adequate regularity.