BRIEFING PAPER

Embedding Community Link Workers into General Practice

November 2025

Introduction

At the Scottish Community Link Worker Network Annual Conference in May, we featured a GP/community link worker panel as part of the programme. The panel discussion focused on experiences of embedding the community link worker service into general practice. As a follow up to this session, we wanted to reach out to the Network to share good practice about what works best to enable this to happen. We received lots of responses from across the Network, from both CLWs and programme leads, large and small programmes both urban and rural.

It is worth noting that however experienced a community link worker is, GP practices can operate very differently.

1. Setting the Foundations

'Relationship building and perseverance are key.'

Feedback from the Network shows that being embedded in a practice doesn't happen quickly; it takes time and a lot of hard work.

A community link worker from a relatively new programme (less than 3 years old), shared their story of the preparation and groundwork that had to happen before they started their pilot programme. A Community Link Worker Working Group was established and this included representatives from GP surgeries, third sector and social work. The group reviewed the GP practices which would suit the pilot and agreed aims and objectives and evaluation tools. All of this meant that when the community link worker started in post, the GP practices and local community were more familiar with her role. She was then given 3 months to get to know the local area and build relationships with third sector organisations, local authorities and NHS colleagues.

Programme Managers have spoken about the perseverance and determination required to embed the community link worker service into general practices. One

programme manager explained that she attended every GP cluster team meeting to deliver presentations about the community link worker service and repeats this on an annual basis.

2. Building relationships with the multidisciplinary teams

'Take any opportunity to interact with practice teams – getting to know them as people.'

Building trusted relationships with the multidisciplinary teams within the practices is vital. This also includes the wider members of the multidisciplinary team (MDT) including including Advanced Nurse Practitioners (ANPs), Community Treatment and Care (CTAC) and pharmacy. Both reception staff and practice managers were highlighted as key contacts for CLWs as well as the GP Lead or trusted clinician within the practice.

Good communication can take a variety of guises – from the social side, e.g. being part of practice WhatsApp chats, being around for coffee and lunch breaks and Christmas nights out. And then the importance of the professional opportunities to network including attending weekly MDT meetings and clinical meetings to ensure that the practice team has a good understanding of the community link worker role and how it can help the practice's patients. Having a visible open-door policy when not seeing patients can encourage impromptu conversations. Community link workers also emphasise the importance of having to utilise the duty GP when required if any concerns arise.

Getting new starts in the practice to shadow the community link worker helps as *'it is a good way for them to understand what we do and for us to get to know each other a bit better.'* Being part of the job shadowing for Practice Nurses, GPs and Mental Health Nurses also helps.

A good induction to each practice in which the community link worker is based builds connections with the MDT team. As one manager emphasised, you shouldn't assume that this will automatically happen, just because a CLW has worked in a practice previously. They need to be properly introduced to the team in every practice. One community link worker programme highlighted the work they are doing with their local university's 1st year medical students to ensure that future doctors are aware of the value of community link workers and the impact of social prescribing.

The role of the Community Link Worker Programme Lead is also significant in setting the tone early on for the relationship between the CLWs and practice staff. One Lead spoke about the amount of outreach they did to ensure that the CLW programme was understood and valued. They attended GP forums, practice manager meetings and MDT lead meetings, spending time with Health Improvement Practitioners as well as sharing ideas with HSCP clinical leads. They emphasised that this outreach work needs to be ongoing and consistent. Practice presentations reinforce the role and value of community link workers as well as a community link worker training

session as part of protected learning time to outline who they are. Being open to working alongside clinicians on complex cases was also referenced as key to building relationships.

3. Practicalities, processes and resources

'Having a consistent room from which to work really helps.'

Having a consistent base in a practice and not being stretched too thinly across too many practices influence the community link worker's experience. If it isn't possible to have a designated space in the actual practice itself, then having a consistent base somewhere near to the practice seems to be the next best option. (One programme gave an example of being in a health centre near the practice). It is also worth noting that there are a couple of Scotland's community link worker programmes where the community link workers are not routinely based in GP practices.

There are also lots of practical ways that a practice can make a community link worker feel welcome, from having a designated pigeonhole, to access to the right storage space and equipment and ensuring that they have been adequately prepped about personal safety including panic alarms. It is also particularly helpful if the community link worker has a secure NHS email address and gets access to the relevant IT systems they require within the GP practice including Vision/EMIS and being trained appropriately on how to use these. Establishing secure referral pathways and communications channels for feedback and updates on patients as well as signing and complying with a data sharing agreement will help support this. One board-employed community link worker programme spoke about setting up a referral pathway via SCI Gateway (which is the internal NHS referral system).

Practices will use their community link workers in different ways; for example, some CLWs might have responsibility for promoting local activities and groups via the practice's social media accounts, or hosting information events within the practice on local groups and services. Other suggestions from across the Network included:

- Introduce community link workers' employing organisations to the practice team
- Provide a community link worker practice engagement checklist
- Produce a community link worker handbook which outlines everything about the service for the practice team
- Display a poster in GPs' offices which provides a good explanation of what the role is and how it can help
- Produce a locality newsletter including upcoming community events
- Provide a morning reminder to MDT team that the community link worker is on site and appointments are available via EMIS
- Update the community noticeboard and share community resources

- Produce videos about community link worker service to share on practices' digital screens
- Produce individual community link worker videos for each practice
- Provide digital sways – outlining the community link worker service and referral pathways with step-by-step guides for SCI Gateway and MS forms.

4. Providing Feedback

'Stats can help them to see the benefits of having a CLW in the surgery.'

GPs are more likely to engage with community link workers if they see positive outcomes for their patients. It is important that community link workers can feed back individual patient successes where possible with GPs and the wider clinical team, even if this is done over informal catchups. Sharing evidence with the practice manager and the wider multidisciplinary team about the impact of the CLW role is key and a number of community link worker programmes referenced providing quarterly reports for their practices.

Another programme spoke about collating a cost benefit analysis on the impact of the community link worker programme and the savings that it is making to particular practices. Fife completed a test of change in relation to their CLW programme which saw increases from 11% to 20% for referrals in NE Fife Other suggestions include conducting annual CLW practice reviews with the practice manager, identifying which GPs are and aren't referring and following up on this, producing patient case studies and flash reports which highlight referral data, engagement figures and feedback from both Primary Care and service users.

Conclusion

Thank you to all the Scottish Community Link Worker Network members who took the time to share their experiences of what has worked for them in relation to embedding into general practice. It is evident that it takes time and perseverance, like any relationship! It also highlights the importance of ensuring that the process of embedding the CLW service into general practice, including induction and ongoing support, needs to be carefully thought through and designed with the specific practice(s) in mind. There are obvious challenges around reach and capacity depending on the staffing level and the number of practices with which a community link worker is working.

We will continue to update this document, so please do feel free to share examples of good practice, and resources such as posters, videos, handbooks as we can add these.

About the Scottish Community Link Worker Network

The Scottish Community Link Worker Network is the national network for primary care community link working in Scotland.

The aim of the Network, which was established in 2021, is to create a space for community link workers in primary care settings in Scotland to come together to share learning and to develop, network and support each other to improve outcomes for their patients and communities.

Contact

For further information, please contact Roisin Hurst, Project Manager, Scottish Community Link Worker Network roisin.hurst@vhscotland.org.uk