Henshaws' First Step Telephone Helpline

Case Study

Executive summary

Working in collaboration with the NHS GM Mental Wellbeing programme and other partners, Henshaws developed a new proactive referral model aimed at people newly diagnosed with a visual impairment. Rather than expecting individuals to self-refer after receiving information, professionals were encouraged to refer patients directly into the helpline, where Henshaws would follow up with timely, specialist support calls.

This model was developed in response to data showing that only **one-third of people** acted on information leaflets.

A pilot was launched and **678 newly diagnosed people** were referred into the service. By removing the burden of self-referral and meeting people at their point of need, Henshaws were able to engage a wider and more diverse group of patients.

This work has improved inclusion and access for people with visual impairments, showing that a proactive, community-led model is not only more compassionate, but also more cost-effective.

Timing: Jan-Dec 2023

Funded by NHS GM Mental Wellbeing Strategic Disability grant

What did we do?

One of the main challenges was the ability to contact patients, it can take multiple attempts and time-slots to make contact. Henshaws knew this was a barrier and so they ensured rigorous records and data management to maximise the opportunities to contact individuals.

Convincing professionals to actively refer was a task – it is easy to 'give out information' but if that doesn't work then the opportunity to engage is lost. Trying to break this cycle is difficult and proved challenging. We had instances of professionals saying they gave out our information but had no access to printed information.

The major challenge with a proactive service has been maintaining staffing levels. However, invest to save models demonstrate that early support to enable newly diagnosed individuals to set goals and regain independence e.g. return to work, maintain social and physical activity, pays health and social dividends and is cost-effective.

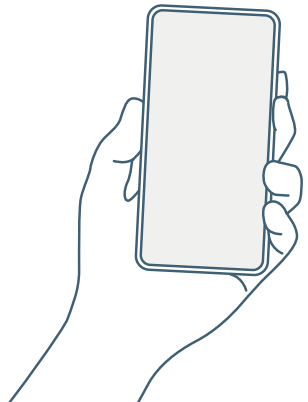
How did we do it?

Call uptake

We created a robust call tracking system to monitor outreach and adapted our timing strategies based on engagement trends (e.g. higher call answer rates during poor weather and mid-week). This increased efficiency and success rates.

Changing professionals' practice

We used real-time data to show how few people acted on leaflets and how effective direct referral was. Eventually, we launched a secure online referral form, making it easier for professionals and more efficient for our team.



What did we find?

Greater awareness is needed to promote the service so commissioners, funding bodies, and system leaders recognise the role of community organisations like Henshaws in improving health equity.

The model is now embedded into Henshaws' way of working and demonstrates a practical, community-based route to creating more equitable access to support services.

An ongoing feedback loop has shaped the model so using service users' testimonials to make improvements.

One service user gave this quote at her 6-month check-in. This reinforces why a proactive follow-up matters to change someone's trajectory as she was provided with all the support options available to her including a referral to her local authority sensory team to discuss mobility and rehabilitation.

"I feel so lucky. You guys did the referral to the sensory team, and I've received my cane now. It makes life easier. I don't bump into people anymore. I feel more comfortable, confident, and independent."

You can also read our other cases and stories

In the pilot year:

678

newly diagnosed people were referred into the service

699

onward referrals were made to services such as:

- **Local authority sensory teams**
- **NHS Low Vision Assessments**
- **Digital Enablement Teams**
- **Counselling and wellbeing support**

Key results from the 2023 service survey

91% of respondents said they know **how to access support and information.**

87% of respondents said their **emotional wellbeing has improved.**

84% of respondents reported an **increase in their confidence and independence**.

Recommendations and lessons learned

1. Proactive referral models reduce inequalities in service access and alleviate pressure on the NHS

Intervening early helps people access support at the right time reducing the risk of isolation, low confidence, and deterioration in mental health. This early intervention **reduces the reliance on more intensive NHS and social care services later.** In doing so, the service contributes to alleviating pressure on GPs and A&E departments, so saving money.

2. Data-informed timing and approach increases engagement

With a finite budget choosing **the right times to contact people using real-time data works.** A reduced staffing ratio on the most impactful calls led to most referrals and outcomes. This preserved the model's core benefits despite limited capacity.

3. Partnership working with professionals is key to culture change

Sustainable funding must be planned from the start. Services that clearly work — and prove they reduce future demand on the system — need funding models that reflect their long-term value. Engaging key stakeholder groups such as funding bodies and system leaders to recognise the role of community organisations in improving health equity.

4. VCSE-led delivery can be highly effective — when underpinned by longer-term sustainable investment

VCSE organisations are essential partners, delivering specialist, relational care that improves outcomes and reduces downstream pressure on the NHS. In this way, organisations such as Henshaws are part of recommended left shift.

If you want to know more you can view the website:

Henshaws website
Online Referral Form
IAG Services

If you want to know more about Henshaws' First Step Telephone Helpline please contact

gmhscp.adminpopulationhealth@nhs.net