

Partnerships Case Study 4

Greenwood Community Centre and NHS Vaccination Hub Collaboration

Rob McRae-Adams, Chief Executive Officer - Hampton & Hampton Hill Voluntary Care



Background of the organisation

Hampton & Hampton Hill Voluntary Care is a charity that was set up by local people in 1974 to be a good neighbour to the local community supporting people who were socially isolated due to their age, infirmity, mobility restrictions or other personal circumstances.

We continue to pursue our founders' aims in providing help and support to those in need, complementing both statutory services and those available from other providers with whom we work in close partnership.

We have managed Greenwood Community Centre on behalf of Hampton since 1992. The Centre provides offices for the charity and a base for many of our community projects and activities designed to promote the health and wellbeing of the community.



During the pandemic, the Centre hosted vaccination clinics for local residents at Broad Lane Surgery, Hampton Medical Centre & Park Road Surgery

Tell us about the history of the partnership (who approached who?)

We had an existing relationship with the GP practices as our volunteers have taken patients to their appointments since we started in the 1970's, but some of the GPs didn't know who we were as an organisation and the relationships had been waning. We had been working on raising our profile with the Practice Managers and GPs sporadically for at least a year beforehand, then when Covid hit, the GP practices (two local and one in Teddington) needed a vaccination space and approached us.

It was a no-brainer to take the offer as it was going to secure the future of the organisation and fitted well for us. We had been told to close our doors in lockdown so we had the space available. We knew we had to help them so a decision was made very quickly to move it forward.

What have you learned from the partnership?

I can't tell you how special it felt, as much as it was a terrible time, to be part of something that was part of the solution to something so massive, and the pride it gave us to be working as part of the health service.

It gave us huge insight into the GP services, how hard the GP service was working to not only deliver the vaccination program but deliver all their usual services via Zoom, I have a lot of admiration for them, I have never seen people working so hard.

The legacy was the connection with Practice Managers who now know what we do and we know what they need. We've got brilliant relationships now with the Primary Care Networks (PCN), we understand them and they understand us. Practice Managers now take our calls and take us seriously. Quite often before we wouldn't get through to the Practice Manager, the Receptionist would field us. We evolved the fast-tracking of patient transport and we are now a lot more flexible about registration costs.



We've changed how we respond to emerging needs. We are noticing needs around memory loss, dementia, respite for carers and specialist befrienders, and we are looking into the need for that and how that need can be met. Historically we would have said "no, we don't do that", now we say "let's think, is there a way we can do that"? Does it fit our Memorandum and Articles of Association". With such a range of people coming during Covid, it made us reflect on how wide the community we serve actually is, and opened our eyes to being much more creative around service delivery.

Were there any challenges along the way? How have you overcome these?

We had to make sure there were appropriate spaces, we were alert to risks of theft or protests, and police were regularly checking in on us. In the end, none of that came to pass. We had to fend off a lot of vaccine enquiries from the general public, if we had had more time we could have done the messaging around that differently. There were a few tech glitches around IT for GPs but 99% of the time it went smoothly. We were there sometimes from 5.30am to 10pm.

After a while we started using minibuses and Volunteer Drivers to bring people in for vaccinations from some of the care homes. We had incredible reviews on Google about all the work that they did. They did a stellar job - nearly 26,832 vaccinations over the period that they ran clinics. We ran all this with just the staff who weren't eligible for furlough.

Any problems balancing the priorities of both partners?

Ultimately it was about facilitating what the GPs needed and that was the core thing. It was a very unusual situation and it was important to us we were putting our needs aside. At the same time we were balancing deliveries to our clients. Our other functions had reduced but we were doing extra doorstep support with clients in the community. We had volunteers delivering goody bags to clients with donated goods from other charities like Silver Get-Together based at Whitely Village.

Any unexpected benefits?

It raised the profile of the Centre amongst people who had not come to the Centre and built a really great relationship with the Practice Managers and GPs.

We developed a bicycle courier role and did several hundred prescription deliveries by volunteers on motorcycles and bicycles. We have continued those courier services, as we have noticed it meets a need that literally came out of working with the pharmacies. It's a nice one because we can actually see a benefit to our volunteers as they have a purpose to get out on their bikes.

We have moved to digital processes with the help of Superhighways. I've never had such data since I immersed myself in this. If we hadn't been the Vaccination Hub, we would have been dragging with this and, there wouldn't be the need to change the service. Much as it was difficult, change is always difficult, this was the vehicle to transforming us.

It really gave people a purpose. Our Volunteer Bank doubled in that time - we went from 120 to 248 on our books during that period. Richmond CVS did a lot for us. We were inundated with all the requests and couldn't deal with them all immediately. Over time we segmented and worked with Healthwatch for DBS checks. Without that we would have struggled to get volunteers on board.

What advice would you give to other charities considering partnerships?



It's important that any partnership you enter into needs to be beneficial to everyone who is part of it. You have to know it is going to benefit your outcomes. Be really clear about your boundaries, your focus, what you can and can't do. It's very easy to get drawn out of your own function as an organisation - you need to be absolutely clear about your objectives as a charity. You could get yourself into hot water at a later stage if you are going to be doing things that are not in your ruling document. In all our partnerships we ask ourselves 'does it fit with our core objectives, does it fit with our ruling document'? What the PCN wanted from us fitted exactly with what we do.

It can fall apart if you don't have really good tight team spirit and communication. One thing I would like to take away is that communication was so critical. An organisation has to be very clear where it is going and communicate that well to the team. We all had a very clear purpose and focus. I have learned the need to have absolute clarity of where you are going and communicate it to every level of the team.

What's next?

We continue to move forward on digital technologies in an appropriate and proportionate way.

We are also setting a plan to proactively double what we do to meet the projected older population increase in the area by 2035, and the increase of various needs.