

Evaluation of the roll out of social prescribing link workers in Scottish and English primary care

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Plan for presentation

- ▶ Study team and focus locations
- ▶ Background: Social determinants of health; Growing demands in primary care; Increasing interest in social prescribing
- ▶ Existing evidence
- ▶ Different work packages
- ▶ What we hope to learn

- ▶ Key findings from the mapping exercise
- ▶ Preliminary findings from interviews with service users, link workers, referring professionals
- ▶ Summary and preliminary conclusions

Multi-region (and multi-level) evaluation of the roll out of social prescribing link workers in primary care.

NIHR HSDR grant, PI Paul Wilson, University of Manchester

- ▶ NIHR Applied Research Collaboration North East and North Cumbria
- ▶ NIHR Applied Research Collaboration West
- ▶ NHS Greater Glasgow and Clyde
- ▶ NHS Lothian
- ▶ NHS Greater Manchester Integrated Care
- ▶ University of Glasgow
- ▶ University of Edinburgh
- ▶ Voluntary Health Scotland
- ▶ Bristol City Council
- ▶ Mental Health Concern

Multi-region (and multi-level) evaluation of the roll out of social prescribing link workers in primary care.

Five study areas:

- ▶ Greater Glasgow and Clyde
- ▶ Lothian
- ▶ Greater Manchester
- ▶ West of England
- ▶ North East North Cumbria

Social determinants of health

- ▶ Life expectancy in some areas is going down
- ▶ Poverty kills
- ▶ Impact of social isolation

Growing demands in primary care

- ▶ Cuts to services
- ▶ Changing picture of population health
- ▶ Primary care as accessible point of contact

Increased interest in social prescribing

- ▶ Looking for innovative solutions
- ▶ Improving health through accessing community assets
- ▶ Policy in England (2019) and Scotland (2016) towards the funding and promotion of social prescribing services

Existing evidence

- ▶ Evaluation of early adopters in Glasgow
- ▶ Reviews finding small scale evaluations
- ▶ Wide variation of types of service

Work packages in this evaluation

- ▶ **WP 1: Implementation** - to establish the key features and variations in delivery models for link worker social prescribing services within and between each region.
- ▶ **WP 2: Access and equity** - to assess inequalities in access, uptake and engagement based on area-level and population characteristics (age, gender, ethnicity, area deprivation, availability of community assets, and rurality).
- ▶ **WP 3: Experience and acceptability** - to understand experience and acceptability of the referral process, the therapeutic encounter and the process of accessing and engaging with social prescribing services from a range of perspectives.
- ▶ **WP 4: Health and wellbeing and service outcomes** - to assess health and wellbeing and service outcomes, and whether outcomes vary within and between services delivered and by population characteristics (age, gender, ethnicity, area deprivation, availability of community assets, and rurality).
- ▶ **WP 5: Economic sustainability** - to explore the value and economic sustainability of link workers in primary care
- ▶ **WP 6: Dissemination and knowledge mobilisation** - to ensure relevance to policy need and to maximise the impact and use of findings in decision-making processes as they occur.

What we hope to learn

Our overall aim is to take a multi-regional approach to map current provision and service configuration and to assess whether access, engagement and outcomes vary by delivery model, geography and population characteristics over time.

We want to find out how link worker services operate, how well they work, who does and doesn't use them, how, and the extent to which, they benefit to people and are a good use of resources. The research will benefit patients by identifying how link worker services can be developed. We will study how to help people access social prescribing services and use them effectively, and to make sure that everyone has access no matter where they live or who they are.

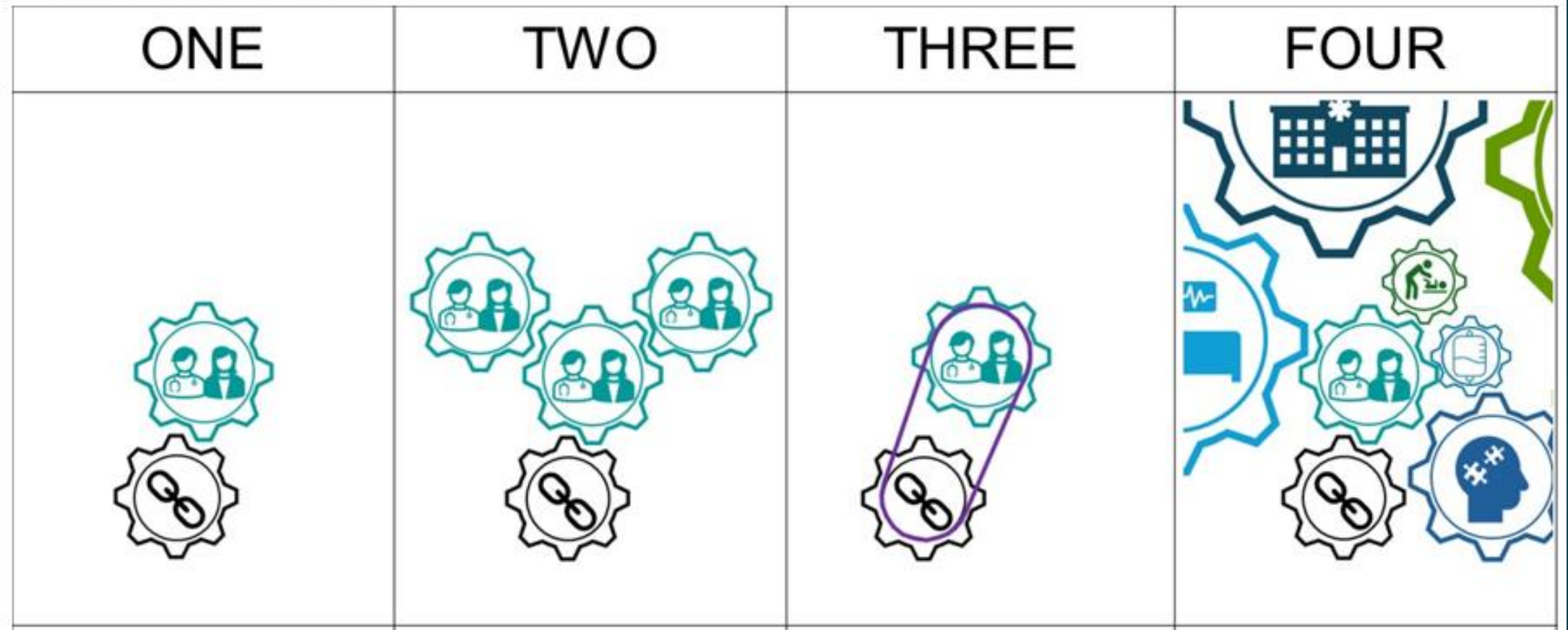
Key findings WP1 mapping exercise

- ▶ Key NHS policy developments in Scotland (2016) and England (2019)
- ▶ Introduction of Community Link Working at scale in primary care
- ▶ By 2023 - Scotland **320** CLWs; England **3200** CLWs in NHS primary care
- ▶ Now have national organisations – SCLWN, ENALW, SSPN, NASP
- ▶ National conferences
- ▶ Development of local and national evidence and shared learning

Key findings WP1 mapping exercise

- ▶ Different models of delivering CLW services

Service model typology.



Key findings WP1 mapping exercise

- ▶ Great variation in data collected and in levels of monitoring and evaluation
- ▶ Raises questions around consistency in what's being measured and how
- ▶ Also raises questions - are the “traditional” medical outcome measurements the only and/or most appropriate for assessing social interventions and assessing complex social outcomes that CLWs deliver
- ▶ Our mapping showed CLWs bring strong 3rd Sector, NHS and social care background – many years experience -
- ▶ CLWs are a skilled workforce –very suited to addressing the social determinants of health

Preliminary findings qualitative interviews

- ▶ **Link Workers** – rising demand - social isolation, loneliness, mild-moderate anxiety & depression, food & fuel poverty & housing issues
- ▶ Many deprived service users also have trauma issues from past –vulnerable group
- ▶ For CLWs **time** with patients and **listening skills** are precious commodities
- ▶ *“Having that hour is so important. So to is having really good strong, active listening skills. Showing somebody that you’re not just hearing them, you’re actually listening to them. The amount of people that say to me “Do you know what? Nobody’s ever actually sat and listened to me like that before”.....A lot of people have never had that opportunity in their life”....You need to take things slowly and give them choices that they decide on”*
- ▶ CLWs work best when integrated as part of MDT in GP surgeries & with office space

Preliminary findings qualitative interviews

▶ Referring professionals: GP

“The cost-of-living crisis is having a huge impact on peoples’ lives. People need more social support. I think the key challenge of general practice is that we are increasingly trying to shoehorn complex issues into short periods of time. There are many people for whom you just cannot get a full understanding of what’s happening and why they’re feeling this way in 10 minutes. I don’t have the time.

*Having the link worker who has much more time than me - that both knows more about this patient’s issues - and how they could be helped in the community, is **absolutely invaluable.**”*

Preliminary findings qualitative interviews

▶ Service user

“You have such a short time with the GP, and it was usually – “Here’s a prescription”That’s not a criticism of GPs that’s just how things are. Sometimes you don’t even get to see them.

With the link worker I had an hour with them and I felt I had a chance to really explain what was going on in my life.... Initially I got free access to a gym and started swimming again. I got access to a counsellor through a charity. Then XXX got me funding so I could have a short holiday for 3 days. I travelled by myself, I hadn’t done that for years. I was quite proud of myself.

*That holiday changed everything. When I got back, I started making plans for myself and for my future..... None of those things would have happened without the link worker. **But** I’ve realised that - clearly - I can do these things for myself now.”*

Preliminary findings qualitative interviews

▶ Service user

"We'd actually been issued a notice to quit from our property. The link worker got different agencies involved. Also, because I have a disabled child, the link worker spoke of a carers group - other mums experiencing what I'm experiencing. We meet monthly, the girls at the group would say, "have you tried this, have you tried that".....The link worker also put me in contact with Money Matters, to see what other benefits I would be entitled to....."

When I first met the link worker, I sat with her - it must've been an hour and a half - going over various different issues....I left there with hope. Knowing that someone was actually listening to me. And that someone was on my side.

After a number of meetings, it gave me the confidence, and the skills, to tackle these issues a bit more by myself."

Some observations

- ▶ Community Link Working at scale – 10,000's people being supported
- ▶ British Medical Association report 2022 **“The Country is Getting Sicker”**
- ▶ *“In some areas, and for some groups, life expectancy has declined, something not witnessed outside wartime for 120 years. The Glasgow Centre for Population Health has linked an additional 335,000 deaths to austerity in the five years before the pandemic – more than from the first two and a half years of COVID-19..... Poverty kills, and the cost-of-living crisis is plunging ever more people into poverty and making the lives of those already living in poverty even more untenable”.*
- ▶ CLWs are needed more than ever

Response to proposed reductions in CLWs



The screenshot shows the BBC News homepage. At the top, there are navigation icons for Home, News, Sport, Weather, and iPlayer. Below this is a red banner with the word 'NEWS' in white. Underneath the banner is a horizontal menu with various news categories: Home, InDepth, Israel-Gaza war, Cost of Living, War in Ukraine, Climate, UK, World, Business, and Politics. Below this menu is another row of categories: Scotland, Scotland Politics, Scotland Business, Edinburgh, Fife & East, Glasgow & West, Highlands & Islands, Alba, and Local News. The main headline is 'Lives could be lost over link worker cuts, say GPs' in a large, bold, black font. Below the headline is the date '8 November 2023'.

BBC For you Home News Sport Weather iPlayer

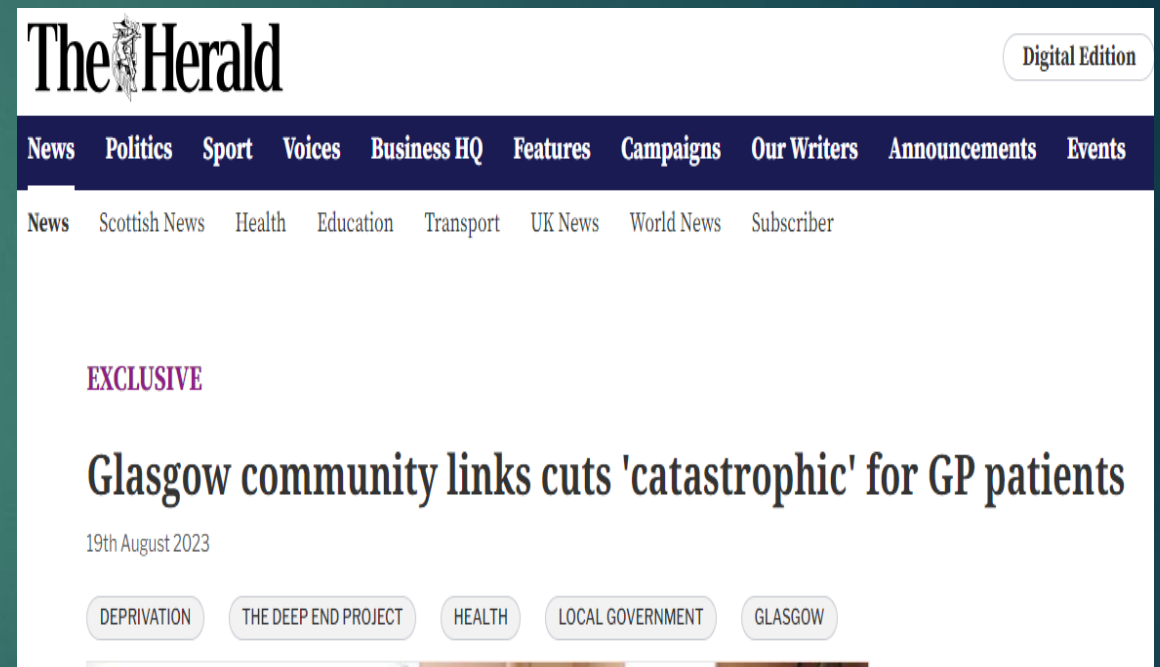
NEWS

Home | InDepth | Israel-Gaza war | Cost of Living | War in Ukraine | Climate | UK | World | Business | Politics

Scotland | Scotland Politics | Scotland Business | Edinburgh, Fife & East | Glasgow & West | Highlands & Islands | Alba | Local News

Lives could be lost over link worker cuts, say GPs

8 November 2023



The screenshot shows the The Herald website. At the top, there is the 'The Herald' logo and a 'Digital Edition' button. Below this is a dark blue navigation bar with white text for various sections: News, Politics, Sport, Voices, Business HQ, Features, Campaigns, Our Writers, Announcements, and Events. Underneath this bar is a white navigation bar with black text for more specific sections: News, Scottish News, Health, Education, Transport, UK News, World News, and Subscriber. The main headline is 'Glasgow community links cuts 'catastrophic' for GP patients' in a large, bold, black font. Above the headline is the word 'EXCLUSIVE' in a smaller, purple font. Below the headline is the date '19th August 2023'. At the bottom of the article preview, there are several tags in rounded rectangular boxes: DEPRIVATION, THE DEEP END PROJECT, HEALTH, LOCAL GOVERNMENT, and GLASGOW.

The Herald Digital Edition

News Politics Sport Voices Business HQ Features Campaigns Our Writers Announcements Events

News Scottish News Health Education Transport UK News World News Subscriber

EXCLUSIVE

Glasgow community links cuts 'catastrophic' for GP patients

19th August 2023

DEPRIVATION THE DEEP END PROJECT HEALTH LOCAL GOVERNMENT GLASGOW

Some key learning to date

- ▶ CLWs **training** and **previous work experience** has introduced **additional skills** into NHS primary care to meet 21st Century health and social care needs
- ▶ Different models of delivering CLW services exist. Great variation in recording data around referrals, outcomes measured & evaluations – next steps - important
- ▶ Recognise - still at early stages of embedding CLWs at scale in NHS primary care
- ▶ Developing evidence base & shared experiences - what works well and why - vital – – shaping next stages of CLW footprint is now crucial. National conversation needed.
- ▶ Finish on a **?** – Without CLWs - What would have happened to 10,000s service users and how would NHS primary care have coped in their absence?

Thanks for listening!

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